

*Healthy Aging:
A Discussion Paper on Midlife Canadians
Phase 1: "Painting the Landscape"*



*"Aging is one of the major achievements and, at the same time,
challenges of the century..."*

United Nations International Plan of Action on Aging

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Executive Summary

The *purpose* of “Healthy Aging: A Discussion Paper on Midlife Canadians” is to stimulate discussion on the topic of midlife. The authors have collected and synthesized data on midlife Canadians (45-64 years of age). These data will create a template from which to understand midlife. They provide a basis for action to promote healthy aging and prevent illness in midlife and into the senior years.

By 2009, there will be close to 10 million midlife Canadians (approximately 30% of the population). This demographic trend will substantially impact our society on both individual and institutional levels. Research on healthy aging is necessary to encourage positive rather than negative outcomes for our aging population.

Midlife Canadians is an appropriate population for research on healthy aging. Research has shown midlife to be a time of personal transition often stimulating increased interest in health, prevention, and self-care. There is a window of opportunity in midlife to improve healthy aging practices, increase illness prevention and quality of life and satisfaction in the short term, and reduce healthcare utilization in the longer term.

Research indicates that the major issues facing midlife Canadians evolve from the areas of Health and Wellness, Work, and Family Life. Seventy percent of midlife Canadians participate in the workforce spending half of their waking lives at work. As a result, workplaces have the potential to be important contexts for health and well-being for this population. Research indicates most midlife Canadians are very satisfied with their work and that paid work is a major source for life-satisfaction and self-identity. Income levels vary according to gender and age and there is a growing number of middle aged low-income earners in Canada.

Over 80% of midlife Canadians are either married or living in common-law relationships. These couple relationships, as well as relationships with children and aging parents, are particularly salient to the midlife population.

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Both objective and subjective measures of physical health indicate this midlife cohort to be healthier than previous cohorts. However, some midlife Canadians enjoy better health than others. Increases in asthma, diabetes, and migraine headaches among midlife Canadians have been attributed to changes in stress levels, the environment, and the increasingly sedentary lifestyles associated with today’s society. The social determinants of health, such as education, income and gender, contribute to the differences in health status of midlife Canadians.

Midlife development is determined by an interaction of environmental, biological, psychological, and social processes. Healthy aging for the midlife population is not simply an issue for individuals but must also consider the larger context and contributions of family, community and society.

Healthy Aging: A Discussion Paper on Midlife Canadians

“I’m too old to be young and too young to be old.”

(From the novel Fried Green Tomatoes at the Whistle Stop Café by Fannie Flagg, 1993)

The *purpose* of this paper is to stimulate discussion on the topic of midlife. The authors have collected and synthesized data on midlife Canadians (45-64 years of age). These data create a template from which to explore and understand midlife. They provide a basis for action that will promote healthy aging and prevent illness in midlife and into the senior years. The paper is organized into an introduction and four theme areas: Midlife Demographics, Health and Wellness, Work and Income, and Family Life. Each section contains statistical profiles and research findings with charts and graphs to illustrate data. At the end of each section the authors have provided a summary of key points and a list of discussion questions.

Introduction

Healthy Aging: A Crucial Goal for all Canadians

Research indicates that people who age well contribute substantially to the well-being of others and to society (Rowe & Kahn, 1997). They are role models for the healthy aging of others. They remain active consumers contributing to local and national economies (Day, 1991; Fisher, 1995; Rowe & Kahn, 1997). They provide informal care to children, grandchildren and aging parents (Statistics Canada, 1995a). They give to charities both in donations of time and money (Statistics Canada, 1995a). Older individuals aging well are independent. They remain living in their own homes, participate in the workforce and are less strain on medical systems than people who are aging poorly.

Compare this picture of aging with the “burden” that will be faced in Canada by an aging population that is not healthy. It is impossible today to read a newspaper or watch a news program without hearing about the “crisis” our society is about to face regarding our rapidly aging population. By the year 2030 approximately 25%, or one in four Canadians, will be 65 years of age or older (Marshall & McPherson, 1994). This demographic trend will significantly impact our society in a number of ways including a diminished workforce and tax base, and the social and economic costs of illness and caregiving. An unhealthy population of this size will be a crisis -- to our medical systems, our economy, our communities and our families.

Despite the impact of genetics and other uncontrollable factors in aging, we know that it is possible to substantively modify aging and illness processes. We are not talking about the *fountain of youth*. The goal is *not* to trap individuals in the angst of teenhood, but instead to provide as long and satisfying a life as possible for all Canadians. Loss of

cognitive and functional ability is inevitable as we age. But how and when this process occurs is not written in stone.

The goal of healthy aging is to extend the functional and cognitive abilities of individuals and to enhance life satisfaction and well-being as people proceed through the life cycle. Canadians have an opportunity to make choices at individual, family, community and societal levels that will result in positive outcomes in health and well-being and reduce the negative effects of the aging process. Midlife holds untapped potential for influencing the course of aging.

What is Midlife?

A thirty-year-old thinks midlife starts at forty; a forty-year-old insists it doesn't start until fifty! (Lachman, 1994)

It is impossible to accurately define one's middle age unless the exact time of death is known. However, there is a consistent age range used within middle age research of 45-64. Therefore, we have adopted this range to define "midlife".

Why Focus on Midlife?

"Midlife is the final uncharted territory of the lifecourse" (Brim, 1992, p. 171).

To date, research on healthy aging has been primarily concerned with seniors. A population that has received little attention is the midlife population (45-64 years of age). For many reasons, outlined below, the midlife population is an effective and appropriate choice for research on healthy aging.

1. **The Growing Midlife Population:** In 10 years over 30% of the Canadian population will be between 45 and 64 years of age. Nearly one in three people, or close to 10 million Canadians, will be middle aged in 2009 (Statistics Canada, 1999e). Improving the health of the midlife population is a wise investment that will substantially impact individuals, families, and communities in the years to come.
2. **The Benefits of Enhancing Midlife Health:** Research indicates that the aging process is modifiable. For example, recent studies on older women demonstrate that, even at age 80, it is possible to increase bone mass and muscle strength (La Croix, Newton, Leveille, & Wallace, 1997). However, increasing mass and strength is of course easier for 50 year olds. In other words, the path to healthy aging is a lot less bumpy at 50 than at 80.
3. **Midlifers are Thinking About their Health:**

"Ewww, what's that in the mirror?!"

Individuals in their 20's see themselves as invincible. Thirty year olds begin to feel those creaking bones but choose primarily to ignore them. At forty, however, most

individuals are reminded daily of the aging process. This awareness prompts them, as never before, to seek out information and assistance that may at least slow this process (Edwards, Lhotsky, & Turner, 1999). It is this eagerness for information that makes the midlife population a prime target for healthy aging research and interventions for facilitating healthy aging.

4. Midlife “Transitions” Provide an Ideal Opportunity to Introduce Healthy Aging Practices:

“I quit my job, we sold the house and we’re moving back to the land.”

“Now what? Laid off and nowhere to go.”

“He’s slowing down and she’s just getting started.”

“Alone at fifty: party or panic?”

Midlife is a time of incredible change. Most midlife Canadians will go through significant transitions personally, professionally and in their relationships, in this phase of their lives (see section on Midlife Transition, p. 10) (Franz, 1997). This time period, when people are making changes to their lives, provides an excellent opportunity to promote and support healthy aging practices.

- 5. Midlife: A Population of Power and Influence:** Most policy makers, business people and others with influence, are themselves in or approaching middle age. Ensuring they understand the importance of the “healthy aging movement” is essential for fostering a Canadian culture that endorses and exudes positive health behaviours and attitudes. Resources to support healthy aging may be easier to access if policy-makers and research granting agencies relate personally to the issues facing this population.

Midlife Information and Statistical Sources

Although popular psychologists began writing about the “midlife crisis” in the 1960’s, little scholarly work has considered this population. The field of adult development has lagged behind the volume of attention that has been dedicated to youth and seniors. Recently, however, research focused on adult development has received both attention and resources. The research co-sponsored by the MacArthur Foundation Research Network on Successful Midlife Development (MIDMAC) and the Henry A. Murray Research Center of Radcliffe College was particularly useful for this project. Their publication, Multiple Paths of Midlife Development (Lachman and James, 1997) is the product of 18 months of research using secondary data to provide longitudinal analysis of issues related to midlife development in the United States. This research is unique in that it provides new insight into adult development from a lifecourse perspective utilizing cross discipline collaboration. Willis and Reid’s book, Life in the middle: Psychological and social development in middle age (1999), has also been an important source of information for this project.

Statistics Canada reports were the primary source of statistical information on midlife Canadians. Statistics Canada does not profile midlife specifically in most of its reports. Canadians over 18 are typically grouped together, making it difficult to find specific data for 45-64 year olds. Therefore, the data collected for this report required searches of individual Statistics Canada reports and procedures to extract information about this population. Sources of data included the following:

1. Statistical Report on the Health of Canadians, 1999
2. Statistics Canada Website at www.statscan.ca, 2000
3. National Population Health Survey, 1996/97
4. Canadian Social Trends, 1995-2000
5. Health Reports, 1995-2000
6. The Nation Series, 1996 Census
7. Topic-specific reports such as Family over the Life Course: Current Demographic Analysis, 1995 and As Time Goes By... Time Use of Canadians, 1995.

Note: When applicable, detailed source information, including specifics related to sample size, and questions asked to obtain data, can be found as footnotes in shaded boxes such as this.

Opportunities and Limitations in the Use of this Discussion Paper

The generation of a statistical profile of the current cohort of midlife Canadians is an important start in understanding this population. This profile is useful as it synthesizes information on a topic where little data exists in one place. These statistics on midlife Canadians provide insight and direction for future investigation in two ways. First, statistics can provide understanding of a particular population, laying the foundation of knowledge about midlife Canadians. Secondly, an examination of statistics and how they are derived provides insight into the gaps and potential bias of this information.

Statistical information, however, is limited and must be examined critically. Statistics are time bound. Also, certain populations may be excluded or regions not well represented. The information is limited by the resources available, sometimes resulting in small sample sizes and the potential for results that are unclear or even invalid. When developing a comprehensive profile of a particular population such as midlife, it is, therefore, necessary, to complement statistics with data from research studies and other sources.

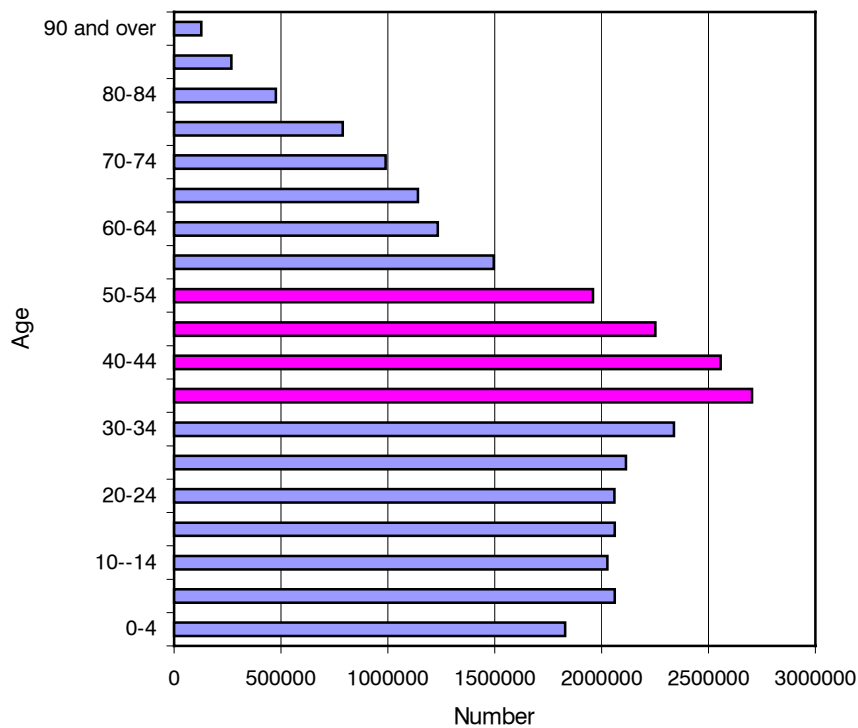
Summary

In summary, we know that the Canadian population is rapidly aging and that this demographic trend will have a substantial impact on individuals, families and societal systems such as the government, economy and healthcare services. To encourage positive outcomes, it is necessary to have a population that is aging well and is healthy. A substantial portion of the aging process *is* within our control and therefore, our choices as individuals and as a society, have the potential to make a difference. There is a unique window of opportunity in midlife to improve healthy aging, and as such, it is a wise investment to focus on this population for facilitating healthy aging.

I. Midlife Demographics

1. Population Distribution: There are currently 6,939,496 Canadians between the ages of 45-64. This figure represents 22.8% of the entire population. Men and women are represented about equally in the midlife age group. Over the next 10 years the proportion of midlife Canadians will increase to approximately 30% (or nearly 10 million men and women aged 45-64 years).

