

Journalist briefing

Campaign launch

Relevant facts and figures:
Healthy Workplaces Campaign
for All Ages 2016-17

Promoting a sustainable working life

15 April 2016, 11.30

European Commission Press
Room

Le Berlaymont, Rue de la Loi 200
1049 Brussels, Belgium



#EUhealthyworkplaces

www.healthy-workplaces.eu



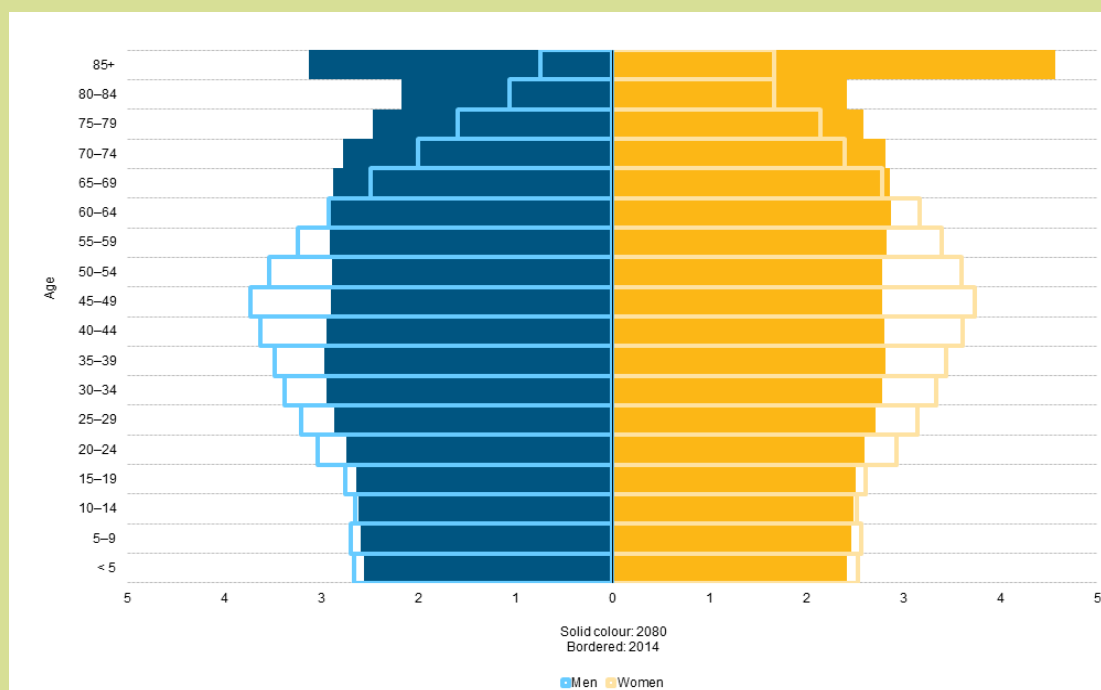
1 Demographic ageing in the EU

Demographic change is occurring throughout Europe: the population is ageing. And this ageing is mirrored in the workforce. Consistently low birth rates and higher life expectancy will transform the shape of the EU-28's age pyramid and this development is already becoming apparent in several EU Member States. This will, in turn, lead to an increased burden on those of working age to provide for the social expenditure required by the ageing population for a range of related services.

1.1 The population of the European Union is ageing

- Life expectancy in the EU-28 increased between 2002 and 2013 by 2.9 years, from 77.7 to 80.6 years (Eurostat, 2015a).
- In 2013, the median age for males and females in the EU population was 40 and 43 years old, respectively. By 2060, it is projected to rise to 45 and 47, respectively (Eurostat, 2015a).
- The proportion of the oldest age group (65 years and above) of the total EU population is predicted to double between 1990 and 2080, when it would make up almost one-third of the total population (Eurostat, 2015b, 2015c).
- Over 60 % of people who are over 50 years of age feel as fit as they ever did. Cognitive skills, such as intelligence, knowledge, language and complex problem-solving skills, are likely to increase until the age of 60 (Equality and Human Rights Commission, 2010).
- The comparison of age pyramids for 2014 and 2080 (see below) shows that the EU-28's population is projected to continue to age. In the coming decades, the high number of baby-boomers will lead to an increase in the number of elderly people. However, by 2080, the pyramid shape will change to more of a block shape, narrowing slightly in the middle of the pyramid (around the age of 45–54 years) and considerably near the base (Eurostat, 2013a).
- According to Special Eurobarometer 393 on discrimination in the EU in 2012, 45 % of people in the EU think of age discrimination as being widespread (EC, 2012).

