

Social inequality in health related worklessness – the public health context of rehabilitation

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Introduction

Ill health is a major cause of worklessness

The effect of illness, however, is modified by social factors

That is why work-related rehabilitation should be seen within a larger context of social inequality

Introduction

The purpose of this presentation is to explore how employment is related to chronic illness and education

How big is the gap in employment rates between people with and without chronic illness?

Introduction

Is the gap in employment rates wider among the low educated compared to the rest of the population?

If yes, how could this inform future return-to-work policies and work-related rehabilitation programs?

Data

The analysis is based on answers received from residents in Central Denmark Region who was randomly selected for the health survey *How are you?* conducted in 2013

The present analysis is limited to respondents aged 25-64 years, a total of 19,591 people

Employment status

The outcome is self-reported employment status based on the question “Are you employed?”

76% answered “yes” to this question

Longstanding limiting illness

The respondents were asked: “Do you have any long-term illness, long-term after effects of injuries, disability or other long-term conditions? ‘Long-term’ means at least 6 months”

35% answered “yes” to this question

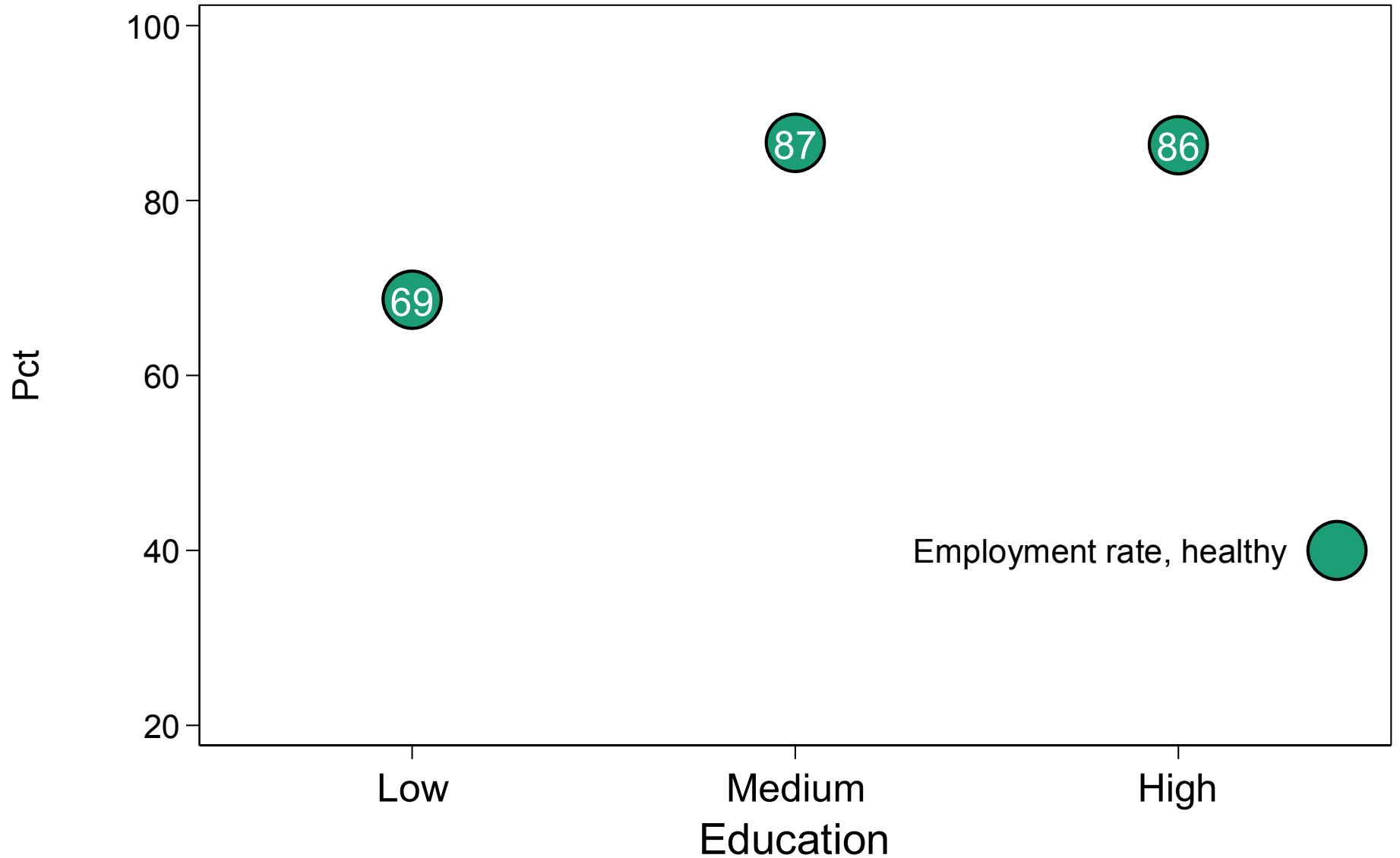
Educational level

Self-reported educational level was categorized as *low* (1–10 years of education), *medium* (11–14 years of education), and *high* (≥ 15 years of education)