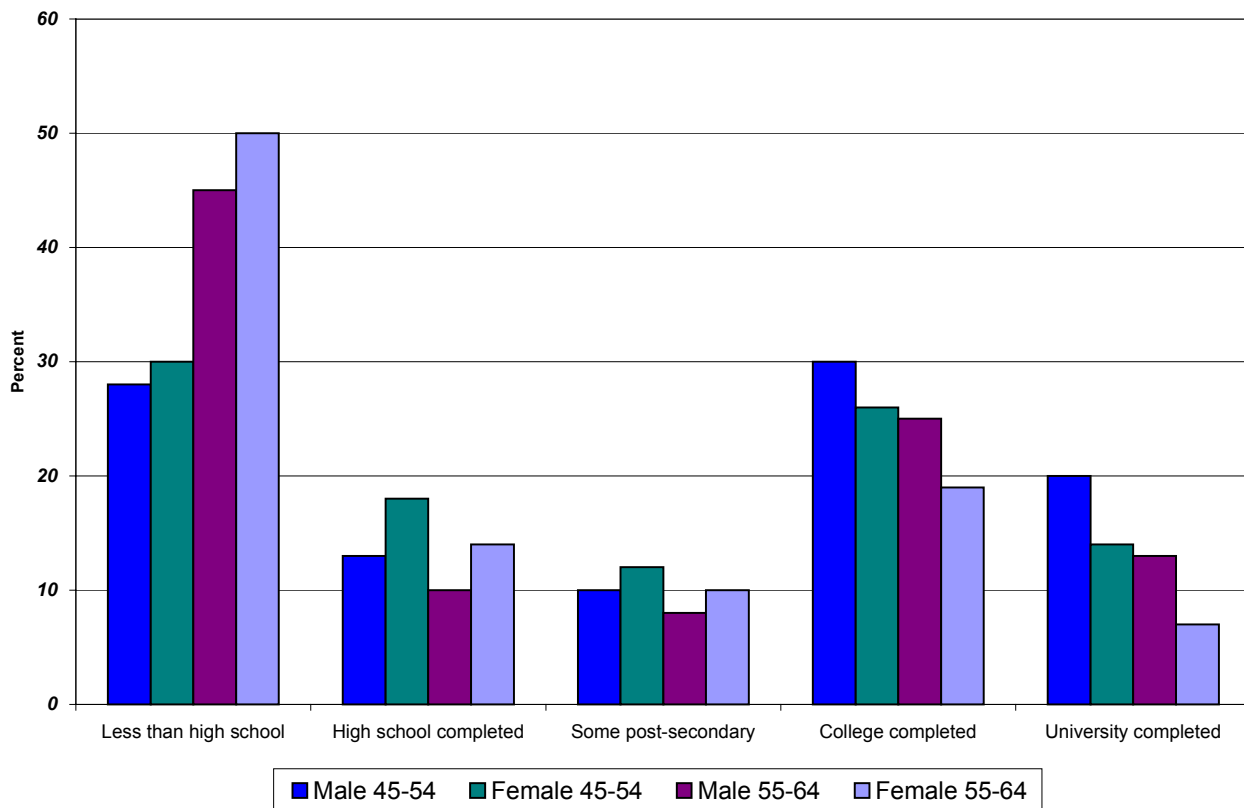
Figure 1. **Canadian Population - 1999**



Source: Statistics Canada. (1999). Population by age and sex. CANSIM, Matrix 6367.
[Online]. Available: <http://www.statcan.ca/english/Pgdb/People/Population/demo10a.htm>

2. Education: As depicted in Figure 2, midlife Canadians tend to be either very well educated (university or college degree) or very poorly educated (less than high school). Over 30% of the current cohort of middle aged Canadians are either college or university graduates, however, over 25% of this population have not completed high school. Significant variation in educational attainment, according to gender and age, are apparent.

Figure 2. **Educational Attainment
Midlife Canadians**



Source: Health Canada. (1999). 1996 Census: Education, special tabulations from Housing, Family and Social Statistics Division. Statistical Report on the Health of Canadians, p. 35.

3. The Many Faces of Midlife Canadians: There are approximately 6,000,000 midlife Canadians. They represent a diverse group of individuals from a variety of cultural backgrounds and living situations.

a) *Immigrant Population*: 26% or over a million and a half of middle aged Canadians are immigrants. Most landed immigrants in Canada today are from China, India, Pakistan and the Philippines. Most middle aged immigrants arriving in Canada are married and apply for immigrant status under the “Family Class” category. The “Family Class” category requires that new immigrants be sponsored by a family member in Canada who is a Canadian citizen and permanent resident.¹

b) *Aboriginal Population*: There are currently 102,875 middle aged native Canadians. This represents 13% of the entire aboriginal population and 2% of Canadians 45 to 64. This is consistent with other age groups as native Canadians overall represent 2.5% of the Canadian population.²

c) *Visible Minorities*: The total visible minority population aged 45 to 64 in Canada is 581,275 (9%). The largest of these groups are Chinese, South Asian and Black.³

d) *Persons with Disabilities*: According to a 1990 report on persons with disabilities in Canada, approximately one million middle aged Canadians have disabilities. Disability is defined as “any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being”.⁴

e) *Urban/Rural Distribution*: Seventy five percent of midlife Canadians live in urban areas and 25% live in rural areas including farms.⁵

Table 1. The Many Faces of Midlife Canadians

Population	Number	% of Midlife Population
Total (1996 Census)	6,176,000	100%
Immigrant (1996)	1,605,760	26%
Aboriginal (1996)	102,875	2%
Visible Minorities (1996)	581,275	9%
Disabled (1990)	986,945	12%
Rural (1991 Census)	672,125	25%
Urban (1991 Census)	1,995,380	75%
Women (1999)	3,495,991	50.4%
Men (1999)	3,443,505	49.6%

¹ Health Canada. (1999). 1996 Census: Immigration and Citizenship, *The Nation Series. Statistical Report on the Health of Canadians*, p. 29; Belanger, A. (1999). *Report on the Demographic Situation in Canada, 1998-1999*; Citizenship and Immigration Canada (1999). *Facts and Figures 1999: Immigration Overview*.

² Statistics Canada. Aboriginal population by age and age groups. 1996 Census *Nation* tables. [Online]. Available: <http://www.statcan.ca/english/Pgdb/People/Population/demo38a.htm>

³ Statistics Canada. 1996 Census *Nation* tables. [Online]. Available: <http://www.statcan.ca/english/Pgdb/People/Population/demo41.htm>

⁴ Statistics Canada. (1990). *Highlights: Disabled Persons in Canada*. Data from the Health and Activity Limitation Survey which uses the World Health Organization’s definition of disability.

⁵ Statistics Canada. (1993). *Profile of Urban and Rural Areas – Part A*, p. 6.

Summary of Midlife Demographics

1. By 2009, there will be close to 10 million midlife Canadians (approximately 30% of the population).
2. Most middle aged Canadians are either well-educated (30%) or have less than a high school education (25%).
3. The Canadian midlife population is made up of immigrants (25%), First Nations (20%), people with disabilities (12%), and urban (75%) and rural (25%) residents.

Discussion Questions:

1. In examining these general statistics on middle aged Canadians, what “jumps out” at you?
2. How do we develop interventions for healthy aging that take into consideration the “many faces of midlife Canadians”?
3. Knowing that level of education is related to health status, how do we reach the 25% of this population that has low levels of education (ie. less than high school)?

II. Health and Wellness

Midlife: A Time of Transition

Being in the middle of one's life may not be that different from being in the middle of a semester, the middle of a big project, or the middle of the summer. You are inclined to think about what you had hoped to do within a given time frame, what you have actually done, and what you still have to do (Lachman & Boone James, 1997, p. 4).

The challenges and transitions of midlife are similar to those of adolescence in that they encompass biological, psychological and social changes (Julian, McKenry & Arnold, 1990). Although popular psychologists began writing about the “midlife crisis” in the 1970’s, debate continues as to whether such a phenomenon exists or, at least, how it may be defined. There is little evidence of the occurrence of mainstream culture’s “midlife crisis” (Rosenberg, Rosenberg & Farrell, 1999). Although, the behavioral changes often associated with the concept (e.g., substance abuse, divorce, suicide, etc.), have been demonstrated (Rosenberg, Rosenberg & Farrell, 1999), scholars today argue that the psychological breakdown associated with popular culture’s ideas of a “midlife crisis” is a misinterpretation of its intended meaning (Helson, 1997; Willis & Reid, 1999). “To equate ‘change’ with ‘crisis’ seems to either inflate the importance of the former concept or weaken the latter” (Chiriboga, 1992, p. 117).

In Japanese, the symbols that represent “crisis” and “opportunity” are the same.

The concept of a midlife crisis has been researched using a variety of methodologies. Conclusions from these studies on midlife provide insight into our culture and its attitudes about aging. One study (Lachman, Lewkowicz, Marcus & Peng, 1994) of the subjective perceptions of midlife asked young, middle-aged and older adults if they believed that there is such a thing as a midlife crisis. The responses varied according to age with 86% of the youngest, 73% of the middle aged, and 50% of the older participants replying “yes”. In describing midlife crisis, gender variation was apparent. For men, 25% saw a midlife crisis as a “reappraisal time”, 25% saw it as involving maladjustment, stress, dissatisfaction, or a loss of control; 25% saw it as a reaction to diminishing options or fewer opportunities, and 25% responded it was a time of self-questioning. Over 50% of women saw midlife crisis as a period of readjustment involving change in their lives, such as changing aspirations and 45% associated it with fears of aging (p. 209).

When Erik Erikson first introduced the concept “midlife crisis” it was part of his life span theory involving a person’s journey through eight stages of development. He

proposed that in the middle years a healthy individual who had proceeded “normatively” through the earlier stages of life, would be faced with a “crisis” or a “crucial moment when development must move one way or another” (Erikson, 1968). His use of the term “crisis” has little to do with tragedy or disaster. It is more about transition and facing a turning point in life (Lachman & Boone James, 1997).

Midlife is commonly viewed as a transitional period (Franz, 1997). Historically the middle years were thought to be a time of stability (Whitbourne & Angiullo Connolly, 1999). Midlife was described as a calm between the growth of young adulthood and the challenges of old age. The authors of The Healthy Boomer (Edwards, Lhotsky & Turner, 1999), view the midlife journey as consisting of three phases; i) a time of loss and letting go of the past, ii) a time of uncertainty and turmoil, and iii) a resurgence with renewed energy.

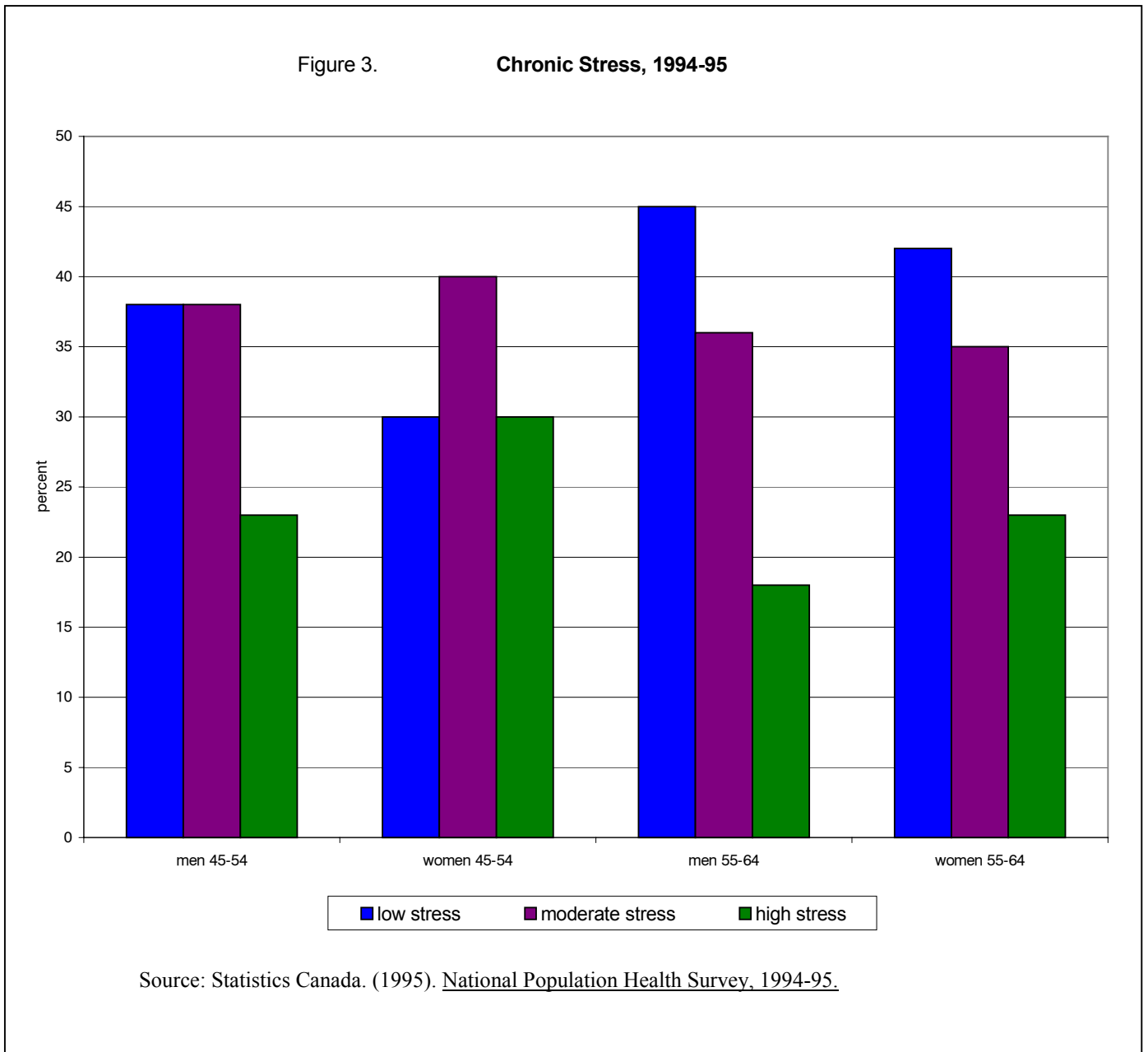
The impetus for the transitions associated with middle age may be the result of a *life review* which occurs during this period of life. The idea that a “life review” occurs in old age has been widely accepted by psychologists (Stewart & Vandewater, 1999). The hypothesis that a life review is also conducted during the middle years is relatively new and receiving similar acceptance (Stewart & Vandewater, 1999; Stewart & Ostrove, 1998). This concept of “taking stock” can be traced back to the work of Carl Jung who suggested this process begins at approximately age 40 (Stewart & Vandewater, 1999). Several studies have shown that this time of reflection is developmentally significant and particularly salient for the midlife population (Helson, 1992; Holahan, Holahan, & Wonacott, 1999). In midlife, people tend to “take stock” of what they have done in their lives thus far, whether or not significant goals have been achieved, and how the trajectory of life has changed in light of changing familial and occupational roles.