Population pyramids, EU-28, 2014 and 2080 (% of the total population)



Source: EUROPOP2013 (Eurostat, 2013a).

1.2 Population ageing is mirrored by ageing in the workforce

- The proportion of 55- to 64-year-olds in the total working-age population increased significantly between 2000 and 2015 (from 16 % to 20 %) and is expected to reach 21 % in 2020 (Fotakis and Peschner, 2015).
- In parallel, the proportion of the younger working-age population (15 to 54 years) will have decreased to 51 % by 2020 and to 46 % by 2040 compared with 56 % in 1990. In 2080, this group will make up less than half of the population (Eurostat, 2015b, 2015c).
- Within the EU-28, 21 % of establishments stated that employees aged over 55 years account for more than a quarter of their workforce (EU-OSHA, 2014a).
- In 2014, the highest employment rates of workers aged between 55 and 64 years in the EU are found in Sweden (74.0 %), followed by Germany (65.5 %) and Estonia (64.0 %) (Eurostat, 2015d).
- The employment rate of older persons is predicted to increase from 50.2 % in 2013 to 67.1 % in 2060 across the EU-28. The strongest increases will be in Greece, Hungary, Spain, Slovenia, Cyprus, Malta, Italy, the Czech Republic and Slovakia (EC, 2014).

2 Work and health

Pension reforms have been carried out across the EU, raising the pensionable age and restricting access to early retirement. However, in most EU countries, there is a gap between the official retirement age and the effective retirement age.

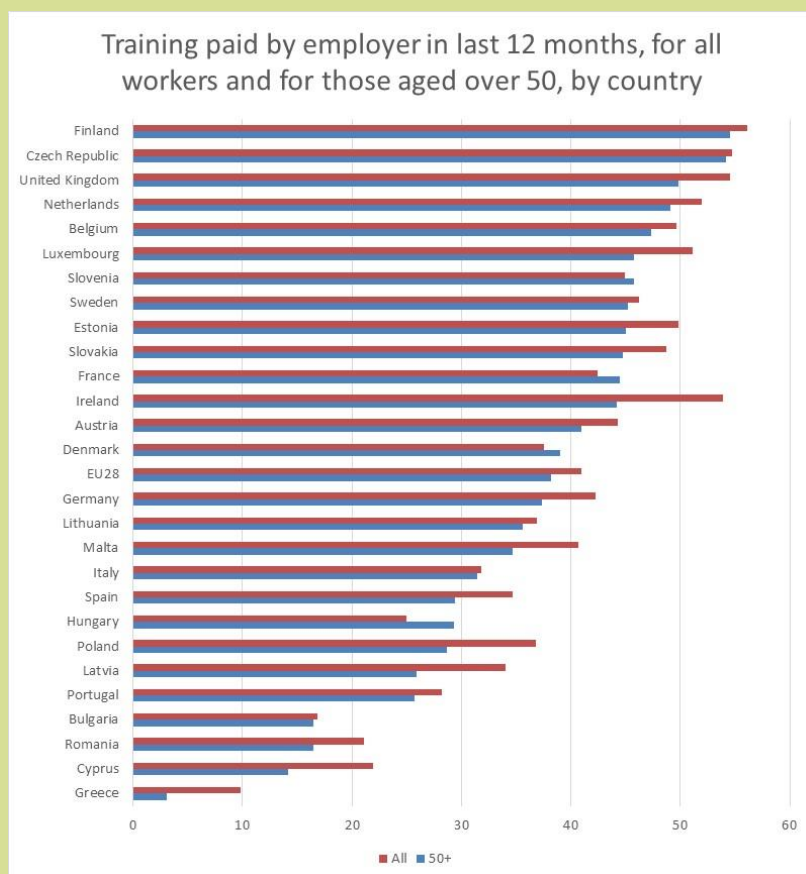
- Health is an important factor for early exit from the labour market. In the EU-28, around 21 % of economically inactive people aged 50 to 69 who receive a pension indicate that their own health or disability is the main reason for quitting work (Eurostat, 2012a).
- In the EU, 25 % of workers think that their health is negatively affected by work (28 % of men and 23 % of women) and 27 % think that they would not be able to do the same job until the age of 60 (as may be expected, the proportion believing this drops with age: whereas 38 % of under 35s state this, only 20 % of over 50s do so). Overall, 14 % of workers state that they are not satisfied with their working conditions and this is particularly the case for those working in 'elementary' job types (23 %) (Eurofound, 2015).
- Around 11 % of workers between 55 and 64 years reported having a work-related health problem in 2013, with this proportion having decreased since 2007 (when it was around 15 %) (Eurostat, 2013).
- The most frequently reported work-related health problem by workers in the 55 to 64 age group in 2013 was musculoskeletal disorders (MSDs). Around 62 % of workers of this age group who reported having a work-related health problem indicated suffering from MSDs. This proportion has increased since 2007 (when it was around 59 %) (Eurostat, 2013).
- The proportion of workers in the 55 to 64 age group reporting exposure to risk factors that can adversely affect mental well-being slightly increased from around 24.6 % in 2007 to 25.9 % in 2013. However, the proportion of workers of the same age group reporting stress, depression or anxiety as a work-related health problem has slightly decreased since 2007, from slightly below 11.9 % in 2007 to 11.6 % in 2013 (Eurostat, 2013b).
- In addition, the proportion of workers of the 55 to 64 age group reporting exposure to risk factors that can adversely affect physical health has significantly increased from around 35 % in 2007 to around 49 % in 2013 (Eurostat, 2013).
- Ageing workers report more work-related health problems than younger workers, especially musculoskeletal problems (European Parliament, 2011).
- Aerobic power is reduced by approximately 10 % per decade and a loss of muscle strength and endurance of 20 % to 40 % is seen between the ages of 20 and 60 years (Fleg, 2012).