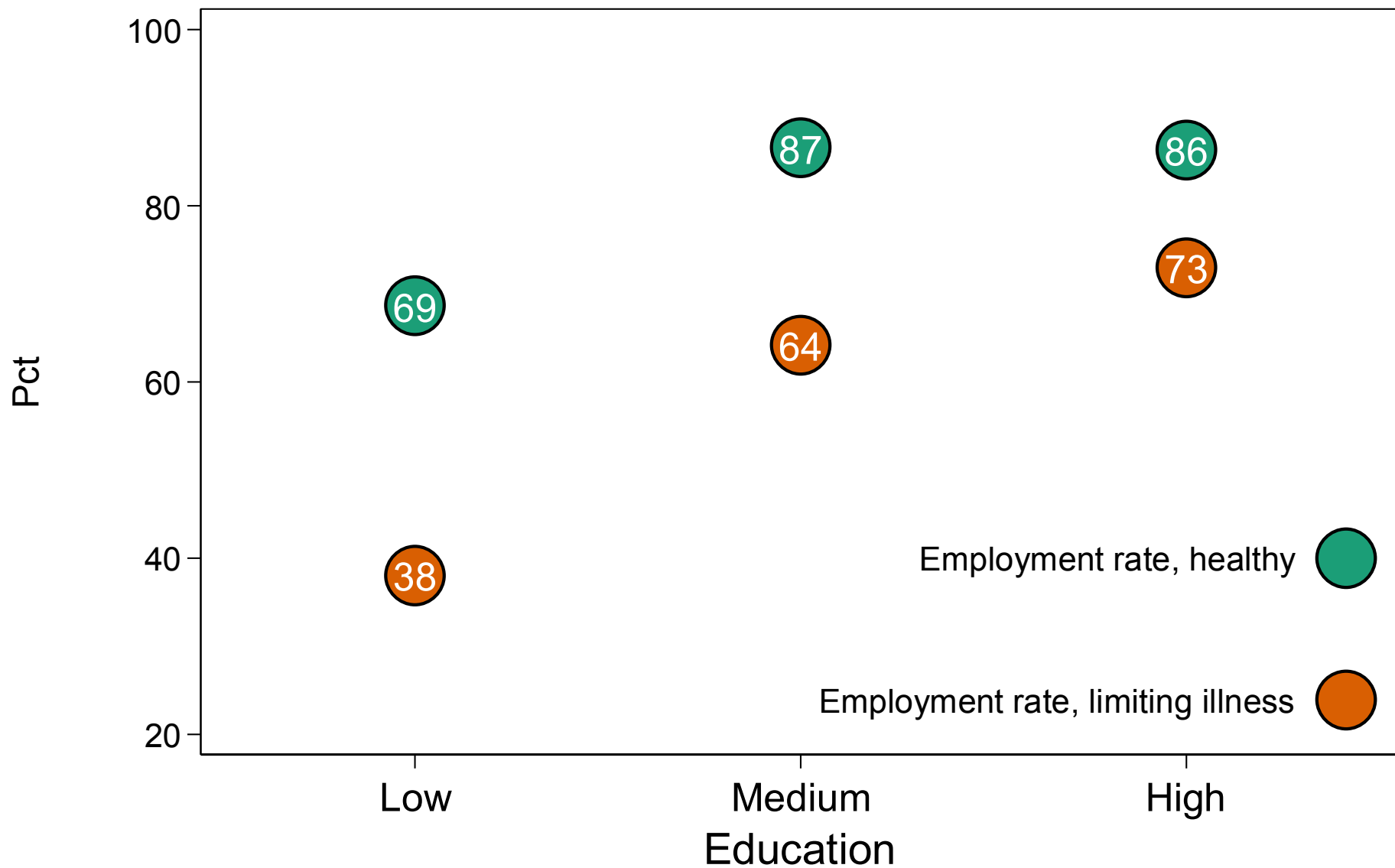
The distribution was as follows: 12% in low, 51% in medium, 35% in high and 2% unknown