Historical and current research of midlife development concludes that midlife is a time of stress associated with change and transitions, but also increased competence to accommodate those stresses (Neugarten, 1968; Lachman & Boone James, 1997). Health statistics on the midlife population in Canada support these conclusions.

Psychological Health Statistics

Compared with the strong orientation towards documenting physical health data, the information available related to the psychological health of Canadians is limited.

1. **Chronic stress:** Chronic stress is defined by the National Population Health Survey as ongoing stress, with a focus on social relationships and family. The statistics indicate that for midlife Canadians, more women than men report chronic stress and more younger than older middle aged people report chronic stress.



2. Time Stress: According to the 1992 General Social Survey, over half of Canada's population felt more rushed in 1992 than "five years ago," with the percentages being particularly high for employed women (Zuzanek & Smale, 1997). In a recent study on time use of Canadians, the results indicated that for midlife Canadians who are married, employed, with an "empty-nest", 57% of females and 42% of males feel rushed *every day*.¹
3. Work Stress: The National Population Health Survey found that employed Canadians between 45-54 reported the lowest levels of work stress (on a scale of minimum=0 and maximum=45, midlife Canadians scored 18.7; 25-34 year olds scored 20.2 and 35-44 year olds scored 19.5). Women reported slightly higher levels than men in all age categories including midlife. Family life affected work stress, with single parents twice as likely to report stress than couples with children.²
4. Depression: In 1996, 295,000 midlife Canadians (4%) reported depression. Most were women (63.7% or 188,000).

The average number of weeks in a year that middle aged Canadians report being depressed is 7.8 (45-54) and 8.4 (55-64).³

5. Suicide: Canadian men between the ages of 45 and 64 are at particular risk for suicide. In 1997, 826 middle-aged men and 249 middle-aged women committed suicide in Canada.⁴

¹ Zuzanek, J. & Smale, B. (1997). Data for this study was taken from three Canadian national time use surveys. The National Time Use Pilot Study in 1981 (n=2,685), the General Social Survey: The Use of Time in 1986 (n=9,946), and a repeat of the General Social Survey in 1992 (n=9,815).

² Health Canada. (1999). National Population Health Survey, 1994, Statistical Report on the Health of Canadians, p. 52. Work stress was evaluated using 12 questions that describe working conditions. Respondents answered using a five-point scale of agree-disagree.

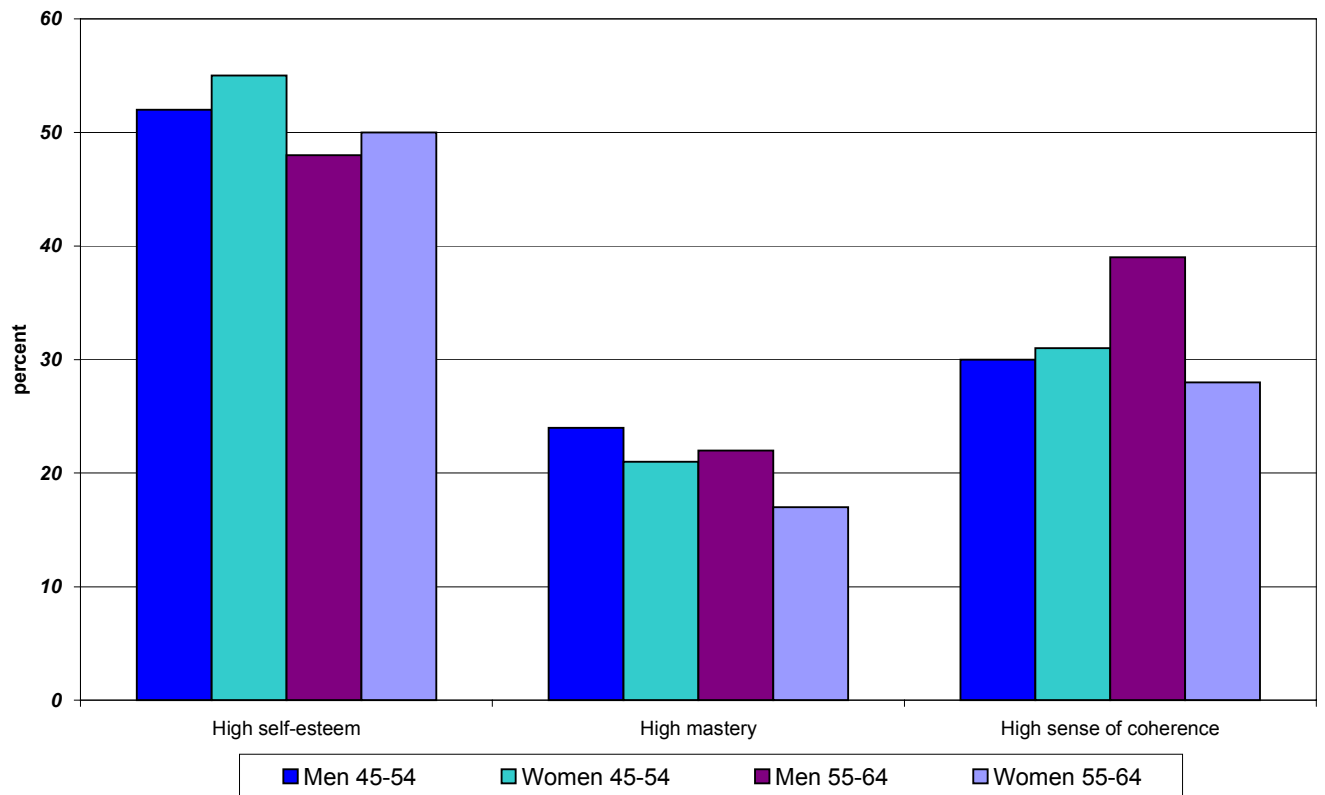
³ Statistics Canada. (1999). National Population Health Survey, 1996/97. [Online]. Available: <http://www.statcan.ca/english/Pgdb/People/Health/health35.htm>.

⁴ Statistics Canada. (1997). Suicides, and suicide rate, by sex, by age group. Catalogue no. 82F0075XCB. [Online]. Available: <http://www.statcan.ca/english/Pgdb/People/Health/health01.htm>

6. **Psychological Well-being:** Fifty percent of midlife Canadians report high levels of self-esteem. More middle-aged women (1,582,350) than men (1,497,800) report these high levels. Rates of mastery are similar for all groups and sense of coherence is highest for men 55-64.

Note: The personal interview portion of the National Population Health Survey examined psychological well-being using three measures; sense of coherence, self-esteem and mastery. Sense of coherence is a view of the world that events are comprehensible, challenges are manageable and life is meaningful. There is ample evidence that a strong sense of coherence is important for maintaining good health. Self-esteem refers to the general sense of self-worth as a person, while mastery measures the extent to which individuals feel their life chances are under their own control. All three of these psychological attributes are conducive to coping successfully with stressors. All three of the measures use scales that produce a range of scores which is not useful for assessing absolute levels of positive mental health but allows for intergroup comparisons.

Figure 4. **Three Indicators of Psychological Well-being, 1994-95**



Source: Health Canada. (1999). National Population Health Survey, 1994-95. Statistical Report on the Health of Canadians, p. 222.

Individual Perceptions of Health

“Health is very much a part of the definition of what it means to be middle-aged” (Siegler, 1997).

Research indicates that self-perceived health status is a good predictor of health problems, use of health services, longevity, and life satisfaction (Siegler, 1997; Statistics Canada, 1999a). A recent report by Statistics Canada, Health in Mid-life, used “self-perceived health status” as an indicator to examine the health of the current midlife population (Statistics Canada, 1999a). The findings of this report support other research on the health of this population, indicating overall good health for this population and significant increases in health status from previous generations (Chen & Millar, 2000). Statistics on self-rated health, life expectancy and chronic conditions illustrate the report findings.

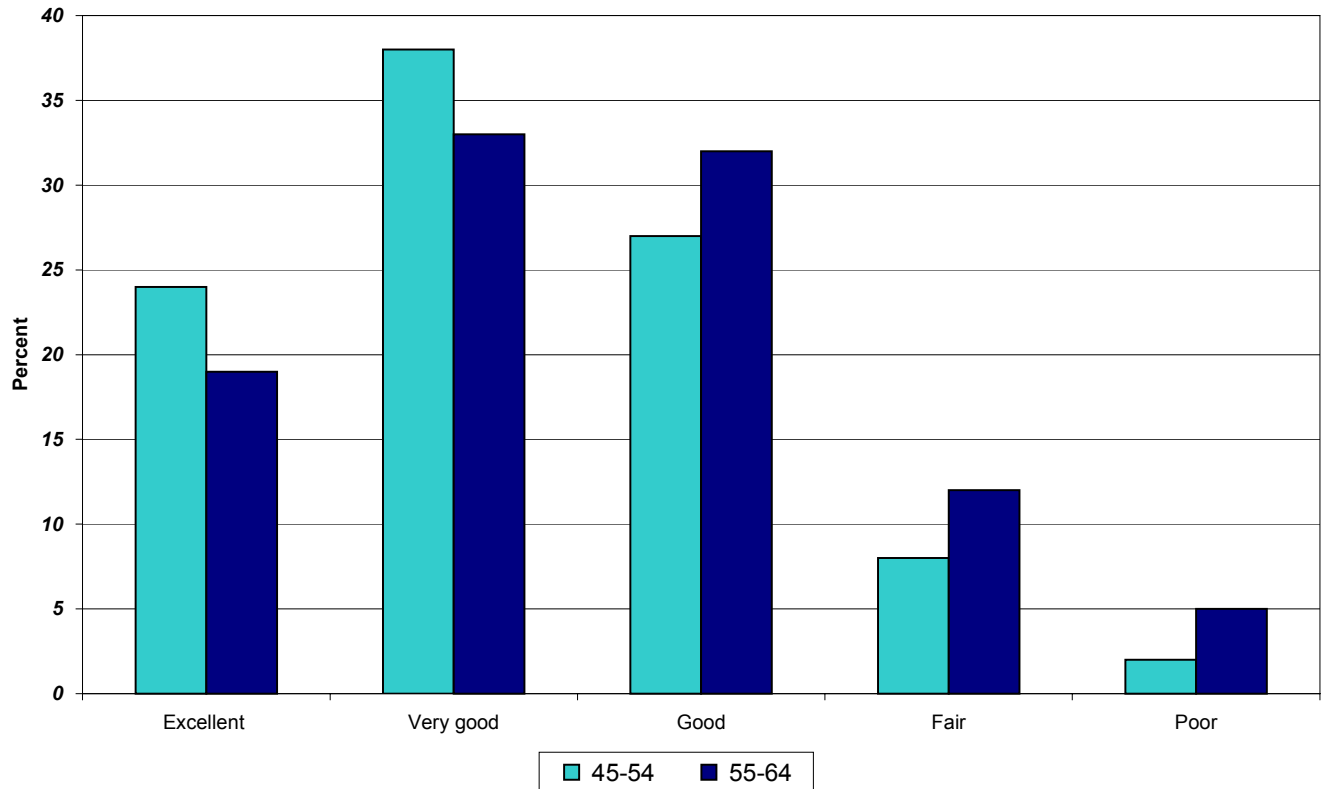
1. Self-Rated Health: Overall, midlife Canadians feel healthy. Over 80% (5,068,800) of respondents to the National Population Health Survey reported good, very good or excellent health status. There is, however, a difference in how 45-54 year olds rate their health compared with their older cohorts (55-64 years of age).¹

Twenty four percent of 45-54 year olds and **19%** of 55-64 year olds rate their health as excellent. Only 3% of midlife Canadians (45-64) report poor health.²

¹ Statistics Canada, National Population Health Survey, 1996-1997. These data are collected from the personal interview portion of the National Population Health Survey, conducted by Statistics Canada from June 1996 to August 1997. The survey sampled over 20,000 households and asked respondents to rate their own health in five categories.