3 Life-long learning, training and skills development

Life-long learning, training and skills development are crucial to ensuring that people are able to remain both healthy and productive as the population ages. Older workers often have experiences, expertise and skills that are difficult to obtain and that form an important element of the human resources of an organisation. However, despite this, skills deficits and obsolete skills are frequently associated with older workers. The qualifications of older workers are more likely to be out of date, as a longer time has passed since their formal education. Life-long learning and skills development are important factors for work ability and sustainable employability. In addition, out-dated skills and a lack of training opportunities can be a source of stress for older workers.

- Workers over the age of 50 report fewer opportunities for learning and access to training (Eurofound, 2015).
- Around 40% of European workers report receiving training paid by employer in the last 12 months (Eurofound, 2015).
- EU-28 average does not show a remarkable differences by age: 38% for 50+ vs. 41% for all (average all ages) (Eurofound, 2015).
- Highest shares in Finland, Czech Republic, United Kingdom, Netherlands, Belgium vs. Greece, Cyprus, Romania, Bulgaria (Eurofound, 2015).
- When looking at age, interesting country differences – in most countries the shares of employees aged 50+ reporting such training are lower than for the average, the widest gaps corresponding to Greece, Cyprus, Latvia, Poland, followed by Ireland, Germany, Malta and Spain (Eurofound, 2015).
- The difference is very narrow in Italy, Bulgaria, Czech Republic, Finland and Sweden (Eurofound, 2015).
- Some exceptions – Hungary, France, Slovenia and Denmark reporting higher shares of training among those aged 50+ (Eurofound, 2015).
- Important to bear in mind the drivers behind training opportunities (contractual relationship, occupation, activity sector, size,...) but age and country present an interesting picture (Eurofound, 2015).

Percentages by country and EU-28 of all workers and of workers in the age group '50 and over' who reported having training paid for by their employer (or self, if self-employed) in the previous 12 months