Results

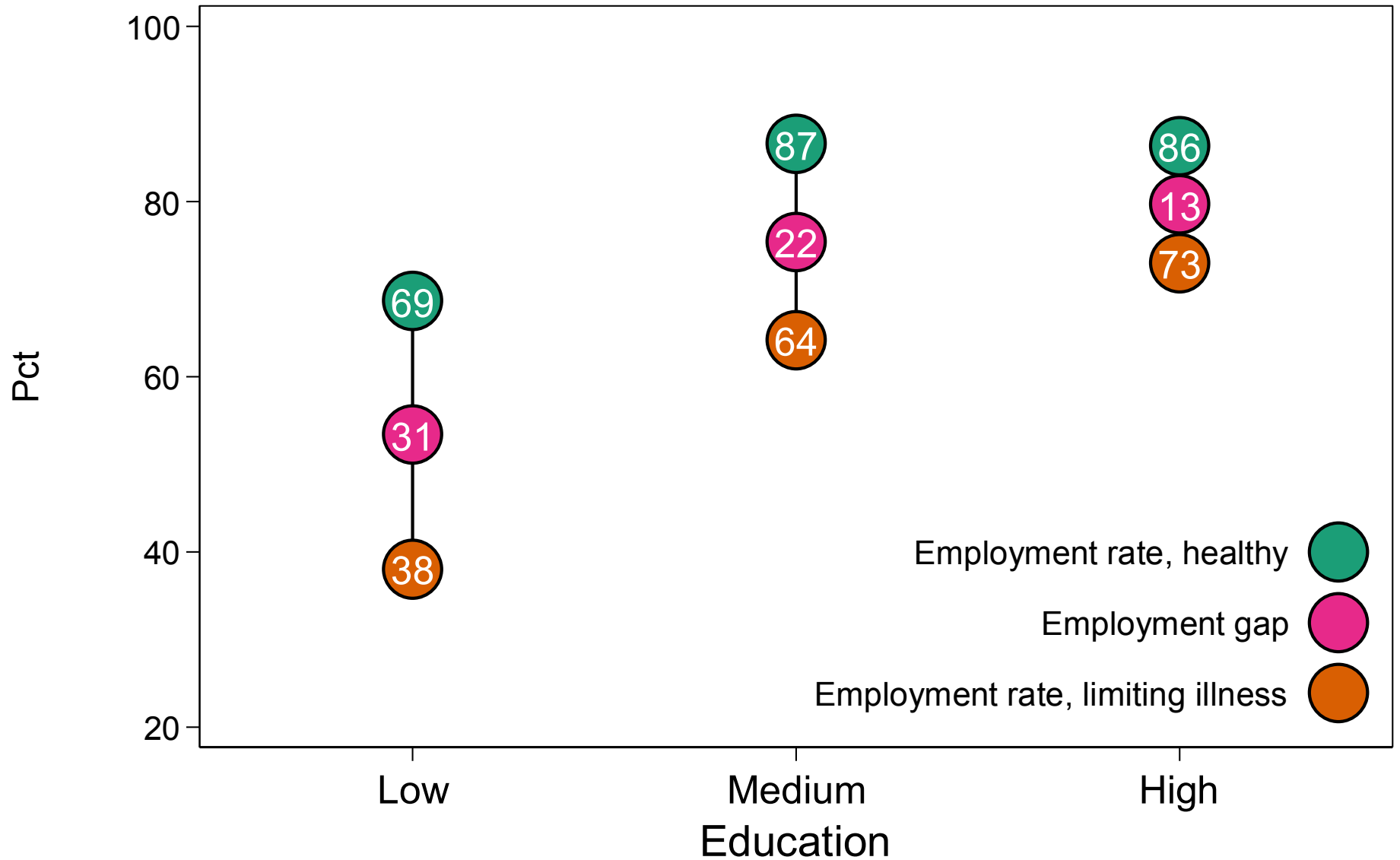
Employment rates, healthy



Employment rates, limiting illness



Employment gaps



Employment gaps

There is a substantial employment gap between healthy and ill individuals within each educational group

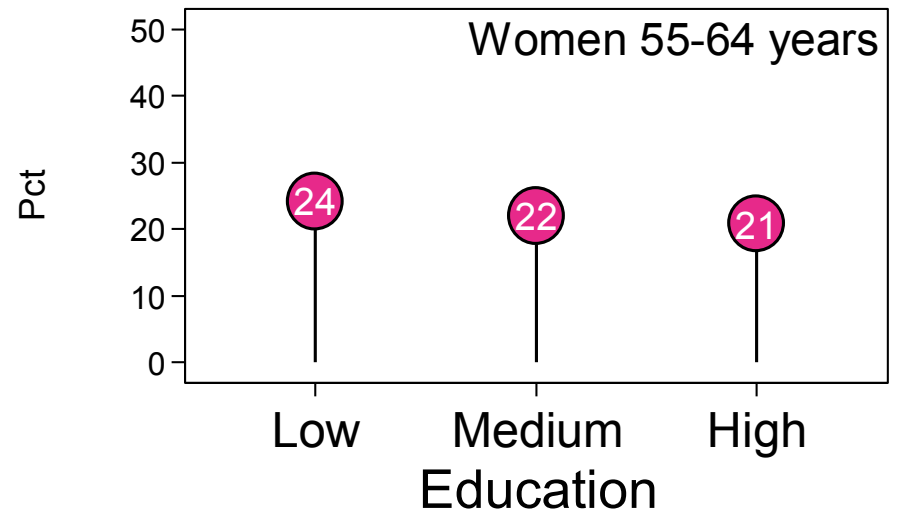