² Health Canada. (1999). National Population Health Survey, 1996-97. Statistical Report on the Health of Canadians, p. 219.

Figure 5. **Self-Rated Health Status, 1996-97**



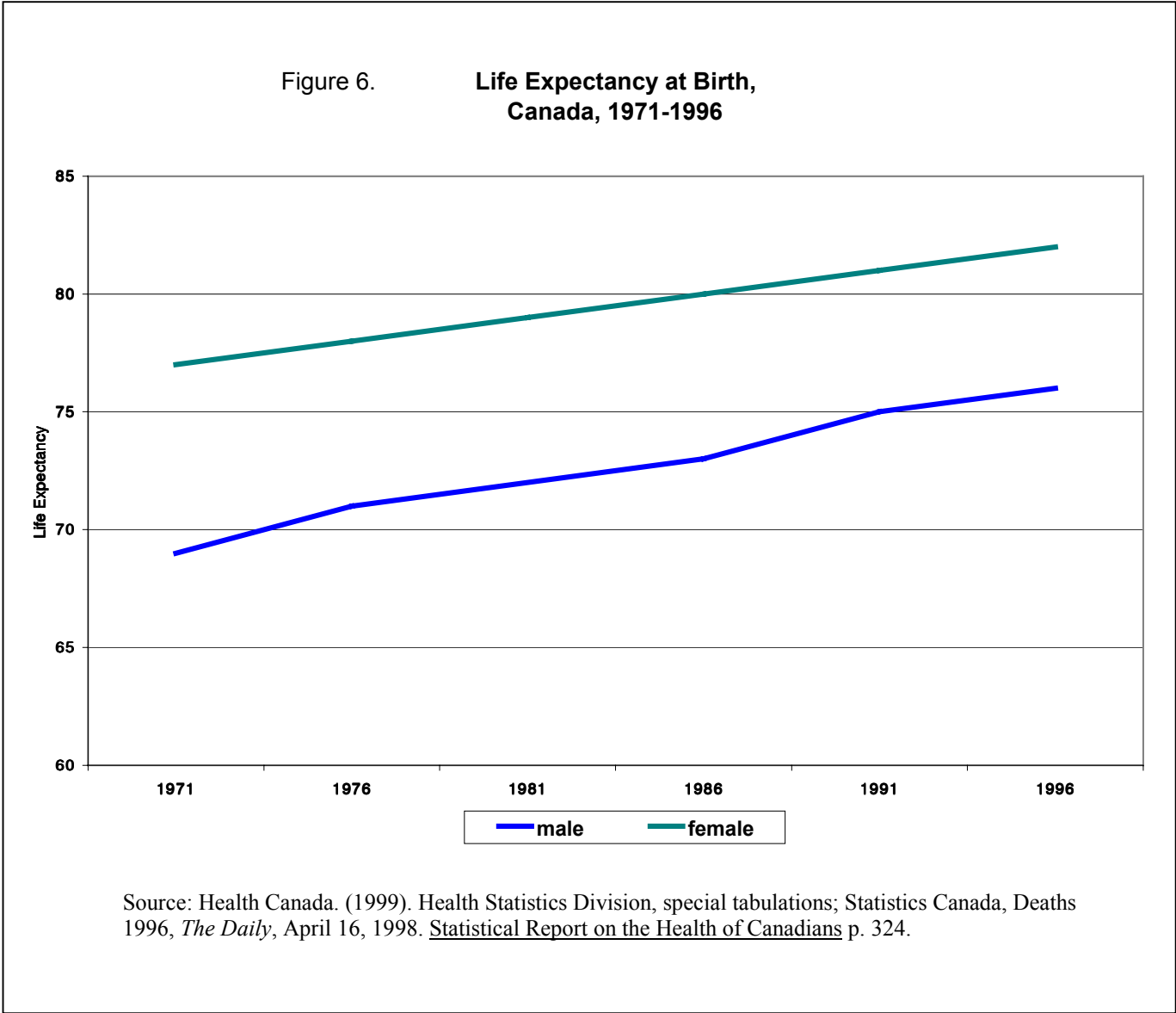
Source: Health Canada. (1999). Statistics Canada, National Population Health Survey, 1996-67, special tabulations. Statistical Report on the Health of Canadians, p. 219.

The Happiness Factor

Popular media such as television, movies and magazines increasingly focus on issues of relevance to the midlife population. Examples include award-winning movies such as *American Beauty* and the growing self-help sections in bookstores which concentrate on midlife. A recent article in Canadian Living (August 2000), reports on new health research that concludes that happiness is a critical factor in overall health and well-being (Harrison, 2000).

2. Life Expectancy: Life expectancy in industrialized countries around the world has increased dramatically over the last two centuries. In 1800, the life expectancy for Canadians was close to 35, today, females can expect to live to 81 and males to 76 years of age.

Forty five-year-old men have a life expectancy of 33 years.
For women it's 38 years.¹

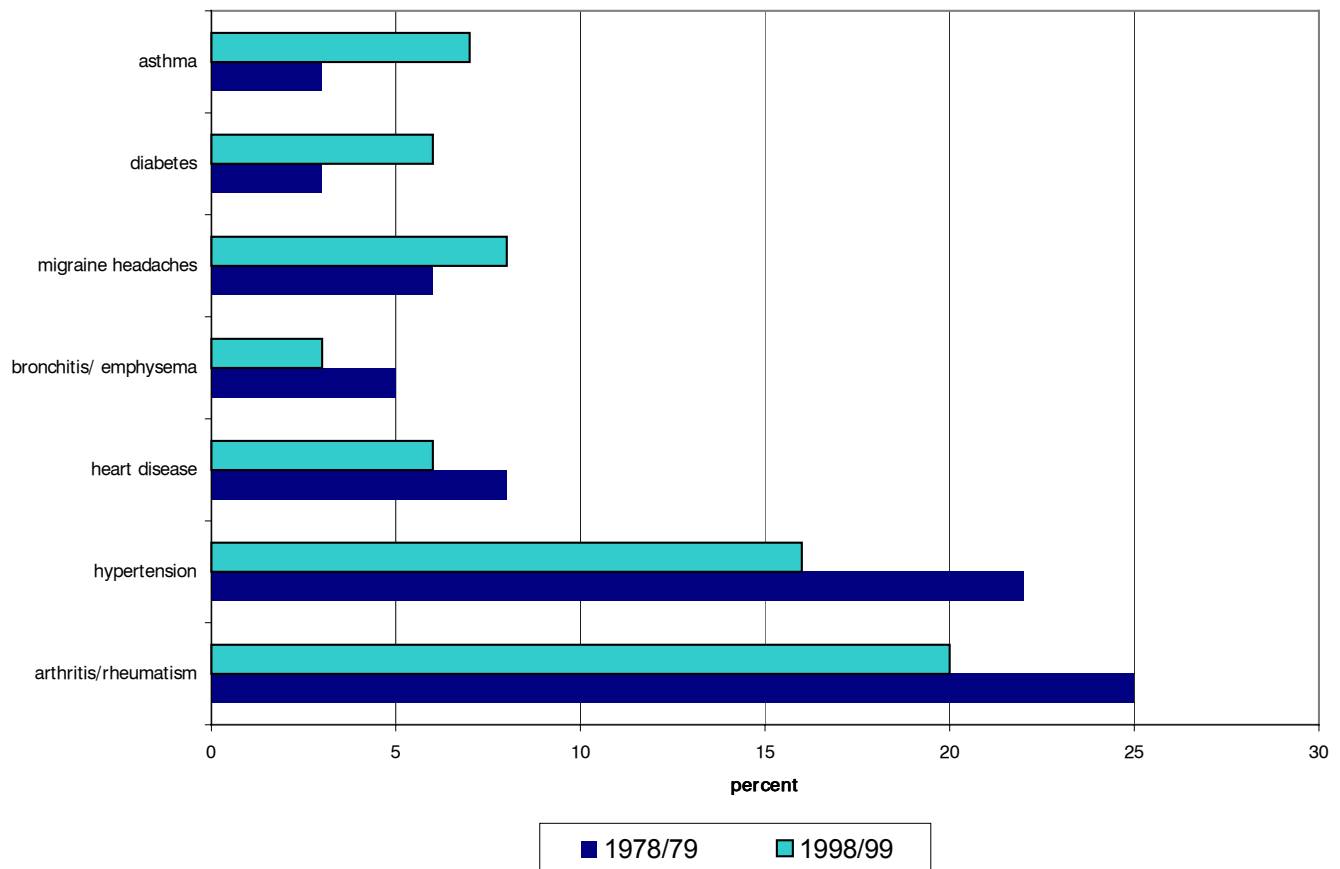


¹ Health Canada. (1999). Compendium of Vital Statistics 1996. Statistical Report on the Health of Canadians.

Despite increases in life expectancy and self-rated reports that indicate positive health status for midlife Canadians, health problems *are* evident in this population. Of particular concern is the increase in diabetes among middle aged men. It has been suggested that the prevalence of diabetes can be partially attributed to increasing weight and sedentary lifestyle. As well, the increase in migraine headaches among middle aged women may be attributed to the increased stress levels of women as they cope with the responsibilities of work and home.

3. **Chronic Conditions:** Self-reports of health status indicate over the past 20 years, the prevalence of most chronic conditions such as arthritis and high blood pressure has decreased among Canadians aged 45 to 64. However, the prevalence of asthma, diabetes and migraine headaches has increased for this age group.

Figure 7. **Prevalence of Chronic Conditions
1978/79 and 1998/99**



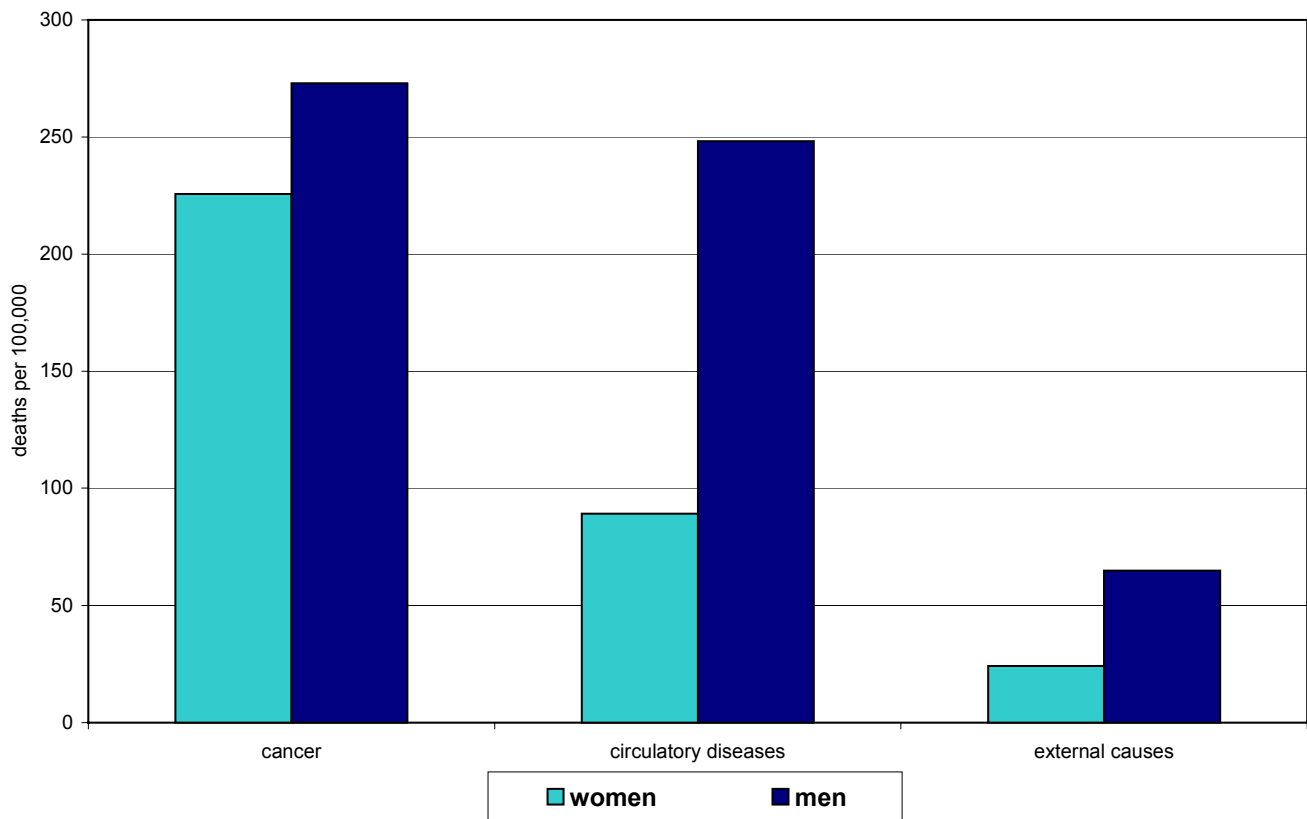
Source: Statistics Canada. (1999). Catalogue 82-003, 1978/79 Health Survey; 1998/99 National Population Health Survey. *Health Reports, Winter*, vol. 11, No. 3, p. 40.