4 Age management

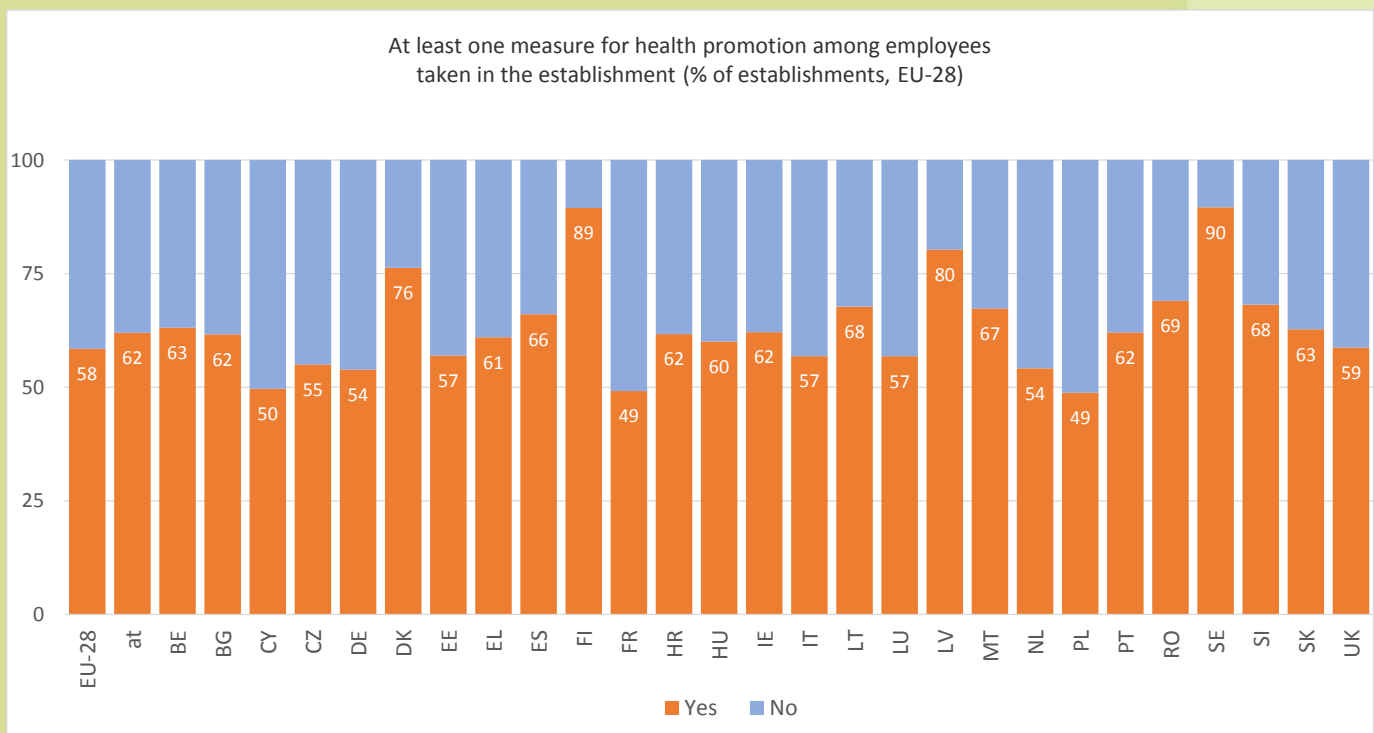
Age-related challenges at work need to be addressed and this is done through age management.

- According to the second European Enterprise Survey on New and Emerging Risks (ESENER-2), around 23 % of European establishments do not carry out a risk assessment (EU-OSHA, 2014).
- More than half (56 %) of companies in Europe offer some kind of flexitime arrangement. About two-thirds of establishments offer their employees part-time employment (Eurofound, 2014).

5 Workplace health promotion

Encouraging healthy working lifestyles of workers is important. This is known as workplace health promotion.

- In the EU-28, 58 % of establishments implement at least one measure for health promotion. The measures include raising awareness of nutrition and of the prevention of addiction, promotion of sports activities outside working hours, and promotion of physical exercise at work (EU-OSHA, 2014a).