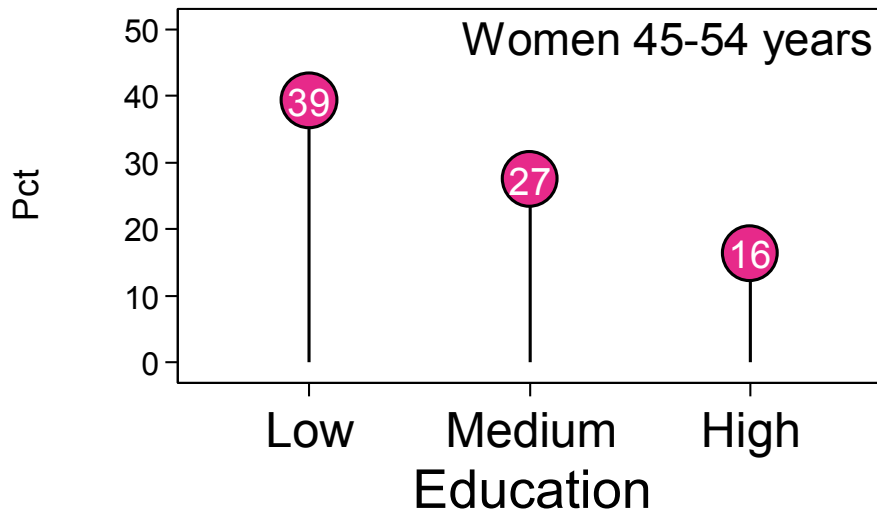
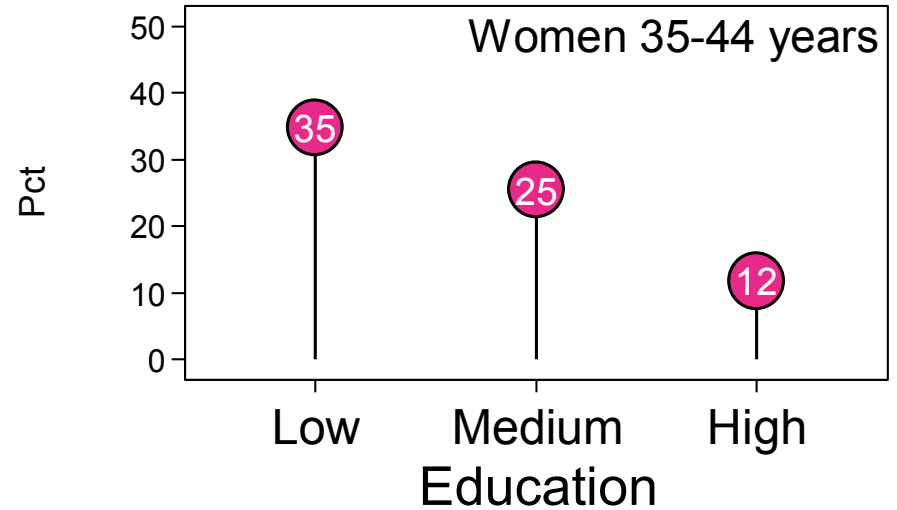
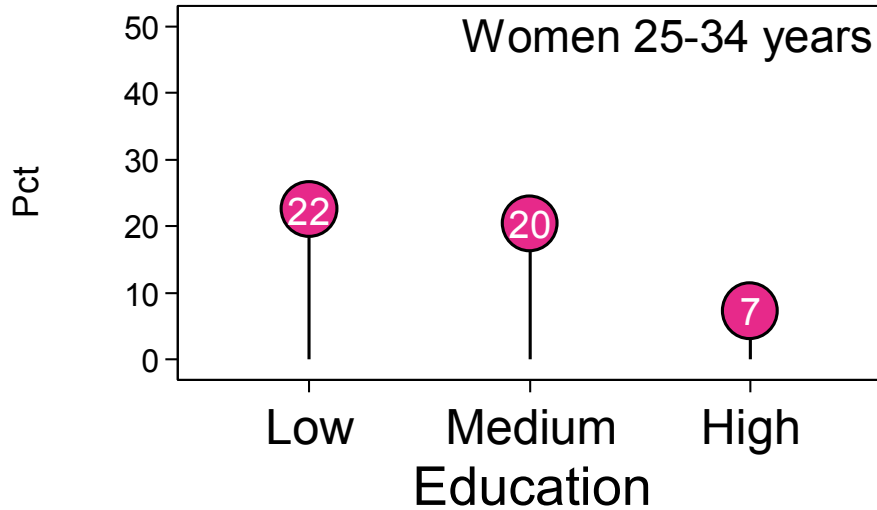
However, the gap is considerably larger at the low end of the educational ladder indicating that the low educated have a more precarious position on the labour market