Midlife Mortality Rates

1. Cancer: The Leading Cause of Death in Midlife: Cancer is the leading cause of death for both men and women in their middle years (273 deaths per 100,000 men and 226 deaths per 100,00 women).¹
2. Circulatory Diseases: Second to cancer, diseases of the circulatory system account for 248 deaths per 100,000 men and 89 deaths per 100,000 women. Male deaths were almost twice as likely as female deaths.²

Together, cancer and circulatory diseases accounted for 71% of deaths among men and 74% of deaths among women (Wilkins, 1996).

Figure 8. **Leading Causes of Death, 1993**



Source: Wilkins, K. (1996). Catalogue no. 82-002-XPB. *Canadian Social Trends, Summer*, vol. 7, no. 2.

¹ Wilkins, K. (1996) Statistics Canada, *Canadian Social Trends, Summer*, p. 15.

² Health Canada. (1999). *Statistical Report on the Health of Canadians*, p. 291.

Table 2. **Leading Causes of Death for Canadians 45 to 64, 1993**

	Women	Men
Age 45 to 64	Deaths per 100,000	Deaths per 100,000
All Causes	424.7	735.9
Non-External causes	400.6	671.1
Cancer	225.6	272.9
Lung Cancer	55.5	101.9
Colorectal Cancer	-	28.8
Breast Cancer	53.5	-
Diseases of the circulatory system	89.2	248.2
Ischaemic heart disease	47.9	177.1
External causes	24.1	64.8
Suicide	7.9	26.2
Motor vehicle accidents	6.9	14.6

Source: Wilkins, K. (1996). Canadian Social Trends, Summer, p. 15.

The report Health in Midlife, also examined the possible reasons for changes in self-perceived health, as adults aged 45 to 64 are twice as likely as those aged 25 to 44 to report poorer health (12% versus 6%) (National Population Health Survey, 1996/97). The conclusions confirm that factors such as socioeconomics, gender, and personal health styles, are associated with changes in self-perceived health.

Personal Health Styles

1. Exercise: Nearly one quarter of midlife Canadians are sedentary, exercising less than once a week or never. Midlife women are more likely than their male counterparts to exercise three or more times a week (58% versus 53%).

Table 3. Exercise Frequency, 1996-1997

	Three or more times weekly (%)	Once or twice weekly (%)	Less than once weekly or never (%)
Men 45-54	50.8	20.8	24.3
Men 55-64	55.9	17.1	23.6
Women 45-54	58.3	18.2	22.1
Women 55-64	57.8	17.4	23.0

Source: Statistics Canada, Catalogue no. 82F0075XCB. [Online]. Available: <http://www.statcan.ca/english/Pgdb/People/Health/health19b.htm>.

2. Alcohol: Midlife men indulge in heavy drinking (five or more drinks per occasion) much more often than women. Twenty-one percent (329,070) of men 45-54 and 18% of men 54-65 (171,180) drink heavily at least once a month compared with 6% of women 45-54 and 5% of women 55-64. Approximately 80% of women and 55% of men in these age groups **never** drink heavily.¹
3. Illicit Drug Use: Although 15% or half a million of the younger midlife men and women (45-55) have used illicit drugs in their lifetime, less than 2% continue to do so. Only 4% (98,800) of older midlife Canadians (55-64) have ever experimented with illicit drugs.²

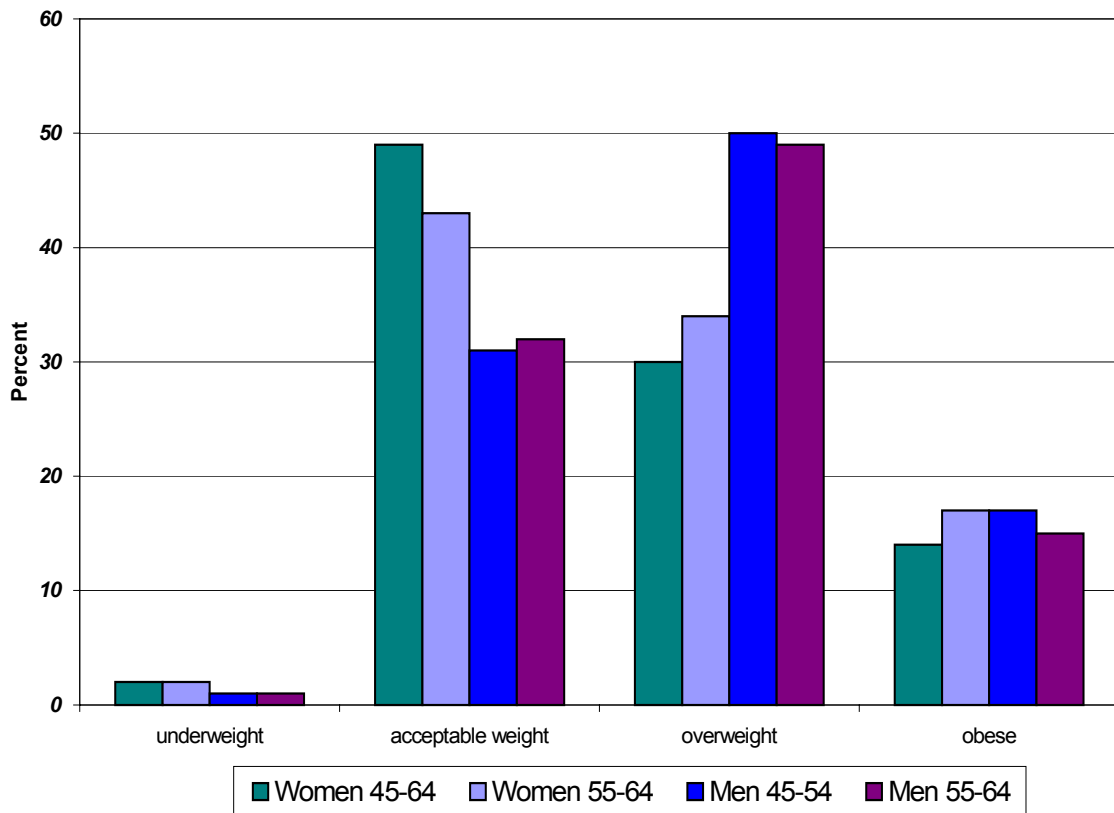
¹ Health Canada. (1999). National Population Health Survey, 1996-97, special tabulations. Statistical Report on the Health of Canadians, p. 179.

² Health Canada. (1999). Information Access and Coordination Division, Policy and Consultation Branch, Canada's Alcohol and Other Drugs Survey, 1994, special tabulations. Statistical Report on the Health of Canadians, p. 187. "Illicit drugs" refers to one or more of cannabis, cocaine/crack, LSD, speed, and heroin.

4. **Body Mass Index (BMI):** Men are more likely than women to be either overweight (BMI=27.0) or maintain some excess weight (BMI+25.0 – 26.0). Statistics Canada reports nearly 50% of midlife men and 30% of midlife women (or over two and a half million middle aged Canadians) are overweight. More women than men are underweight (BMI<20.0).¹

Note: This data is based on self-reported height and weight measurements. Research indicates that calculations based on self-reported height and weight underestimate obesity by about 10% (Statistics Canada, 1999a).

Figure 9. **Body Mass Index (BMI)**
1996/97

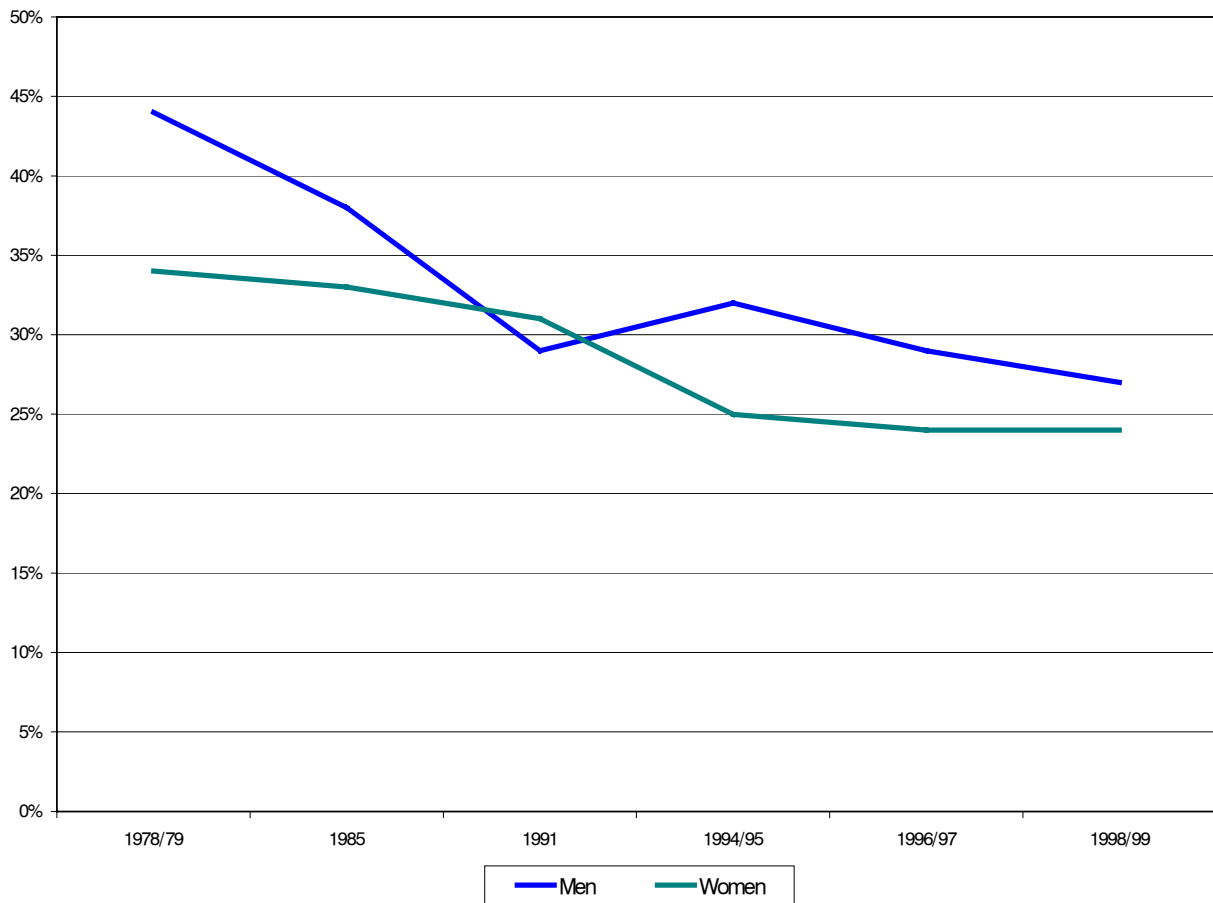


Source: Statistics Canada (1999). Health Reports, Winter, Vol. 11, No. 1, Catalogue 82-003.

¹ Body Mass Index (BMI) is calculated by dividing weight in kilograms by height in metres squared. BMI categories used are: 18.5 or less (underweight), 18.6 to 24.9 (acceptable weight), 25.0 to 29.9 (overweight), and 30.0 or more (obese).

5. Smoking: Although there has been a significant decrease in the rate of smoking in Canada, approximately one quarter (1,507,730) of midlife Canadians currently smoke. Midlife men are more likely than women to smoke. ¹

Figure 10. **Midlife Smoking Rates
1978-1999**



Source: Statistics Canada. (1999). Catalogue 82-003. Health Reports, Winter, Vol. 11, No. 3.

¹ Statistics Canada. (1999). Percentage of smokers in the population. Catalogue no. 82F0075XCB. [Online]. Available: <http://www.statcan.ca/english/Pgdb/People/Health/health07a.htm>

6. Alternative Healthcare: 10% (318,300) of midlife women and 4% (133,030) of midlife men access alternative healthcare practices such as massage and acupuncture.

Massage is the number one choice of alternative healthcare for midlife Canadians. Homeopathy and acupuncture are other alternative healthcare choices for individuals in middle age.¹

7. Actions to Improve Health: 50% of midlife women and 40% of midlife men or nearly three million midlife Canadians took action last year to improve their health.