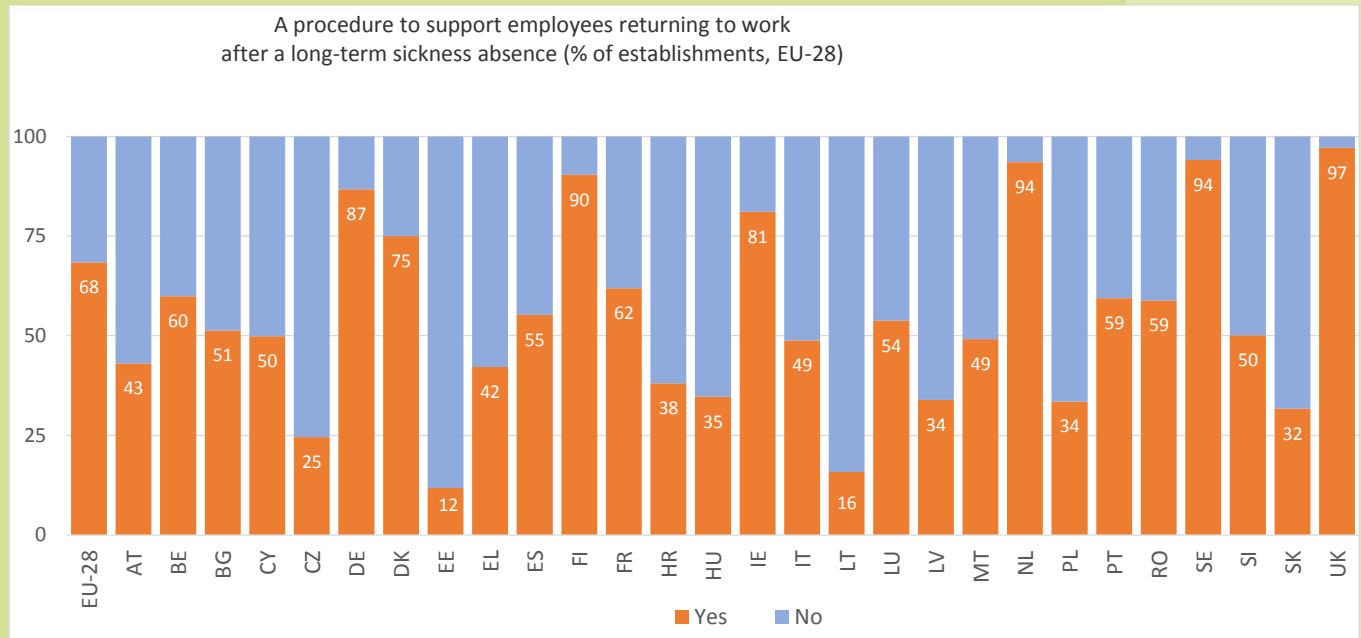
Base: all establishments in the EU-28.

- Ageing is accompanied by a higher risk of developing health disorders. In 2013, 33.4 % of the older employed population (55 to 64 years) in the EU-28 suffered from a long-standing illness or health problem compared with 14.6 % of the younger employed population (16 to 44 years) (Eurostat, 2015b).

6 Return to work

Although we need to try and prevent risks in the workplace, it is important to have systems in place for those returning to the labour market.

- In the context of the ageing of the workforce, return to work is an increasingly important topic, as the prevalence of long-standing health problems and disabilities rises significantly with age. According to ESENER data, 68 % of establishments in Europe have procedures in place to support workers returning to work after a long-term sickness absence (EU-OSHA, 2014a).



Base: all establishments **with 50 employees or more** in the EU-28.

- Long-term sickness absence often leads to unemployment and also to workers leaving the labour market permanently. In the EU-28, around 21 % of people aged 50 to 69 years who receive a pension quit work mainly due to poor health or disability (Eurostat, 2012).
- Workers taking early retirement or relying on a disability pension result in a major financial burden for the workplace and the Member States. UK estimates show that sickness absence costs GBP 9 billion (approximately EUR 12.2 billion) to employers in sick pay and other indirect costs, and GBP 15 billion (approximately EUR 20.4 billion) to society, mainly in lost output (EU-OSHA, 2016a).
- Within the Member States and the EFTA countries, national approaches to return to work vary widely from a comprehensive and mature framework targeting all workers to a return-to-work system that is not supported by the state and is entirely employer driven (EU-OSHA, 2016a).
- An average of 68 % of establishments in Europe have procedures in place to support workers returning to work after a long-term sickness absence (EU-OSHA, 2016a).

7 Young workers

The younger workers of today are the older workers of tomorrow. We need to encourage good working practices throughout working life, and certain risks may even be more prevalent in younger workers.

- Young workers are particularly vulnerable to workplace accidents and may also suffer ill health from their work (European Parliament, 2011).
- Younger workers, aged 18 to 24 years, are more likely to have a serious accident at work than older adults, with a 40 % higher rate of non-fatal injuries than older workers in all sectors (European Parliament, 2011).
- Young workers are over-represented in certain sectors, such as catering, hairdressing and call centres, which are associated with specific safety and health risks (European Parliament, 2011).
- An above-average prevalence of acute diseases is observed among young workers, such as skin problems, headache and eye strain, infectious diseases and pulmonary disorders (European Parliament, 2011).

