Broadening the view on retirement

Paper 2: Health and retirement
Health and retirement

In the past 150 years, life expectancy in Western societies has doubled due to larger numbers of people living to ever older ages, a trend that continues until the present-day.\(^1\) The increase in life expectancy was initially driven by the reduction in child mortality and subsequently by the decline in mortality in old age. Although the maximum human lifespan has increased to older ages, the reduction in mortality between ages 50 and 80 has been the main driver of the increase in average life expectancy.\(^2\) In other words, economic, hygienic and medical advances have created the phenomenon that a large majority of the population lives well into old age, and enjoys approximately 20 years of retirement.

Notwithstanding the remarkable improvements in population health and life expectancy, the ageing process inevitably leads to a decline in health. It is characterized by the accumulation of damage in cells and tissues, which are the causal factors of age-related problems such as cardiovascular disease, type 2 diabetes, muscle weakness, osteoarthritis and dementia. Lifestyle factors such as physical inactivity and unhealthy diets are important contributors to age-related diseases. In fact, unhealthy lifestyles are the main cause of the increasing prevalence of age-related diseases in Western societies.

In the Netherlands, approximately 80% of people at the age of 65 and older than 90% of people over 75 have at least one chronic disease.\(^3\) In addition, more than two-thirds of people age 65 suffer from two or more chronic diseases. This makes health an important aspect of an enjoyable life during retirement. Realizing retirement aspirations such as traveling or spending more time on hobbies can be facilitated by good health, or hindered by health problems.

This is reflected in a study conducted by Leyden Academy on Vitality and Ageing (Shades of Grey - Ambitions of 55+), in which the desires and ambitions of 650 people age 55 and over in the Netherlands were explored.\(^4\) A large percentage of people were impeded significantly by their health problems. As shown by the data in figure 1, of the group aged 55 to 64, 46% were impeded in their daily activities because of health problems. A large percentage of this age group still works and health problems therefore might have a greater impact on day-to-day activities. In the age group 65 to 74, this number dropped to 31% and increased again to 37% in people aged 75 and over.

People aged 55 and over seem to be aware of the importance of their health in older age, as shown by the data from the 2019 Aegon Retirement Readiness Survey, covering 15 countries around the world.\(^5\) Figure 2 shows that 78.2% of people aged 55 to 64 were concerned about their future health. This decreased slightly to 77.2% in people aged 65 to 74 and 71.2% in people aged 75 and over. The awareness of the importance of health in older age is an important condition for implementing strategies that prevent age-related diseases and disabilities, which will be discussed later in this whitepaper.
**Figure 1:**
Percentage of people by age category who are impeded in their day-to-day activities because of health problems. Data from Shades of Grey - Ambitions of 55+.

**Figure 2:**
Percentage of people by age category who were concerned about their health in older age. Data from Aegon Retirement Readiness Survey 2019.
Although age-related diseases often become apparent in retirement, they are a consequence of long-term exposure to unhealthy lifestyles during working lives. Good health enables people to realize their retirement aspirations, and can be achieved by investing in healthy lifestyle choices as early as possible. Therefore, we argue that health is an important element in retirement planning, a topic that is currently dominated by financial aspects.

**Health and retirement readiness**

The Aegon Retirement Readiness Survey 2019 showed that the health of workers might also have a direct effect on retirement planning itself. The experienced health of employees is related to retirement readiness, a score which describes how prepared workers feel they are for their retirement. Figure 3 shows that workers who say they are in good or excellent health achieve a higher Aegon Retirement Readiness Index score than workers who say they are in fair or poor health. Furthermore, healthy people have a more positive attitude towards retirement; figure 4 shows that health is related to positive associations with retirement. This does not automatically imply that a causal relation between health and retirement readiness exists. There are several factors that can influence both health and retirement readiness. However, when we corrected for age, sex and income, similar results were obtained. This indicates that health might be an independent factor in the way people prepare for retirement.

![Figure 3: The relation of self-evaluated health with the Aegon Retirement Readiness Index (ARRI).](image)

The relation of self-evaluated health with the Aegon Retirement Readiness Index (ARRI). The ARRI ranks retirement readiness on a scale from 0 to 10. A high index score is considered to be between 8 and 10, a medium score between 6 and 7.9 out of 10, and, a low score being less than 6. The index was based on six questions regarding perceived responsibility, level of awareness, financial capability, retirement planning, financial preparedness and income replacement. Self-evaluated health was used as a measure of health, which has been shown to be an acceptable measure, although a substantial amount of error has been reported, in particular with disadvantaged sociodemographic groups. Data from Aegon Retirement Readiness Survey.
Healthy environments

Healthy lifestyles during working lives are crucial for workers to enjoy a life in good health during retirement. Employers also benefit from a healthy workforce, as health is positively correlated with job satisfaction and productivity.\(^6\) This win-win situation calls for the active implementation of effective interventions that help people adopt healthy lifestyles during their working lives. It is, however, notoriously difficult for people to achieve sustained, long-term behavioral change. Few individuals can maintain the effort of adopting a new diet or exercise regime.\(^8\) Especially in the stress of everyday life, few people are willing to invest time in adopting new healthy behaviors when there is no direct or tangible incentive to do so, since most lifestyle diseases manifest at later ages. Given this fact, it might be much more fruitful to address the decisions that people make unconsciously, instead of trying to encourage people to make conscious healthy choices.