Over 65% of middle aged Canadians (4,231,600) *intend* to take action in the future to improve their health.²

Gender Dimensions of Physical Health

Women's Health

“Middle age is often seen as a marker in the aging process for women's health” (Avis, 1999, p. 105). Physiologically, for most midlife women, menopause is the primary health consideration (Avis, 1999). Factors which influence a woman's response to the changes associated with menopause are cultural, behavioral, psychological and physiological, and research indicates that menopause and the hormonal changes that occur during this period are different for every woman (Avis, 1999; Langlois, 2000). Although menopause can be a challenging time for women, research shows it need not be the negative, distressing experience often portrayed in medical literature (Thomas, 1997).

Besides menopause, other important health issues for middle aged women include nutrition and fitness, stress management, weight control, body image, self-esteem, family violence and smoking cessation (Maritime Centre of Excellence for Women's Health, 2000). However, research has primarily focused on menopause to the neglect of these and other issues such as the psychosocial factors associated with middle aged women's health (Thomas, 1997). As a result, little information is available concerning other aspects of midlife women's health.

¹ Health Canada. (1999). National Population Health Survey, 1996-1997, special tabulations. Statistical Report on the Health of Canadians, p. 148.

² Health Canada. (1999). National Population Health Survey, 1996-97, special tabulations. Statistical Report on the Health of Canadians, p. 211.

Men's Health

Three primary health concerns for midlife men are male menopause, sexual functioning and prostate cancer. Recent research on the health of middle aged men report some support for “andropause,” a type of male menopause. “Seventy-eight per cent of family physicians and 70 per cent of the general population believe that men experience something similar to women’s menopause as they age” (Langlois, 2000, p. 61). The authors of The Healthy Boomer (1999) report that for midlife men, losing the ability to have an erection was a primary health concern related to aging. The incidence of prostate cancer increased dramatically in Canada from 1969 to 1997 and is the second leading cause of cancer deaths for Canadian men (Edwards, Lhotsky, & Turner, 1999). This fact and the media attention associated with it, makes prostate cancer a primary health concern for midlife men.

On male menopause:

“I never used to leave the house until the toilet stopped running, but life isn't that simple anymore.”

(MMS: No Laughing Matter by Dave Block)

Determinants of Health: A Socio-Political Perspective on Health

Recently, Health Canada has adopted a “population health” approach to maintaining and improving the health of Canadians. This approach is based on the idea that social, political, and cultural factors, in addition to individual behaviours and genetics, greatly influence health status.

The determinants of health as outlined by Health Canada (1996) are: income and social status, social support networks, education, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture. Determinants of health are strongly related with the health of all Canadians including those in middle age and must be considered in discussions of health, and enhancing health.

Moen and Wethington's (1999) research on midlife from a lifecourse perspective is consistent with a “determinants of health” approach. Their research indicates the five contextual factors that most influence midlife development are social class, education, gender, race and health. Therefore, these factors must be considered when thinking about the broader context of health for midlife Canadians.

Cultural Influences on Health

Health issues are on the minds of middle aged Canadians for a variety of reasons. In midlife, people realize their own mortality, the likelihood of ill or dying parents and even peers increases dramatically, and personal illness, injuries and disease increase (Siegler, Kaplan, Von Dras & Mark, 1999). However, we live in an age-conscious society that upholds the beauty of youth (Barak, 1998). Subsequently, most of today's middle aged people struggle against the forces of nature and time, not accepting the inevitable changes associated with aging (Masci, 1998).

Physical appearance becomes more important as middle aged adults strive to hold onto their youth. In the United States, 60% of all cosmetic facial surgery is performed on people aged 40-69. Other responses to the normal process of aging include anti-aging drugs and other hormonal treatments, as well as the use of cryonics facilities, signing up individuals to be cryogenically preserved (frozen) to avoid death (Masci, 1998).

There has been recent criticism of the way in which North Americans continue to define health as a medical and physiological condition, such as freedom from disease. The World Health Organization defines health as “a state of complete physical, mental and social well-being and *not merely the absence of disease or infirmity*” (WHO, 2000). Health is a broad concept influenced both by individual lifestyles and behaviours as well as social norms and values. Social norms and values are expressed via cultural messages and affect the health of Canadian citizens. These cultural messages can be contradictory. On one hand are the lifestyle messages that promote health, for example, being physically active and eating well. On the other hand certain individuals are confronted with cultural messages that encourage unhealthy behaviours such as smoking, drinking alcohol in excess, and a sedentary lifestyle. Exposure to these messages is influenced by factors such as education, socioeconomic status, gender and ethnicity. Therefore, a comprehensive and holistic understanding of health for midlife Canadians must consider cultural influences and the factors that affect them.

Summary of Health and Wellness

1. Midlife is a time of personal transition.
2. Almost 25% of midlife Canadians report high levels of chronic stress.
3. The psychological well-being of this population is generally good especially in the area of self-esteem.
4. The majority of midlife Canadians (80%) *feel* healthy.
5. Unlike their great grandparents, the majority of current middle aged Canadians will live another thirty to forty years.
6. Compared to previous cohorts, the health of today's midlife Canadians is improved. However, the prevalence of asthma, diabetes, and migraine headaches has increased.
7. Cancer and circulatory disease account for most (over 70%) deaths in the midlife population
8. At least 25% of middle aged Canadians are overweight, smoke or do not engage in physical exercise.
9. The health of midlife Canadians is influenced by the social determinants of health, such as, gender, socioeconomic status and culture.

Discussion Questions:

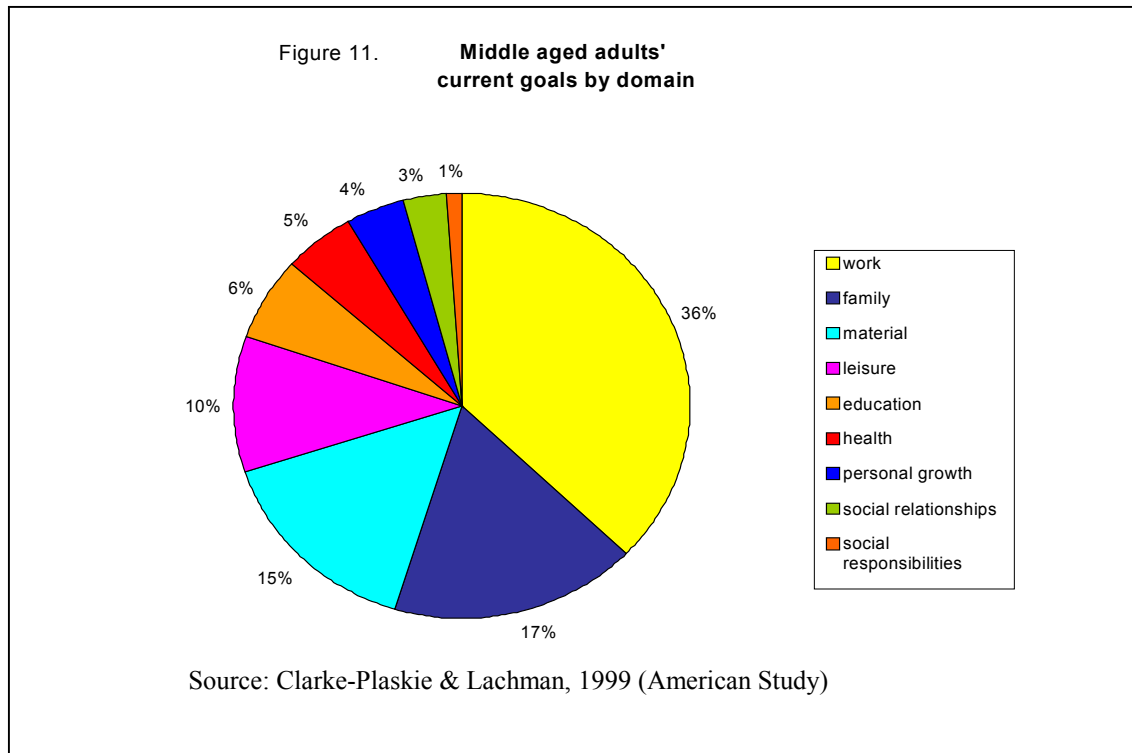
1. What “stands out” to you while examining the Health and Wellness data?
2. If people *are* in “transition”, how do we get them to adopt positive health practices as part of their “new self”?
3. How do we account for the discrepancies between reported health and actual health in this population?
4. For those midlife Canadians who participate in unhealthy practices (e.g., smoking, inactivity), how do we engage them in action to improve their health?
5. What are the cultural conditions that work for, and against, healthy aging?
6. Given the gender variations of health status, should we be approaching women's and men's health differently? How?
7. How do we account for the discrepancy in mental health indicators for midlife Canadians? Are they psychologically healthy or stressed out?
8. Does the data simply reflect a midlife population that is just “too busy”?

III. Work and Income

Experiences at work have a direct bearing on the middle-aged adult's development through exposure to job-related stress, levels of physical and intellectual activity, and social relationships formed with co-workers. (Whitbourne & Angiullo Connolly, 1999, p. 38)

Work is a major pursuit and an important dimension of self-identity for midlife Canadians. Almost 70% (Statistics Canada, 1999b) of this age group are active in the work force. The proportion of women working full time in the workforce has increased dramatically both for married and formerly married women making work an important issue for both women *and* men (Statistics Canada, 1995b). The socialization of specific roles and responsibilities of males and females within our culture creates considerable gender variations related to the impact of work on adult development. The relationship between work and life satisfaction has been well-researched with conclusions supporting the hypothesis that work contributes to high life satisfaction and well-being, particularly for women (Crohan, Antonucci, Adelman & Coleman, 1989). Specifically, issues of personal control, financial security, and access to social circles, are related to the experience of paid work, and also influence general life satisfaction.

1. The Importance of Work: For middle aged adults, the importance of the work domain is significant. Research studies have shown that if you ask midlife adults what area of their lives is most important for present and future goals, 36% answer “work”.



2. Labour Force Participation: In 1999, almost 70% (69.3) of midlife Canadians were participants in the labour force. Among these persons, the unemployment rate was 5.7%. Although the unemployment rate for men and women is similar, the labour force participation rate continues to show a significant difference according to age, gender, and province of residence.

More middle aged men (77.8%) than women (60.9%) participate in the labour force. A higher proportion (81.8%) of the younger group of midlife Canadians (45-54), than the older age group (55-64) participate in the labour force (49.9%).¹

3. Provincial Variations: Labour force participation varies provincially with the highest rates for this age group in Alberta (75.1%) and Saskatchewan (72.5%) and the lowest rates in Newfoundland (51.4%) and Nova Scotia (59.7%).

Table 4. Labour Force Participation Rates, 1996

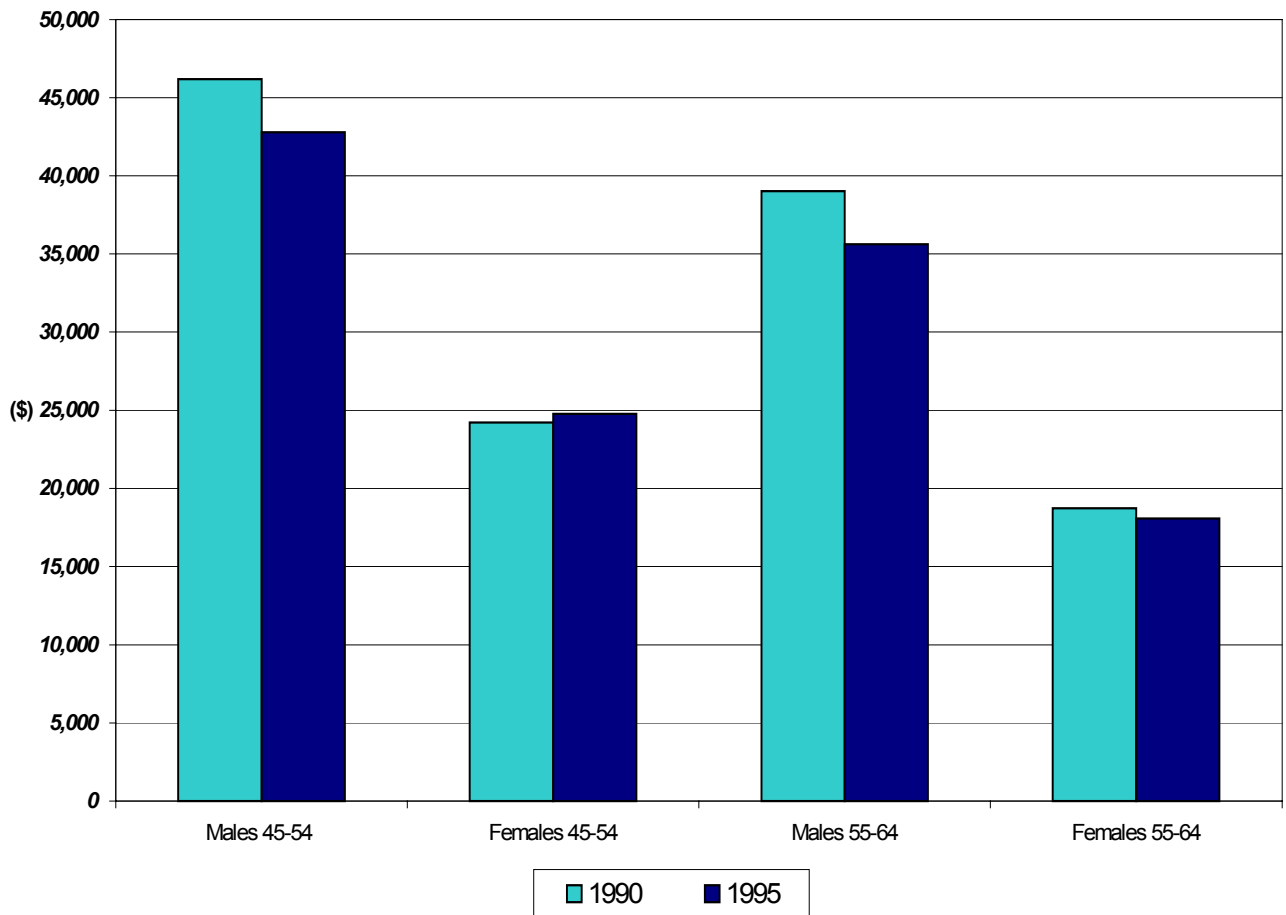
Province	Participation Rate
Alberta	75.1%
Saskatchewan	72.5%
Manitoba	71.3%
British Columbia	70.4%
Ontario	69.0%
Prince Edward Island	69.0%
Quebec	63.1%
New Brunswick	60.8%
Nova Scotia	59.7%
Newfoundland	51.4%

Source: Statistics Canada. (1996). Labour Force Annual Averages, 1995.

