BABY BOOMERS AND GENERATION X IN AUSTRALIA.

HEALTH DIFFERENCES AND THE INFLUENCE OF WORK AND WORKPLACE, WITH A FOCUS ON OBESITY.

A Thesis Submitted for Consideration for the Award of

DOCTOR OF PHILOSOPHY

By

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Declaration

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Abbreviations

ABS	Australian Bureau of Statistics
ANZSCO	Australia and New Zealand Standard Classification of Occupations
ARC	Australian Research Council
BMI	Body Mass Index
CATI	Computer Assisted Telephone Interview
CES-D	Centre for Epidemiological Studies Depression Scale
CHD	Coronary Heart Disease
COAG	Council of Australian Governments
CVD	Cardiovascular Disease
FAMAS	Florey Adelaide Male Ageing Study
GDP	Gross Domestic Product
HREC	Human Research Ethics Committee
K10	Kessler Psychological Distress Scale
NHS	National Health Survey
NILF	Not in the labour force
NOBLE	The Nutrition Obesity Biomedical Lifestyle and Environment Project
NWAHS	North West Adelaide Health Study
OECD	Organisation for Economic Co-operation and Development
OR	Odds Ratio
SES	Socioeconomic Status
WC	Waist Circumference
WHO	The World Health Organisation
WHR	Waist-Hip-Ratio
WWII	World War II

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Abstract

The increase in obesity prevalence seen in Australia since the 1970s and the rise in comorbid chronic conditions –particularly diabetes, pose a significant problem for society and government in terms of consequences for government spending on health, workforce participation, economic growth and quality of life.

Baby Boomers, born from 1946 to 1965 and Generation Xers born from 1966 to 1980 together form over half of Australia's total population and nearly 75% of the working population. Their continued health into older age is essential if the nation is to cope with the quadrupling of the 85 plus population by 2050[1].

This research explores generational differences in health status and the influence of work and workplace on health, irrespective of age. The aim of this is to highlight risk factors for the development of obesity and comorbid conditions, as well as specific groups that can be targeted by programs and policies to improve the health of Australia's population.

Using National Australian data, in Chapter 6 we explore the sociodemographic and health profile of Baby Boomers in 1989/90 and Generation X in 2007/08, in order to determine differences when the generations were of the same age of 25 to 44 years. This study illustrates that while Generation X are higher educated and have lower levels of smoking, they are also developing obesity and a higher prevalence of diabetes at an earlier age than their predecessors, and this may be reflected in their self-reported health status.

Chapter 7 explores generational differences in the association between job strain, occupation, psychological distress and the risk of overweight and obesity as defined by high waist circumference. Using data from two community based Adelaide cohort studies, this study provides evidence that for Generation Xers, work-related stress, occupation and psychological distress have significant relationships with unhealthy weight. The reasons for these generational differences require further exploration although it may reflect differing values, perceptions or lifecourse effects.

Chapter 8 examines the relationship between changes in employment status over time and the prevalence of Type 2 diabetes, depression, arthritis and obesity (BMI ≥ 30) with and without comorbidities at follow up. Generation X is compared to early (born 1946 to 1955) and late (born 1966 to 1980) Baby Boomers using data from a biomedical cohort study based in the North West suburbs of Adelaide, South Australia. Remaining unemployed and becoming unemployed is associated with the presence of chronic conditions. No generational differences were demonstrated in adjusted analyses.

These studies have identified that the younger generation is developing obesity and diabetes earlier in the lifecourse, highlighted generational differences in the relationship between work related factors and obesity and demonstrated that workforce exit and unemployment is related to the presence of obesity and common comorbidities. These findings have significant implications for healthy ageing, workforce participation, healthcare utilisation and costs into the future.