8 Gender issues

Everyone is different, but certain factors make risks more likely. As well as age, gender is an important factor to consider.

8.1 Gender balance in employment

- The proportion of women in employment increased from 59.4 % in 2004 to 63.5 % in 2014 in the EU-28, although the labour participation of women differs widely across European countries (Eurostat, 2015e).
- The employment rates for older persons (55 to 64 years) have increased between 2002 and 2014. The growth was stronger for women (29.1 % to 45.2 %) than for men (48.2 % to 58.9 %), reducing the gap between the employment rates of women and men in this age range (Eurostat, 2015f).
- Part-time work is dominated by women and can limit their access to support services such as occupational safety and health, and human resources management. Almost one-third (32.1 %) of women employed in the EU-27 worked on a part-time basis in 2011, a much higher proportion than the corresponding figure for men (9 %). Part-time employment is most common among older workers (aged over 55 years) and young workers (15 to 24 years) (EU-OSHA, 2014b).
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8.2 Issues to consider for older women

- Menopause is the major sex-specific ageing-related issue. It starts on average at the age of 51, with symptoms such as fatigue, sleep disturbance and hot flushes, and lasts on average for four years (NHS, 2015).
- Osteoarthritis and osteoporosis are diagnosed more frequently in women and are age-related. Of those over 60 years, 9.6 % of men and 18 % of women were affected by osteoarthritis. For osteoporosis, 5 % of women aged 50 years suffer from this condition compared with 2.4 % in men (EU-OSHA, 2016b).
- Older women's role in unpaid care work, in addition to paid work, increases the likelihood of exposure to occupational risk factors. Women spend on average 26.4 hours per week in unpaid work compared with 8.8 hours for men (Eurofound, 2013).

9 The 2016-17 campaign *Healthy Workplaces for All Ages*

EU-OSHA's *Healthy Workplaces Campaigns* are the largest of their kind in the world. As two-year campaigns, each raises awareness of a particular occupational safety and health (OSH) issue. The 2016-17 campaign focuses on promoting sustainable working lives for people of all ages.

9.1 Objectives

- To promote sustainable work and healthy ageing and the importance of the prevention of work-related accidents, health problems and occupational diseases
- To assist employers and workers of all ages by providing information and tools for managing OSH in the context of an ageing workforce
- To help the exchange of information and good practice in this area.

9.2 Key dates

- April 2016 is the **launch of the campaign**
- **European Weeks** for Safety and Health at Work (October 2016 and 2017), during which conferences, seminars and training sessions are run on the theme of the campaign
- **Healthy Workplaces Good Practice Awards** (with the ceremony held in April 2017), which rewards and highlights leading examples of innovative OSH practices
- **Healthy Workplaces Summit** (November 2017), which will mark the end of the campaign, when campaign successes and challenges will be reflected on, aiming to turn campaign results into sustainable and best practice in the future.
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9.3 Network

- EU-OSHA has a network of **national focal points**, with one in each Member State. Each focal point acts as official representative and coordinates the campaigns in that country.
- EU-OSHA's **official campaign partners** are pan-European or international organisations that actively support the campaigns.
- EU-OSHA's **media partners** — a network of journalists and editors across Europe interested in OSH — help to spread the campaign messages to a wider audience.
- The **Enterprise Europe Network**.

To find out more about the 2016-17 *Healthy Workplaces for All Ages* campaign and to find out how you could get involved, visit www.healthy-workplaces.eu/.