¹ Statistics Canada. (1999). Labour force characteristics by age and sex. CANSIM 3472, 1999. [Online]. Available: <http://statcan.ca/english/Pgdb/People/Labour20b.htm>

4. Annual Income: Midlife men were making less money in 1995 (\$42,787 for 45-54 year olds and \$35,628 for 55-64 year olds) than in 1990 (\$46,199 for 45-54 year olds and \$39,026 for 55-64 year olds). For women, the changes in annual income were negligible in this period. Both gender and age variation are apparent when examining the annual income of midlife Canadians. Males make more money than females in all age categories and the younger age group makes more money than the older group for both females and males.

Figure 12. **Average Income
1990 & 1995**



Source: Health Canada. (1999). Statistical Report on the Health of Canadians, p. 43.

5. Low Income: There is a growing proportion of low-income middle aged Canadians (11-16% in 1990 and 14-18% in 1995). “Low income” refers to economic families and unattached individuals who have total incomes below Statistics Canada’s low-income cut-off (1992 base). “These cut-offs were selected on the basis that families and unattached individuals with incomes below these limits usually spend more than 54.7% of their income on food, shelter, and clothing and can hence be considered to live in straitened circumstances”¹. There is a higher percentage of low-income women than men.

Table 5. Middle aged low-income persons, 1990 and 1995

	1990		1995	
	Low Income (%)	Number of persons	Low Income (%)	Number of persons
Age 45-54, total	11	323,000	14	511,000
Male	10	147,000	13	240,000
Female	12	175,000	15	271,000
Age 55-64, total	16	372,000	18	440,000
Male	14	161,000	17	199,000
Female	18	211,000	19	242,000

Source: Health Canada. (1999). Statistical Report on the Health of Canadians, p. 42.

6. Self-Employment: Twenty percent (678,000) of employed Canadians between the ages of 45 and 64 years of age were self-employed in 1994.

Older midlife Canadians (55-64) are more likely to be self-employed than their younger counterparts (45-54). In the 65 and older age group nearly 50% of those employed are self-employed!²

7. Multiple Jobholding Rate: The overall rate of multiple jobholding in Canada has risen from 3% in 1980 to 4.6% in 1997. The most significant increase has been in the number of women holding multiple jobs. Women in the 45-54 year old age category are the most likely midlife Canadians to be “moonlighting” (4.2%).³

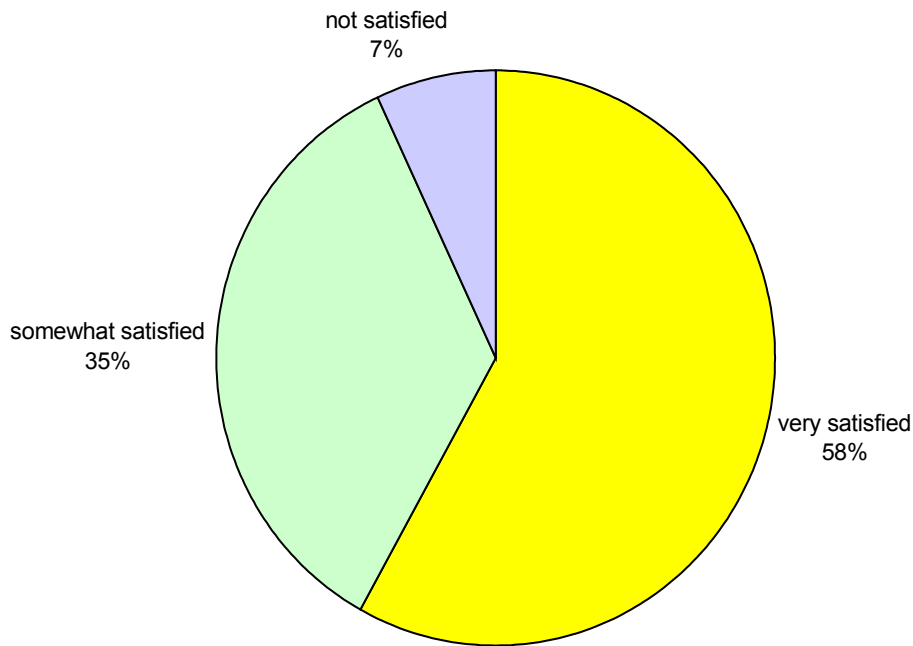
¹ Health Canada, (1999). Statistical Report on the Health of Canadians, p. 39.

² Statistics Canada. (1996). Labour Force Survey, 1994, non-agricultural industries only. Perspectives, Spring.

³ Statistics Canada. (1998). Labour Force Survey, 1997. Perspectives, Summer

8. Work Satisfaction: Most midlife Canadians report satisfaction with their work. Fifty eight percent are *very satisfied* and 35% are *somewhat satisfied*. According to Statistics Canada (1994-95), 7% or nearly a quarter of a million middle aged men and women in the labour force are *unsatisfied* with their work.¹

Figure 13. **Work Satisfaction**



Source: Health Canada. (1999). National Population Health Survey, 1994-1995, special tabulations. Statistical Report on the Health of Canadians, p. 225.

¹ The data for this category are from the personal interview portion of the National Population Health Survey, conducted by Statistics Canada in 1994 and 1995. These data are based on the sample of working persons age 15 and older, which consisted of almost 10,000 persons. Participants were asked the question "How satisfied are you with your job?" and given a list with four possibilities, "very satisfied", "somewhat satisfied", "not too satisfied", and "not at all satisfied". In the results, "not satisfied" is a combination of "not very satisfied" and "not at all satisfied" neither of which was large enough to report by itself.

9. **Retirement:** The average age of retirement is 61.4 years. Early retirement (voluntary and involuntary) is evident among middle aged Canadians. Over 85% of 45-49 year old men work full-time while only 30% of men aged 60-64 were still employed full time.¹

a) *Retirement for Men:* The number one reason for retirement for men is health (25%), followed closely by personal choice (24%). Ten percent of retired men leave the labour force because they are unable to find work. Other reasons for retirement for men are mandatory retirement (16%), person feels old enough (11%), and early retirement incentive (10%).²

b) *Retirement for Women:* Depending on their individual situation in relation to the work force, women define retirement in different terms than men. Therefore, a clearer picture of retirement for men as compared with women is available. Women who reported being retired had an average age of 58.5 at their retirement. Their reasons for retirement were similar to those of men but also included caregiving responsibilities (13%) and retiring because their spouse retired (7%).³

The Relationship between Work and Health: A Canadian Priority

The relationship between work and health has been well established in terms of both positive (increased self-esteem, independence, better health status) and negative outcomes (high stress levels, workplace injuries) associated with employment. With new research indicating our present work force is increasingly sedentary and that this will cost businesses and governments down the road, organizations and governments are now starting to look at the relationship and responsibility for employee health from a prevention and health promotion angle.

Today, we are issuing a warning, that if things don't change—and change quickly—being a member of Canada's workforce can be hazardous to your health.

(Dr. Quinney, spokesperson for the Canadian Council for Health and Active Living at Work (CCHALW) and Associate Vice President (Academics) at the University of Alberta)

Midlife Canadians participating in the labour force spend half of their waking life at work (Health Canada, 2000). Recent research indicates many of Canada's 15 million workers are “virtual desk potatoes,” sitting in front of computers for most of their working day (Canadian Council for Health and Active Living at Work, 2000). In the fall of 2000 (Oct-Nov. 2000), recognizing the significance that work environments play on the health of Canadians, a new initiative by Health Canada entitled the “Business Case for Active Living at Work” will be launched. This online program will include evidence

¹ Statistics Canada. (1995). *As Time Goes By...Time Use of Canadians*, p. 34.

² Monette, M. (1996). *Canadian Social Trends, Autumn*, p. 9.

³ Monette, M. (1996). *Canadian Social Trends, Autumn*, p. 10.

of the many benefits of workplace active living, provide basic frameworks for implementing active living policies, and demonstrate how to forecast the cost and benefits of active living strategies in the workplace (Health Canada, 2000). In conjunction with this new initiative, a new publication for employees has been released called “Walk and Roll” (Health Canada, 2000). This program encourages office workers to walk and cycle to work.

Summary of Work and Income

1. Work is a major pursuit and significant dimension of self-identity for midlife individuals.
2. Most midlife Canadians (70%) participate in the labour force. Participation varies by age, gender and province.
3. Average annual incomes have decreased for men and remained virtually constant for women. Women continue to earn substantially less than men.
4. There is a growing proportion of low-income midlife Canadians.
5. Twenty percent of middle aged Canadians are self-employed. Multiple job holding is increasing, especially among women.
6. A small number of 45-64 year olds in the workforce report being *unsatisfied* with their work situations (7%).
7. By age 60, 70% of men are retired (either forced or volunteer). Women retire earlier than men and for different reasons.
8. Midlife Canadians participating in the workforce spend half of their waking life at work.
9. Many of Canada’s 15 million workers are “virtual desk-potatoes” prompting the recognition that work environments are an important context for interventions for physical activity and other workplace wellness initiatives.

Discussion Questions:

1. What “stands out” when looking at the data on Work and Income?
2. Why are midlife individuals so focused on work?
3. How do we design healthy aging interventions which are accessible to both lower and upper income midlife Canadians?
4. What are the implications of the discrepancies in labour force participation across Canada (for income, retirement, insurance, etc.)?
5. Given the wage gap between men and women and the longer life expectancies of women, how will today’s midlife Canadian women fare in their senior years?
6. What are retired men and women doing with their time? Are they spending it making money? Spending money? Worrying about money? Thinking about their health?
7. How can workplaces play a role in encouraging healthy aging for its employees?

IV. Family Life

The paths through midlife vary by person and circumstance (Lachman & Boone James, 1997). However, the importance of social relationships in midlife is universal (Antonucci & Akiyama, 1997). Families, in particular, are important: “The family situation presents a major stimulus for development in the middle years” (Whitbourne & Angiullo Connolly, 1999, p. 36).

The traditional, nuclear family portrayed in the 1950’s and 60’s was limited compared to the diversity of families today. Families of midlife Canadians today are complex and varied and include women having children later, gay and lesbian couples adopting children, people marrying for a second time and bringing children from first marriages together, and men and women choosing to live on their own and not get married or start families (Edwards, Lhotsky, & Turner, 1999). The popular description of middle aged Canadians as the “sandwich generation” depicts the pressures of supporting both children and aging parents. The result of these dynamics make family relationships of major importance to those in middle age.

Over 80% of middle aged women and 75% of middle aged men in Canada report high levels of social support.¹

A recent longitudinal study conducted on the interpersonal relationships of midlife adults examined the complexities and connections of the *multiple* relationships of adult lives. The conclusions of this study provide support for research that does not look at relationships in isolation but instead as part of a complex interpersonal world of midlife adults. The author concludes that a) the complex interpersonal worlds of midlife adults are related to psychological well-being, b) midlife adults gather psychological resources from a variety of relational sources and these sources vary over time (e.g., sometimes siblings are important, other times friends), and, c) some relationships tax the individual and others feed the midlife adult in diverse ways (Paul, 1997).

¹ Statistics Canada, National Population Health Survey, 1996-97. Statistical Report on the Health of Canadians, p. 133. The data for this category were obtained from the National Population Health Survey. The survey determined the level of social support by asking four questions: if respondents had 1) someone they could confide in; 2) someone they could count on in a crisis; 3) someone they could count on for advice; and 4) someone that makes them feel loved and cared for. Those responding yes to all questions are considered to have a high level of social support.

