



INSIGHTS

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Preparing to face the potential labour shortage

What does my brother's brush with a table saw have to do with the potential labour shortage companies could face over the next 15 years? Read on.

My brother is a few years younger than I am. He is an employee benefits specialist. He is self-employed and he is the business. Up until a month ago he had 10 fingers. He now has nine and a half. His dominant hand has had major reconstruction, but so too has his business. He's brought his oldest son into the practice to help him manage the day-to-day affairs. But where would my brother be without his son? Where will any of us be in the next fifteen years as Canada's aging workforce begins to retire en masse?

Statistics Canada reports that by 2011, almost 20% of the baby boom generation will be at least 61 years of age, resulting in potential labour shortages in certain occupations. In 2001, boomers, those aged 37 to 55, made up 47% of the labour force. Ten years from now, one-half of them will be 55 or over, and 18% will be over the age of 60.

Fertility rates, meanwhile, have remained relatively low over the past 30 years, meaning that there just aren't enough young workers out there to replace those nearing retirement. The workforce is changing, that much is clear. Are plan sponsors ready?

Two questions need to be asked:

1. What are you doing to ensure that your business will easily transition during a stop-gap measure over the long term?
2. Have you 'crash tested' your business by asking yourself, "What will my business look like if two or three of our most senior people were to suddenly be unable to work for a short period or to retire?"

I'm not sure how many employers study their demographics and say, "In five years we're going to have a labour shortage, so today we're going to have to start thinking about how we're going to attract and retain staff." The demographic shift in corporate Canada means employers will have to start paying more attention to recruiting and retaining younger workers. Those under 30 have a very different outlook on the world of work than

their parents. Here then, is a look at who these young workers are and what strategies plan sponsors can use to attract and retain them.

It's time to really start thinking about how to attract and retain staff.



Generation Y are individuals between the ages of 16 and 26. It's a big talent pool organizations will have to attract if they want to be successful and want to compete. These young workers are technologically savvy. It's a generation that says out loud what it thinks. It's a generation of paradox. They want to be anonymous, but at the same time they have a great need for validation. They want to be independent but team spirit is important. They want to succeed rapidly but retain their work-life balance. They want to express

themselves but aren't politically savvy so sometimes they're misunderstood. Pensions and benefits aren't generally on their radar screens.

Under age 30 they're looking for a competitive base salary, a great work environment and good opportunities to learn and grow. They wouldn't be comparing between what they might get in benefits at one place versus what they might get at another.

So what is this generation looking for when it comes to the working world? Generally, it looks for interesting work, ethical organizations, and flexibility. Grads are very interested in not only competitive compensation packages but also the nature of the work, and that it's a reputable company with appropriate practices.

Work-life balance also appears to be more important to younger workers. Many are willing to work very hard while they are at work, but they also want time away. You can have someone quite willing to put in a 50-hour work week, but they want four weeks of vacation to compensate for it.

Interestingly, extra vacation time is one of the leading benefits a plan sponsor can offer to build on attraction and retention. An extra week of vacation every year was mentioned by 66% of respondents in a 2005 Ipsos-Reid poll that asked what employers could do to entice employees to stay at one job or go to another.

Improved employee benefits such as increased salaries

continued on reverse...

Put some bite into heart disease prevention

Although the connection between oral health and cardiovascular health is still up in the air, taking care of your teeth pays off for other reasons.

The billions of bacteria and other microscopic critters living in your mouth influence the health of your teeth and gums, not to mention the sweetness of your breath. Can they also affect what goes on in your heart, blood vessels, and bloodstream?

That question hasn't been fully answered. Oral health and heart health are certainly associated, meaning that people with gum disease and tooth loss tend to have more heart disease than those with good oral health. The missing links are whether conditions in the mouth cause problems in the heart and elsewhere, and whether treating them can prevent heart attacks and other cardiovascular problems.

Determining the nature of the connection is important. If it's a cause-and-effect relationship, then improving oral health offers yet another way to prevent heart attack, stroke, and other forms of cardiovascular trouble.

The inflammation connection

Bacteria love the mouth. They thrive in its warm, steamy environment. The number of bacteria and other microbes living in the mouth at any one time easily exceeds the number of people on Earth. Many of the colonists are good, and help keep the mouth healthy. Some are neutral. Others are downright harmful.