Employment gaps

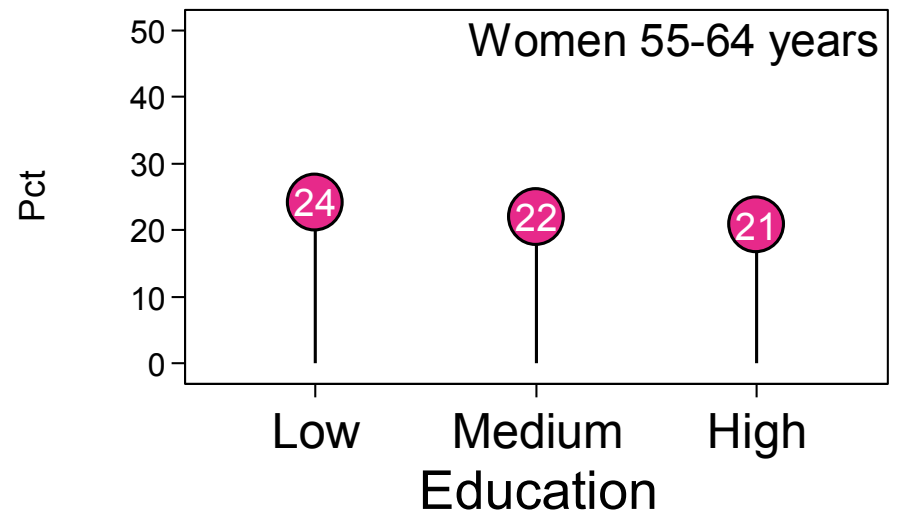
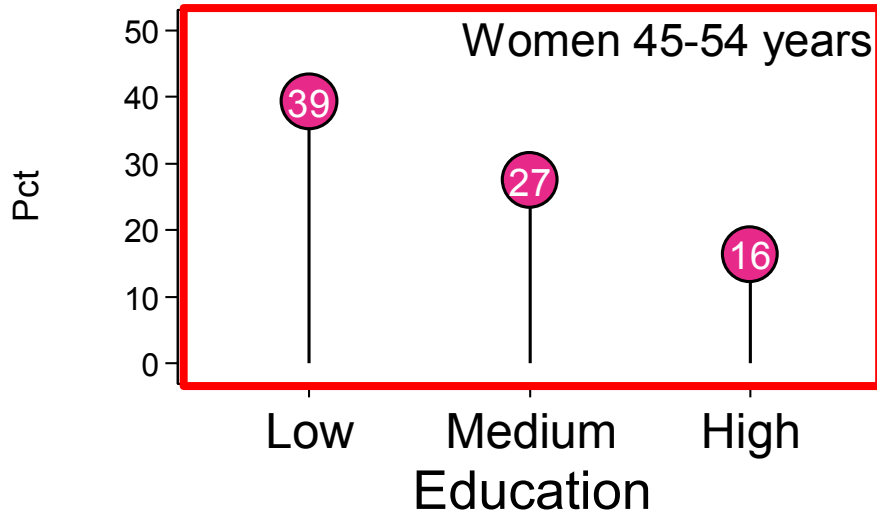
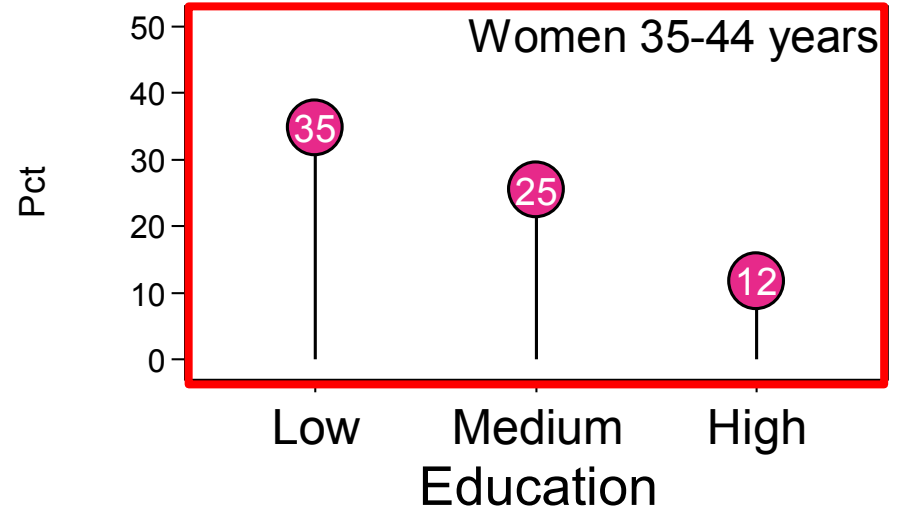
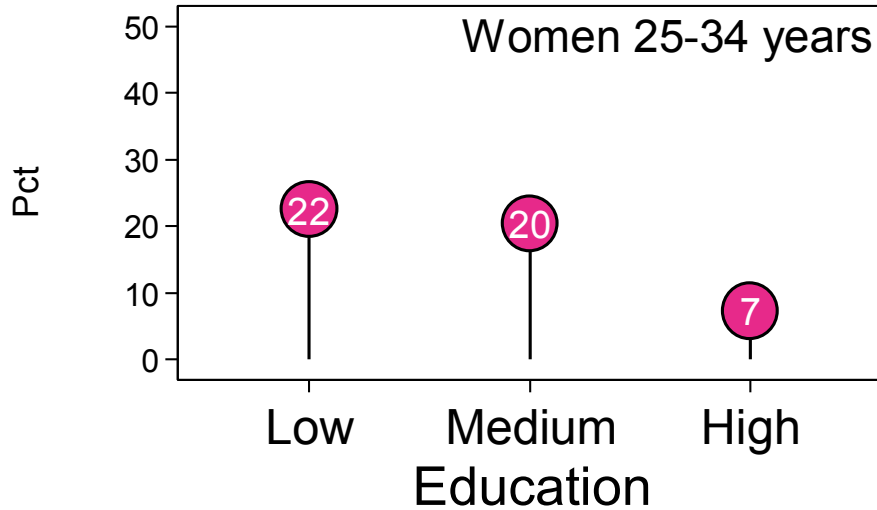
Does this conclusion hold when the population is divided into gender-age substrata?

Let's take a look!