A recent paper on middle age identified four relatively new shifts presently occurring in the family dynamics of midlife Americans (Lachman, Lewkowicz, Marcus & Peng, 1994, p. 202):

1. Loss of parents: Seventy percent of men and women *enter* midlife with *both* parents living and seventy- percent *exit* with *neither* parent living.
2. Empty nest: A large percentage of middle aged individuals have their last child leave home during midlife and many become grandparents during this time period.
3. The sandwich generation: A small but growing proportion of middle-aged adults is responsible for caring for young children and older parents simultaneously.
4. Adult children returning home: An increasingly prevalent trend is for midlife adults to have an adult child over the age of 19 years move back home.

Thus, the joys and tribulations of family life continue to be a substantial part of the everyday world of midlife Canadians. We focus on three key types of family relationships, partner/spouse, children, and parents.

Partner/Spouse

Coming and Going

i have noticed
that men somewhere around forty
tend to come in from the field
with a sigh and removing their coat in the hall
call into the kitchen
you were right
Grace
it ain't out there
just like you've always said
and she
with the children gone at last
breathless
putting her hat on her head
the hell it ain't!
coming and going
they pass in the doorway.

(Ric Masten, 1986)

Research on couple relationships in midlife indicates long-term partners have an impact on an individual's development through adulthood. They influence lifestyle behaviors such as exercise and diet as well as having the potential to influence identity (Whitbourne & Angiullo Connolly, 1999).

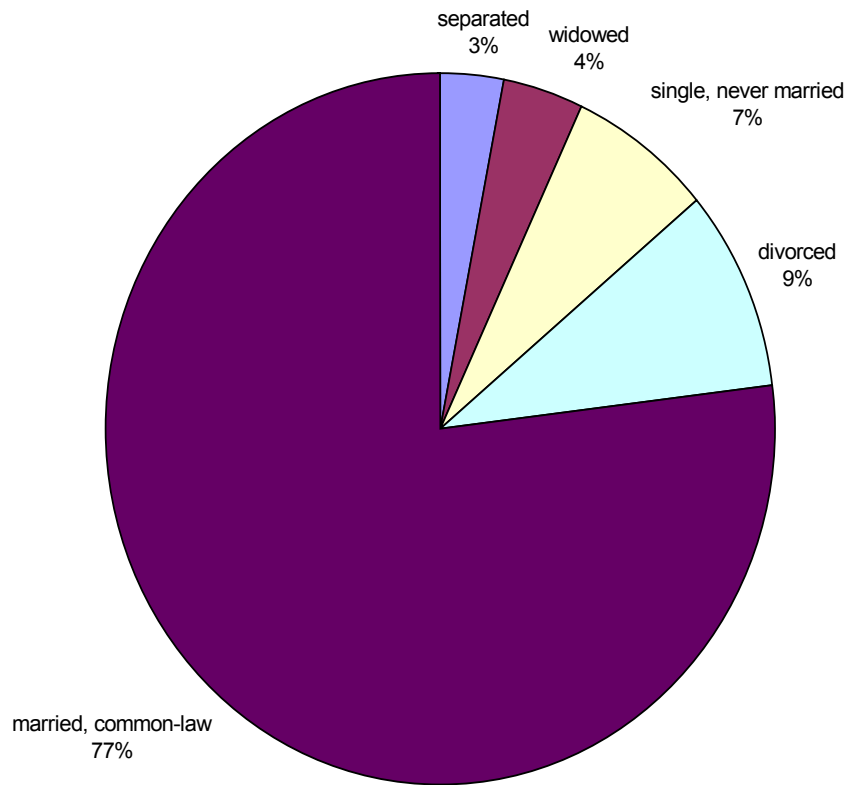
The research conclusions related to the quality of spousal/partner relationships during midlife provide mixed messages. Some studies maintain midlife relationships are strained, difficult and problematic (Maltas, 1992) whereas others insist marriage during midlife is a time of stability and growth (MIDMAC, 2000). "Midlife is a time of relative stability in marital status, as most marriages and marital disruptions precede midlife and most widowhood occurs at older ages" (MIDMAC Director's Bulletin – Langlois, 2000, p.21).

Statistics Canada indicates that 80% of midlife Canadians are married or living in common law relationships. The majority of these individuals (over 90%) are either still with their first spouse or have not entered a new union after the breakup (Statistics Canada, 1995b). Relationships for 45 to 64 year olds are represented on a long continuum from a recent first marriage, a second marriage, living together, to celebrating a 25th wedding anniversary. Divorce rates are relatively low for midlife Canadians (2%-12%) indicating a stability of relationships compared with younger populations where divorce rates are much higher (20%-25% for 20 to 30 year olds) (Statistics Canada, 1997a). Research indicates the couple break-ups in midlife are primarily unhappy relationships which remained relatively stable until entering midlife when individual transitions and changes put pressure on couples and on their relationships (Maltas, 1992).

1. Marital Status: Most midlife men and women are married, or living in common-law relationships (77%). Twelve percent of middle aged Canadians are separated or divorced, 7% are single and have never been married, and 4% are widowed.

Only 4% of Canadians between the ages of 45-64 are widowed. This percentage does not drastically change, for women or men, until 75 years of age and older when 22% of men and 64% of women are widowed.

Figure 14. **Marital Status**



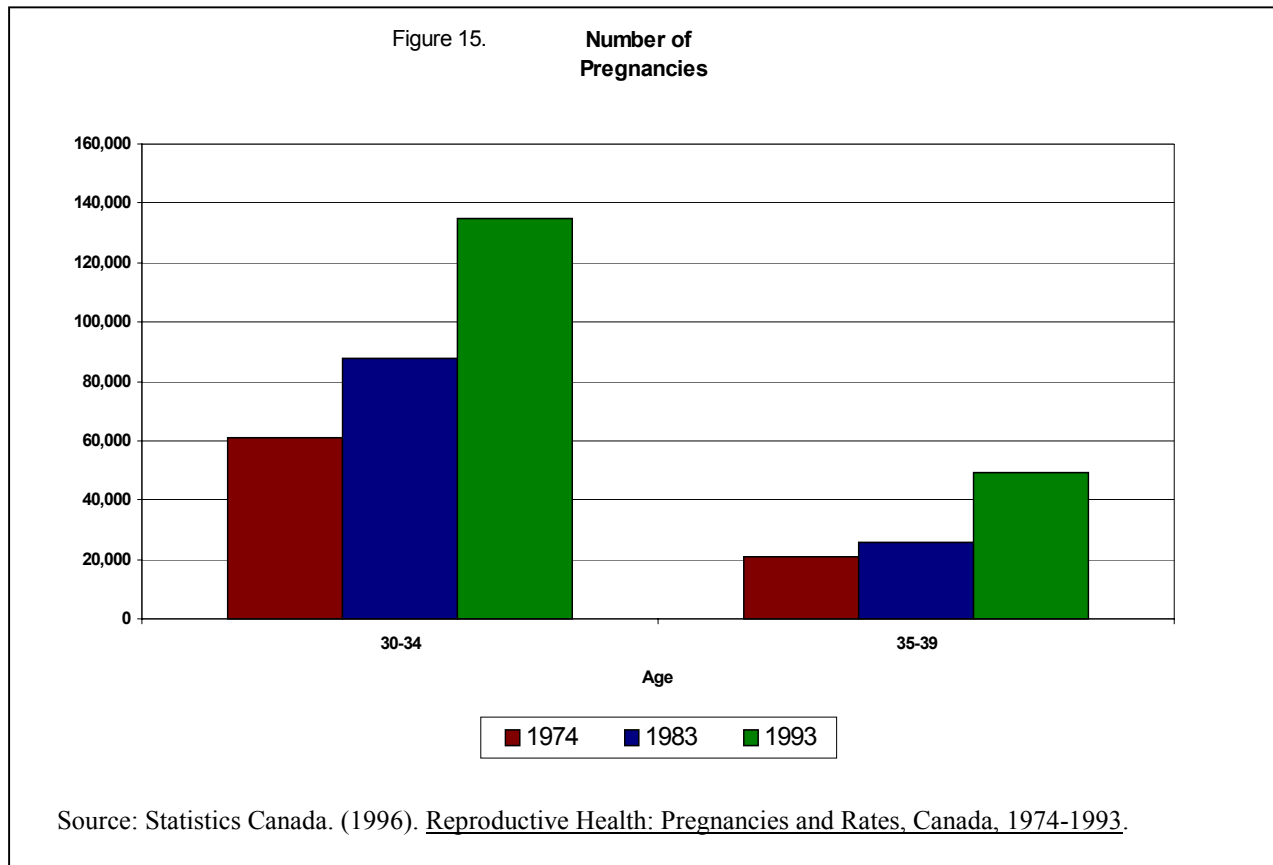
Source: Statistics Canada.(1998). Nation Series 96 Census. [CD-ROM].

It has been suggested that a “remarriage” is often necessary for midlife couples. Attention to revitalizing the relationship may be necessary for the maintenance of a strong marriage. “Perhaps it requires a certain amount of turmoil to spur psychological growth and perhaps too much stability in the face of developmental challenges and opportunities can begin to look like stagnation” (Maltas, 1992, p. 130).

Children – The Not So Empty Nest

Research indicates that relationships with children have considerable impact, both favourable and unfavourable, on the psychological development of midlife adults (Whitbourne & Angiullo Connolly, 1999, p. 37). In Canada, statistics indicate that although the number of children per couple is decreasing, approximately 90% of married or common law couples have children (Statistics Canada, 1995). The timing of pregnancies as well as number of children per midlife couple has changed in the past 25 years.

1. Midlife Families: Pregnancy rates among women 30-40 years of age more than doubled between 1974 and 1993¹. As a result, twice as many midlife Canadians have young families with school aged children today, compared to 25 years ago.



¹Statistics Canada. (1996). Reproductive Health: Pregnancies and Rates, Canada, 1974-1993.

Historically, the difficult issues for midlife parents (and mothers in particular) were related to “letting go” and the “loss” of adult children leaving home. This circumstance was coined the “empty nest syndrome” and received a great deal of attention from social science research in the 1960’s and 1970’s. However, as early as 1979, the myths of the empty nest syndrome have been dispelled for all women except those who dedicate their lives exclusively to their families/children (Mathews Jacobson, 1995). Current research on the relationship between parents and children indicate men may be the ones most affected by children leaving home (Julian, McKenry & Arnold, 1990) with midlife women reporting elevated well being as the last child moves away (Adelmann, Antonucci, Crohan & Coleman, 1989).

A new family situation that represents a small but growing trend is the return of adult children to their middle aged parent’s home (Lachman, Lewkowicz, Marcus & Peng, 1994). This situation has the potential to create stress between parent and child, and also on couple relationships. As stated earlier, research indicates an increase in marital satisfaction after the children leave home regardless of the quality of relationships with their children (Genovese, 1997).

Parents

As life expectancy continues to increase, so does the likelihood that midlife adults, particularly women, will be responsible for the care and support for aging parents. Added to the stress of care giving is the anxiety surrounding the probable onset of disease and disability and the increasing possibility for nursing home placement (Mathews Jacobson, 1995). Feelings of guilt, loss and grief are often associated with decision-making processes as related to aging parents (Mathews Jacobson, 1995). These feelings affect the midlife individual, as well as their relationships with others.

Summary of Family Life

1. Families are important contexts for the development and maintenance of social relationships in the midlife years.
2. Most midlife Canadians are either married or living in common-law relationships (77%). These couple relationships have a substantial impact on midlife development.
3. Many (90%) of midlife Canadians have children. Compared to earlier generations, twice as many of today’s midlife Canadians have young families.
4. Increasingly, adult children are returning home to live with their midlife parents.
5. A growing number of midlife Canadians are responsible for the care of both children and aging parents.

Discussion Questions:

1. What “jumps out” at you when reading the data on Family Life?
2. What are the family issues that impact the health of midlife Canadians?
3. What role do families play in encouraging or discouraging the health practices of middle-aged Canadians?
4. What are the gender differences in family roles/responsibilities and how does this impact health?

Conclusions

In the course of “Painting the Landscape” of midlife Canadians it becomes apparent that there is no one path through middle age in today’s society. Instead the characteristics of midlife are both dynamic and diverse with an emerging attitude of “anything goes”.

What characterizes contemporary midlife is a growing diversity in roles, resources, and relationships, as people who are the same age are at vastly different family or career stages (Moen & Wethington, 1999, p. 17).

Key Considerations in Healthy Aging

The themes identified in this report help to provide direction for future research on midlife. From these themes, five key considerations for research on healthy aging in midlife can be drawn:

- 1) Pay attention to individual and life course and sociohistorical contexts.
- 2) The “midlife crisis” has been overdramatized and needs to be conceptualized in terms of personal transitions and future life choices.
- 3) Take into consideration the importance of relationships (e.g., family) in midlife.
- 4) Recognize the importance of work in the lives of midlife Canadians.
- 5) Incorporate a “determinants of health” approach to midlife aging including the influences of socioeconomics, culture, and gender.

Midlife development is determined by an interaction of environmental, biological, psychological, and social processes. What types of healthy aging practices, which address both individuals and the society they live in, will be the most effective strategy for facilitating a healthy aging population?

Final Discussion Questions:

1. Are there gaps in the data provided in this report on midlife Canadians?
2. What is the next step to exploring healthy aging and midlife Canadians?

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