Decision-making is influenced by the environment that we live in. When a building has a visible and easily accessible staircase, fewer people will take the elevator. People will eat more fruit when it is freely available and attractively presented in the workplace. Unfortunately, most of our living and working environments generally stimulate unhealthy behavior: for instance, the design of offices encourages inactivity and the advertising and availability of unhealthy food and beverages encourages poor eating habits. We are easy targets for these unhealthy surroundings; because of our long evolutionary history in areas where scarcity occurred, we are “programmed” to overeat and save energy. Given this biological constitution, we should consciously try to create an environment that helps us make healthy lifestyle choices. Creating healthy (work) environments should be at the top of policymakers’ agendas, as well as architects’, designers’ and employers’. In their book “Oud worden in de praktijk” (A Guide for Growing Older), David van Bodegom and Rudi Westendorp gathered many practical examples for improvements in the workplace and other everyday locations that can promote unconscious healthy decisions.\(^9\) These include using sit-to-stand desks, having standing meetings, and going on walks during lunch (figure 5).

Figure 4:
The relation of self-evaluated health with the positive associations score. Respondents were asked to choose three words from a given list of positive and negative words that they most associated with retirement. The number of positive associations was taken as the positive association score. Data from Aegon Retirement Readiness Survey.\(^5\)
Figure 5:
A selection of tips and tricks from the book “Oud worden in de praktijk” (A Guide for Growing Older), by David van Bodegom and Rudi Westendorp. They gathered many practical examples for improvements in the workplace and other everyday locations that can promote unconscious healthy decisions.9
Healthy lifestyles after retirement

It is never too late to adopt a healthier lifestyle; even retirement itself might trigger people to change their unhealthy routines. When a life event or circumstance leads to a higher probability of adopting behavioral change, this is called a "teachable moment". In retirement research, life events such as marriage, changing jobs or buying a house are regarded as teachable moments for pension planning because people are motivated to think about their financial situation and their future. In health research, teachable moments are most often studied within a clinical context. For instance, hospitalization because of a cardiac event is regarded as a teachable moment for starting cholesterol lowering medication. A cancer diagnosis is also regarded as a teachable moment to stop smoking for family and friends of patients. We think that the moment of retirement can act as a teachable moment for health behavioral change as well. Retirement is an important life event that starts a new phase in life in which the activities of working lives have to be replaced with new activities that are as equally fulfilling. Therefore, retirement might provide a window of opportunity to help people adopt new healthy lifestyle routines in their lives.

The benefit of adopting a healthy lifestyle in retirement is not limited to those who are at the extreme end of leading unhealthy lifestyles, but applies to the great majority of people who retire. In the Netherlands, this is illustrated by the fact that almost two-thirds of the 65+ population does not meet recommendations for daily exercise. Therefore, we will have to focus on interventions that are scalable and cost-effective on a national level. An example of an intervention that focuses on adopting physical exercise in the daily routines of the elderly in a scalable manner is the Vitality Club, a peer-coached exercise intervention that we have described in our research at Leyden Academy. These exercise clubs are based on peer-coaching, in which the exercise is led by one of the elderly participants. There is no involvement of professionals and the exercise sessions take place in the public space, every weekday at 9 AM. In this way, the intervention can be offered daily and at virtually no cost, making it highly accessible and scalable. Research by Leyden Academy on Vitality and Ageing showed that participants experienced a substantial improvement in their physical fitness and that the annual adherence to the exercise club was 92% during a 6 year follow-up. In the near future, Leyden Academy aims to actively target people on the verge of retirement to participate in the peer-coached exercise clubs.

Conclusion

In this whitepaper, we stress that for a realistic planning of life in retirement, people need to be encouraged to think about their health in retirement, as it can enable or impede aspirations for retirement. Although many age-related diseases and disabilities only become apparent in retirement, preventive strategies aimed at healthy behavior are most effective when they are started earlier in life and during working lives. Preventive strategies can be applied within the working environment, but naturally extend to the home environment and public spaces. In addition to the preventive benefits for health in older age, healthy behavior during working lives can have a positive effect on the retirement readiness of employees. Therefore, we urge employers and pension providers to explore the opportunities to offer guidance to successful retirement beyond the traditional financial scope by focusing on the health of employees and retirees. Furthermore, as the moment of retirement itself could be a teachable moment for health behavioral change, medical professionals, welfare workers, local governments, employers and pension providers should work together and seize the opportunity to guide people to these scalable interventions that help people increase their physical activity and adopt healthier lifestyles in general.
About this whitepaper series
Aegon Center for Longevity and Retirement has invited the researchers of Leyden Academy on Vitality and Ageing to help reflect on retirement from different academic angles, and inspire Aegon to encourage the debate on retirement beyond the traditional financial scope. The first whitepaper Why do we retire? was released in December 2018 and explored the various desires and ambitions that people have for retirement, based on the combined results of the surveys of Aegon Center for Longevity and Retirement and Leyden Academy. This second whitepaper explores the perspective of health and retirement. In the two whitepapers that follow, we will further broaden the view on retirement from the perspectives of well-being and the image of retirement.

References