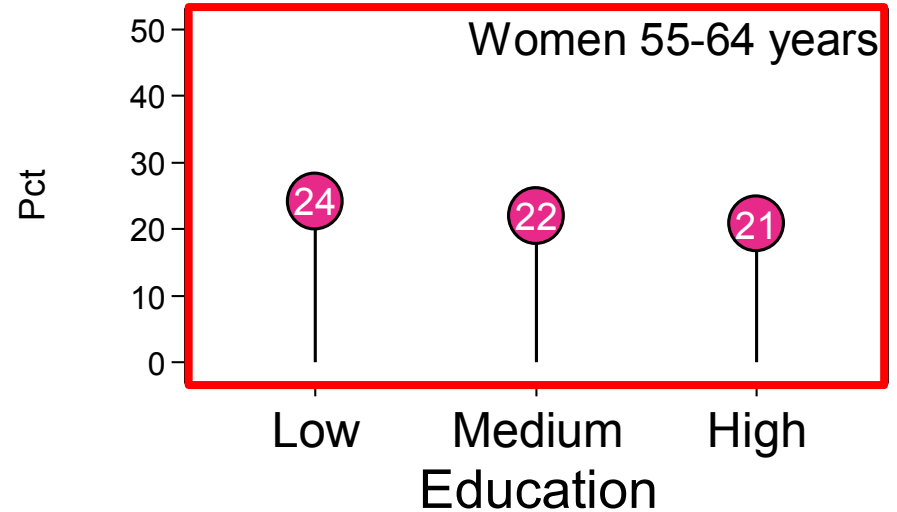
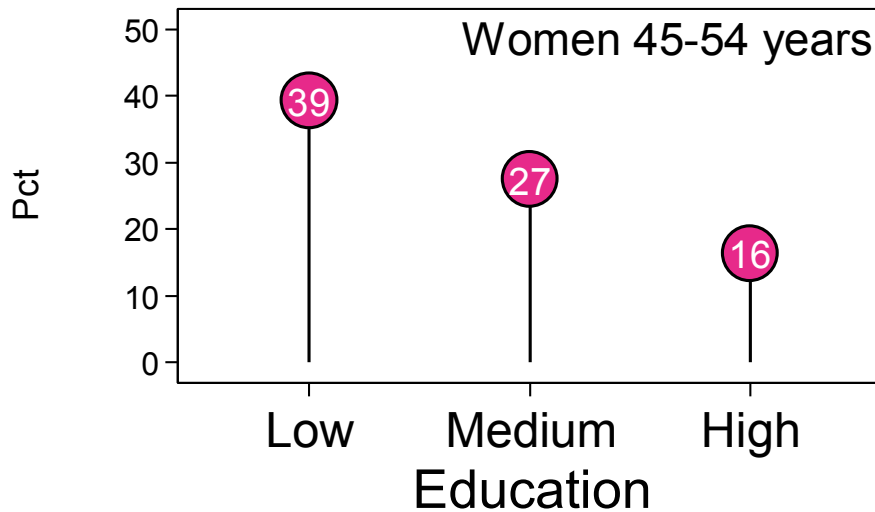
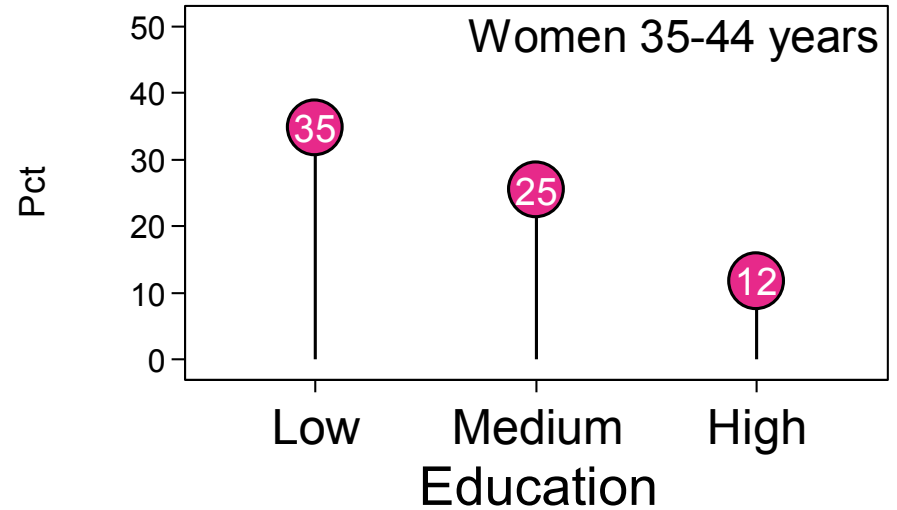
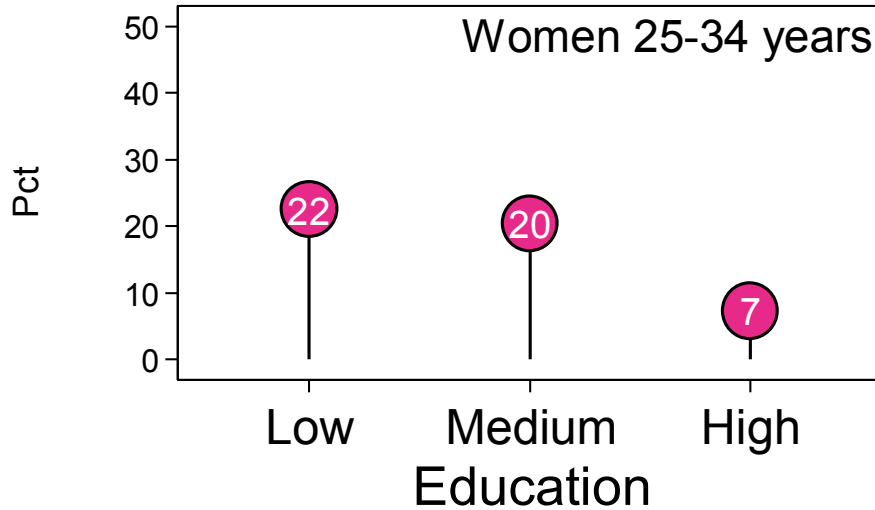
Employment gaps - women