Gum disease gets a foothold when plaque - the sticky film that forms on teeth extends into the shallow trough where gum meets tooth. Toxins released by the bacteria irritate the surrounding tissue. The immune system responds to the infection and irritation. Inflammation ensues. This is called gingivitis.

Although harmful bacteria are the intended targets of inflammation, the process inadvertently erodes some of the tissue and bone that support the teeth. This is known as periodontitis. The pockets that form around the teeth can become further infected, leading to a vicious cycle that weakens teeth.

Treating periodontitis usually involves scaling, a procedure that removes plaque and calculus above and below the gum line.

Could inflammation in the mouth contribute to inflammation in arteries, which is responsible for the growth of cholesterol-filled plaque and its rupture, an event that triggers heart attacks and most strokes?

Distant disease

The notion that problems in the mouth cause diseases elsewhere in the body has been around for at least 2,000 years. Although it makes sense, it has been difficult to prove. Modern science is exploring several possible mechanisms that may connect the two processes.

In people with periodontitis, chewing and tooth-brushing release bacteria into the bloodstream. Several species of bacteria that cause periodontitis, such as *Porphyromonas gingivalis*, have been found in atherosclerotic plaque. It is possible that they contribute to the inflammatory damage that sets up heart disease.

Oral bacteria could also harm blood vessels or cause blood clots by staying put in the mouth and releasing toxins that resemble functional proteins found in artery walls or the bloodstream. The immune system's response to these toxins could harm artery walls or make blood clot more easily. It is also possible that inflammation in the mouth revs up inflammation throughout the body. This could set the stage for atherosclerosis or push it along at a faster clip.

Unfortunately, studies in humans haven't yet yielded clear connections between oral health and heart health.

Conflicting results are one reason for the lack of clarity. Several studies have shown a strong positive association between oral and cardiovascular health, others turned up no connection at all. It is also possible that periodontal disease and cardiovascular disease travel together not because the former causes the latter but because both are caused by the same things, like age, cigarette smoking,



Teeth and gums in peril

diabetes, low socioeconomic status, or other variables common to both.

Dr. Kaumudi Joshipura and her colleagues at the Harvard Schools of Dental Medicine and Public Health offer another possibility. They postulate that periodontal disease and the resulting tooth loss may lead to poor dietary habits that, in turn, could contribute to heart disease risk.

A known hazard: Endocarditis

Endocarditis is a potentially serious infection of the heart valves and endocardium, the inner lining of the heart's chambers. It occurs when bacteria, fungi, or other infectious organisms enter the bloodstream and settle in the heart. Dental work is a common route of entry, which is why people with damaged heart valves, artificial valves, or previous endocarditis are urged to take antibiotics before a dental or medical procedure that could allow bacteria to slip into the bloodstream.

It still pays to brush

Take care of your teeth for your teeth's sake. Brush and floss every day, and see your dentist at least once every 9 months for regular cleanings and oral exams. Get help if you have sore or receding gums, or if your gums bleed when you brush. If you've already lost one or more teeth, talk with a nutritionist to find foods you can eat that are good for your overall health. All of these strategies will pay off for your oral health, and they just may benefit your heart.

Source: Harvard Health Publications-Harvard Medical School

Labour Shortage, continued

and broad health and dental coverage topped the list at 70%. Other benefits such as sabbaticals, education, and health club memberships were mentioned by 5% of respondents.

Health Spending Accounts are also gaining ground as a retention tool among younger workers, the rationale being that coverage

choice attracts and retains a varied workforce.

It's not inconceivable that there will be more of an emphasis on tailoring the total remuneration package to a particular group. Younger employees might want more cash and fewer benefits. Others might like a different mix. This total rewards approach is not a new idea but one that may

slowly gain acceptance as the graying of the Canadian workplace continues.

While attracting and retaining young workers will become an increasingly important issue to address, plan sponsors can't afford to forget the 'old codgers' at the other end of the demographic continuum. We are needed not only for manpower, but also to

coach and mentor our younger colleagues. Succession issues are coming and we have to make sure the two generations work together to fill in the gap and ensure there's no loss of knowledge within the organization.

Nobody understands that better than my brother.

Until next time...