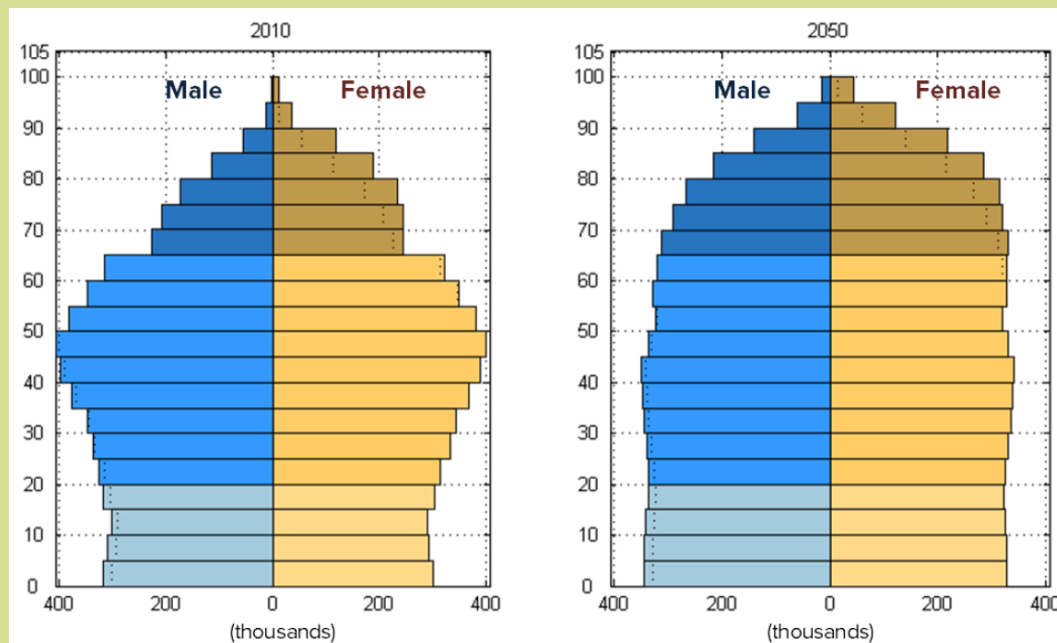
10 Situation in Belgium

10.1 Demographic development

Belgium's population has been ageing since the 1980s. Whereas in 1980 the median age of the Belgian population was 34 years, in 2013 it was 41 years (EU-28: 42 years in 2013) (source: Eurostat population statistics).

The ageing of the population is predicted to continue. The size of the age group of 20- to 60-year-olds is projected to decrease, while the proportion of those aged 65 and above is predicted to increase by 2050.

Total population by age group and gender, 2010 and projection for 2050



Source: ICPD (2014).

10.2 Labour market participation

The official retirement age in Belgium is, in general, 65 years for both gender groups (Sécurité sociale, online).

However, there is a gap between the official and the effective retirement age: the average effective retirement age between 2007 and 2012 was around 60 years for men and around 59 years for women (OECD, 2014).

This is also reflected in the employment rates of 55- to 64-year-olds, which are relatively low in Belgium compared with the EU average. Although the employment rate of this age group has been increasing since 2002, only around 43 % of 55- to 64-year-olds were still employed in 2014 compared with around 52 % in the EU (Eurostat, 2016).

Women are less likely to be employed than men in Belgium. This gender gap in the employment rate can be seen in all age groups. For the 55 to 64 age group, the employment rate was 37 % for women and 48 % for men in 2014.

Around 17 % of economically inactive people aged 50 to 69 who receive a pension indicate that their own health or disability is the main reason for quitting work (Eurostat, 2012).

10.3 Health and work

Around 11 % of workers between 55 and 64 years reported having a work-related health problem in 2013, which corresponds to the EU average. This proportion has decreased since 2007 (when it was around 14 %) (Eurostat, 2013).

The most frequently reported work-related health problem by workers of the 55 to 64 age group in 2013 was MSDs. Around 57 % of workers of this age group who reported having a work-related health problem indicated suffering from MSDs. The proportion hasn't decreased since 2007, despite the fact that a high proportion of establishments have introduced measures to prevent MSDs (see 'Measures at the workplace' below).

The proportion of workers in the 55 to 64 age group reporting exposure to risk factors that can adversely affect mental well-being increased from around 15 % in 2007 to over 35 % in 2013. This is higher than the EU average, which is around 26 %. Accordingly, the proportion of workers of the same age group indicating stress, depression or anxiety as a work-related health problem has almost doubled since 2007, from slightly below 12 % in 2007 to over 20 % in 2013 (Eurostat, 2013b).

In addition, the proportion of workers of the 55 to 64 age group reporting exposure to risk factors that can adversely affect physical health has significantly increased from about 17 % in 2007 to 51 % in 2013 (Eurostat, 2013).