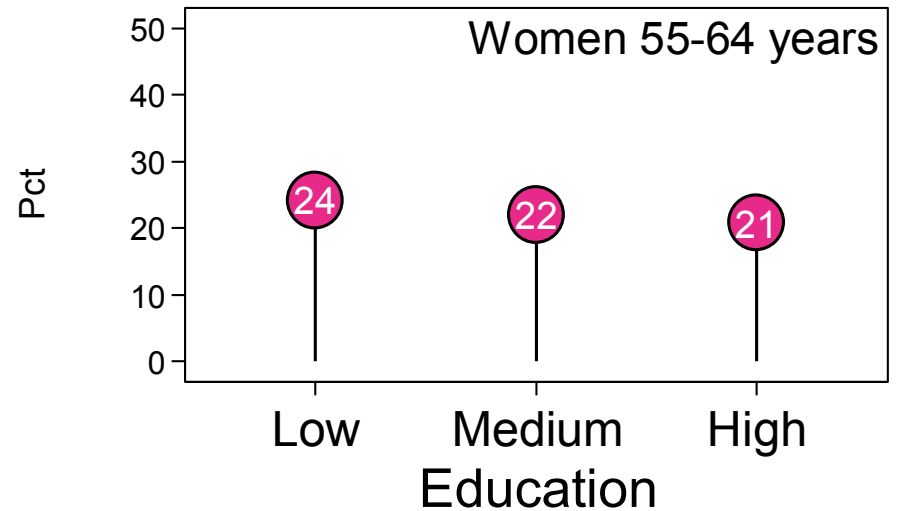
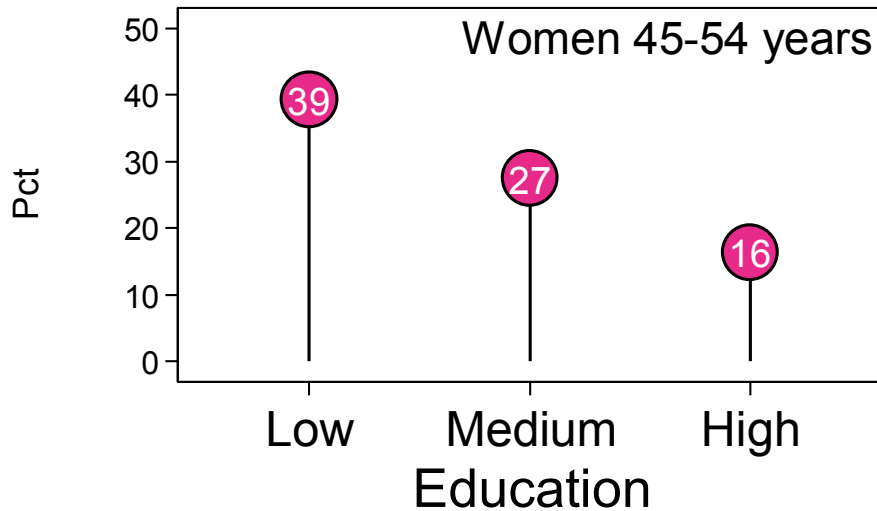
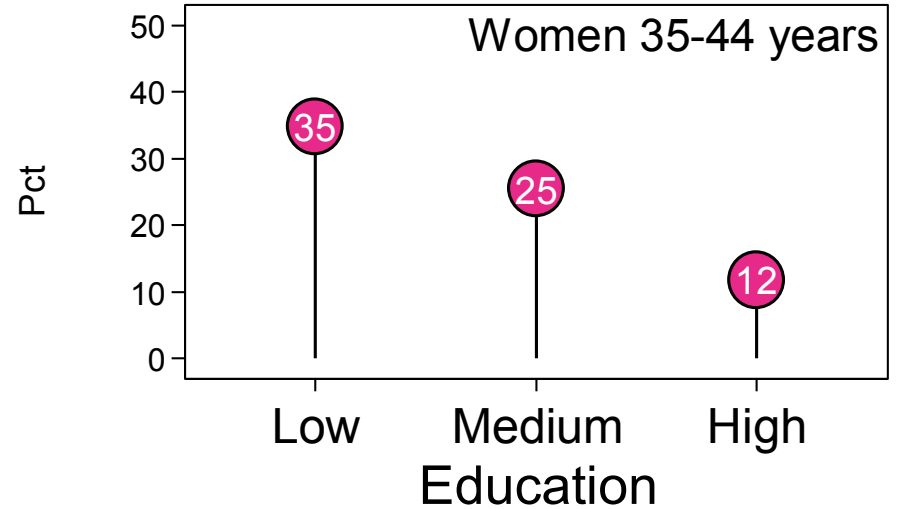
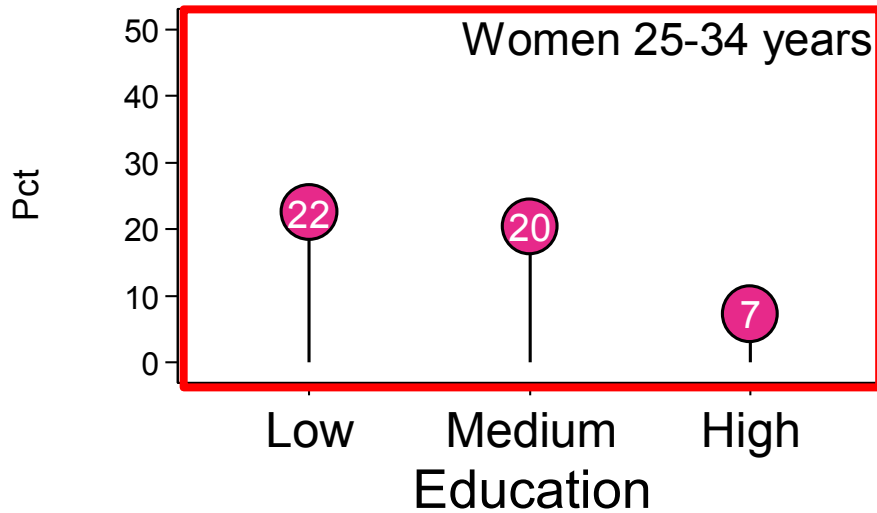
Employment gaps - women



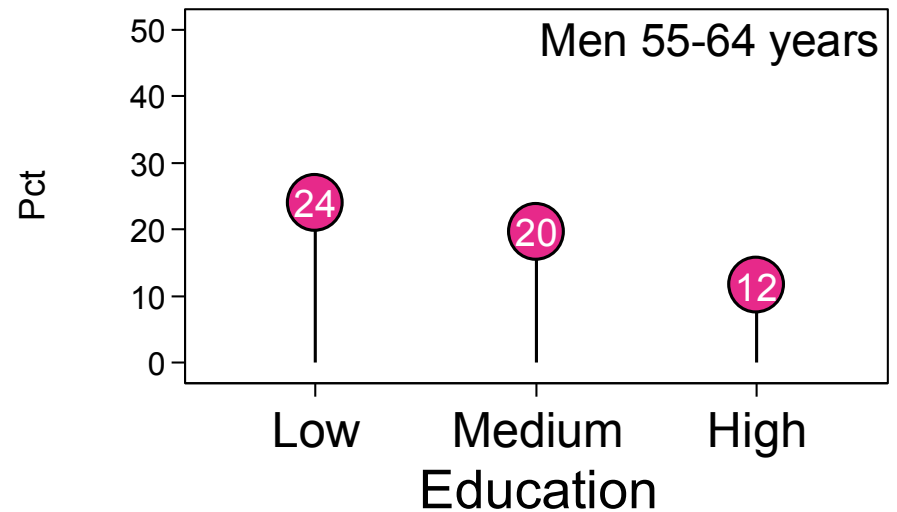
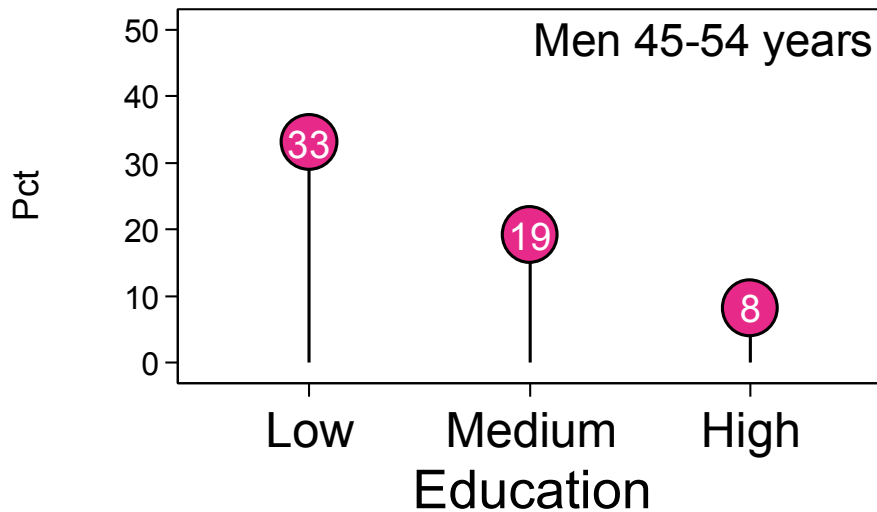
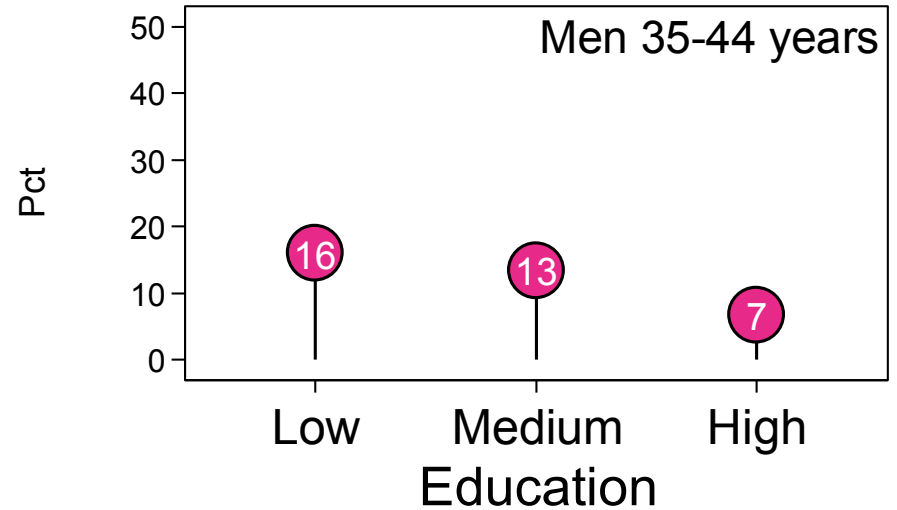
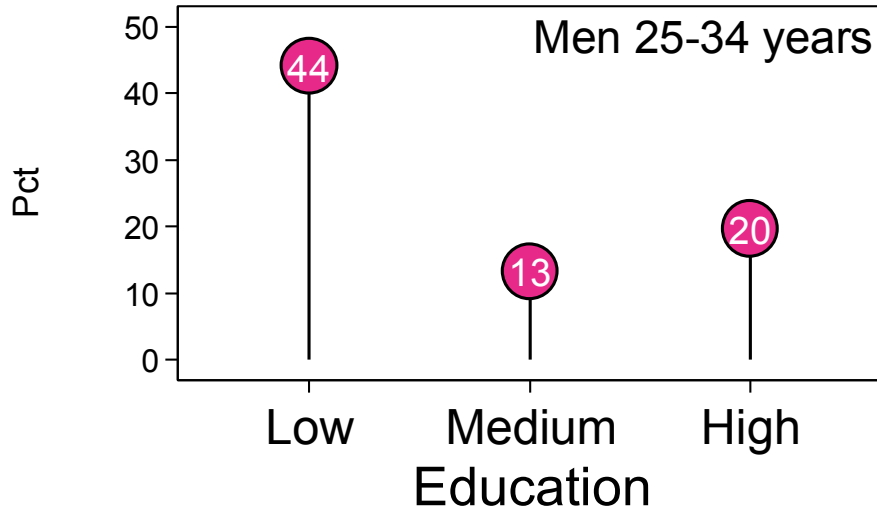
Employment gaps - women



Employment gaps - women



Employment gaps - men



Discussion and conclusion

The results confirm that longstanding limiting illness is a major risk factor for worklessness

But the analysis also shows that education provides some protection against unemployment in case of illness

Discussion and conclusion

People with a short education generally have a more uncertain position in the labor market

It is likely why the negative consequences of illness seem to hit this group harder

Discussion and conclusion

This fact must be the starting point for any return-to-work policy and work-related rehabilitation program

The success of the effort must be measured by whether the employment gap between healthy and ill in this group has decreased

Thank you for your attention!

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