10.4 Measures at the workplace

Data from ESENER-2 indicate that a majority of establishments are taking measures to prevent MSDs: around 85 % of establishments where work involves lifting or moving people or heavy loads provide equipment to help with the lifting or moving of loads, around 77 % of establishments provide ergonomic equipment and around 62 % encourage regular breaks for people working in uncomfortable or static postures. Around 51 % of establishments where work involves repetitive hand or arm movements use task rotation to reduce physical strain (EU-OSHA, 2014a).

According to data from ESENER-2, around 63 % (58 % in EU-28) of establishments in Belgium implement at least one measure for health promotion. The measures include raising awareness of nutrition and of the prevention of addiction, promotion of sports activities outside working hours and promotion of physical exercise at work. Of these establishments, 22 % promote sports activities outside work and 20.5 % promote physical exercise at work.

In the context of the ageing of the workforce, return to work is an increasingly important topic, as the prevalence of long-standing health problems and disabilities rises significantly with age. According to ESENER-2 data, 60 % of establishments in Belgium have procedures in place to support workers returning to work after a long-term sickness absence. Around 45 % of establishments carry out routine analysis of sickness absences.

10.5 Age discrimination

According to the Eurobarometer survey, around 42 % of respondents in Belgium considered discrimination against people over 55 to be widespread. This is somewhat lower than the EU average, which is 45 % (EC, 2012).

10.6 Initiatives to address the challenges of an ageing workforce

The National Strategy for Well-Being at Work (2008-2012) includes five 'programmes', along with thematic projects. For each project, objectives and actions are defined. In the preamble of the strategy, older workers, workers with reduced working capacity and workers with disabilities are mentioned as in need of particular attention.

The strategy aims to:

- strengthen the prevention of occupational illnesses and accidents at work (in particular concerning MSDs, stress)
- deal with new risks, with older workers considered a new risk group
- strengthen well-being at work
- improve the treatment of occupational illnesses and the reintegration of workers.

Generation Pact (concluded by social partners and adopted as law in 2005) proposes a number of measures to companies to retain older workers at work. Some of these measures have a focus on OSH or working conditions:

- transfer to a less stressful work system for older workers who practice night work for an extended period of time
- time credit for workers over 55
- transfer from arduous work to lighter duties for workers over 50.

Professional Experience Fund (Fonds de l'expérience professionnelle; created by law as a reaction to the Lisbon Strategy, 2000) aims to increase the employment of workers aged 55+ and the length of careers and to raise retirement age through the following:

- supporting companies in projects aiming to improve the quality of work of their older workers (45+)
- helping projects to lead to or introduce concrete adaptations of the working conditions or work organisation for those aged 45+.

Collective bargaining or labour agreement (CCT) 104 on the implementation of an Action Plan for the Employment of older workers in the company (concluded by the social partners in the National Labour Council, 2012) requires any company with more than 20 employees to provide an employment plan to maintain or increase the number of workers aged 45 and older.

Still young, already old at work (Federal Public Service Employment, Labour and Social Dialogue, 2012) is an antidiscrimination campaign to change the mentality towards employment of older workers (50+).

10.7 Latest developments in work-related psychosocial risks and stress prevention in Belgium

Legislation

- Legislation change in September 2014 reinforces and integrates psychosocial risk prevention in the global prevention policy of companies.
- Psychosocial risks have been defined in the legislation as the 'probability that one or several worker(s) will suffer psychological damage (may be also physical damage) due to work organization, work content, working conditions, conditions of employment, interpersonal relationships at work, on which the employer has an impact'.
- Employers have to do conduct psychosocial risk analysis 'a priori', that is, before any incidents occur. In addition, employers are obliged by requests from workers to analyse the psychosocial risks in a particular work situation when a danger is detected, e.g. if there is in a specific department experiencing significant staff turnover or absenteeism.
- Individual procedures cover not only harassment and violence at work, but also psychosocial risks at work in general. Workers can now submit a request for an intervention for psychosocial risks to the specialised prevention advisor.

Information and guidance

- Practical support has been made available for enterprises, including SOBANE methodology for psychosocial risk assessment.

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European Agency for Safety and Health at Work (EU-OSHA)

EU-OSHA works to **make European workplaces safer, healthier and more productive** — for the benefit of businesses, employees and governments. The agency promotes a culture of risk prevention and researches, develops and distributes reliable, balanced and impartial safety and health information, networking with organisations across Europe to improve working conditions.

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