

Final Report

THRIVE

Table of contents

1	General Information.....	3
1.1	Acronym of the collaborative project.....	3
1.2	Full title of the project.....	3
1.3	Project duration.....	3
1.4	Project coordinator.....	3
1.5	Project Partners.....	3
1.6	Project budget.....	4
2	Plain English Abstract.....	5
3	Achievements.....	7
3.1	Summary of Work Packages.....	7
3.2	Achievements.....	8
3.3	Deviations from the original work plan.....	21
4	Key Findings and Recommendations.....	22
5	Milestones.....	25
6	Deliverables.....	26
7	Outputs.....	29
7.1	Publication list.....	29
7.2	Presentations at (scientific) conferences and symposia, including JPI MYBL activities 30	
7.3	Communications, public engagement activities and knowledge exchange events .	31
8	Impact.....	33
8.1	Scientific impact.....	33
8.2	Societal impact.....	35
9	Data Management and Data Sharing.....	36
10	Collaboration.....	38
10.1	Collaboration within the project.....	38
10.2	Collaboration with Stakeholders.....	38
10.3	Collaboration with Patients and the Public.....	39
10.4	Collaboration with other JPI MYBL projects.....	40
10.5	Collaboration with other European/national projects.....	40
10.6	Added value of the International Consortium.....	41
11	What can we do for you?.....	42
11.1	What can we do for you?.....	42
11.2	Feedback for JPI MYBL.....	42

1 General Information

1.1 Acronym of the collaborative project

THRIVE

1.2 Full title of the project

Tackling Health Inequalities and Extending Working Lives

1.3 Project duration

Planned start date	January 2016
Actual start date (of earliest starting national partner)	January 2016
Planned end date	September 2019
Actual end date (of latest ending national partner)	December 2019

1.4 Project coordinator

Name	Professor Margaret Whitehead
Institution	University of Liverpool
Country	UK
Email	mmw@liverpool.ac.uk
Funding Organisation	ESRC
Duration project participation	04/16-09/19

1.5 Project Partners

Partner 2

Name of Principal Investigator	Professor Finn Diderichsen
Institution	University of Copenhagen
Country	Denmark
Email	fidi@sund.ku.dk
Funding Organisation	Innovationsfondens
Duration project participation	01/16-12/19

Partner 3

Name of Principal Investigator	Professor Bo Burström
Institution	Karolinska Institutet
Country	Sweden
Email	Bo.Burstrom@ki.se
Funding Organisation	Forte (Swedish Research Council for Health, Working Life and Welfare)
Duration project participation	01/16-12/18

Partner 4

Name of Principal Investigator	Professor Cameron Mustard
Institution	Institute for Work and Health (IWH)
Country	Canada
Email	cmustard@iwh.on.ca
Funding Organisation	Canadian Institutes of Health Research
Duration project participation	04/16-03/18

Partner 5

Name of Principal Investigator	
Institution	
Country	
Email	
Funding Organisation	
Duration project participation	Start date – end date

Please insert further tables to add more partners, as appropriate.

1.6 Project budget

Please add the budget of the overall project (total budget) and the budget per partner in Euros.

	Funds awarded	Actual spend
Total Budget	€1,070,226	€1,065,676

	Funds awarded	Actual spend
Budget Partner 1	€305,923	€301,373
Budget Partner 2	€280,060	€280,060
Budget Partner 3	€300,000	€300,000
Budget Partner 4	€184,243	€184,243
Budget Partner 5	€	€

Please insert further rows of the table to add more partners, as appropriate.

2 Plain English Abstract

Globally, policymakers are facing challenges related to the demographic shift to older populations, increased life expectancy and increased prevalence of ill health and disability. Less skilled workers have a shorter life expectancy, earlier onset of ill health, and are more likely to suffer from multiple health conditions as they get older. Policymakers urgently need to develop strategies to address these health inequalities when developing plans to extend working lives.

The overall aim of THRIVE was to investigate the differential impacts of health on the opportunity to work later in life for different socioeconomic groups, in order to develop policies for extending working life that address these inequalities.

Our research was organised into 4 work packages:

WP1. International comparison of the changing pattern of longstanding illness, co-morbidity and caring across the life course, the employment consequences of this pattern and how this varies by socioeconomic status (SES), gender, country and cohort, in Sweden, Denmark, Canada and UK.

WP2. Comparative equity-focused policy analysis to develop a typology and case studies of international policies.

WP3. Systematic reviews assessing the differential impact of policies to extend the working lives for older people with longstanding illness.

WP4. Syntheses, scenario analysis, and policy implications. The findings from work packages 1-3 will be fed into this final work package and results will be disseminated to policy makers and other stakeholders.

Results

First, the results from our studies demonstrate how older age employment rates vary significantly by sex, educational status and health. Women, lower educated groups, and workers with both physical and mental health comorbidities were consistently shown to have lower employment rates at older ages. Multimorbidity increased over time even when accounting for the increasing age of the population –and the adverse employment consequences of multimorbidity have continued to be severe.

The prevalence of reported mental health conditions has increased in older age groups in recent years and the employment prospects of people with mental health problems have deteriorated. People with mental health problems seem to be more likely to become unemployed rather than leave the labour market all together, this is particularly true if they do not also have comorbidities with other health conditions.

Reforms in many countries have sought to increase employment incentives amongst older people by restricting access to disability benefits. However, these reforms do not appear to have achieved their primary objective of increasing the employment of disabled people. Instead, they have potentially shifted people off disability benefits and onto less secure benefits; increased risk of poverty; and increased potential risk of mental health problems. Investment in labour market programmes improved the employment of older people, but investment in education and training had a greater impact on disabled older people.

The final aim of THRIVE was to make evidence-based policy recommendations by combining the insights from our study countries and systematically examining research findings globally. Our findings highlight the importance of policies that both extend working lives at the same time as preventing poverty among disabled people. Specific policies should be targeted to different demographic groups, and reforms to benefit systems should take into account that restricting access to benefits has limited employment effects and potentially increases poverty risks.

3 Achievements

Please complete the tables below which are intended to capture details of the achievements of the project as a whole, as well as achievements of the individual work packages. There is also space to highlight where you have had to deviate from your original work plans and why. This information will help us in anticipating problems that may be experienced by award holders in future joint calls. This section is for internal use and the information you provide will not be published.

3.1 Summary of Work Packages

WP	Title
WP 1	International comparison of the changing pattern of longstanding illness, co-morbidity and caring across the life course, the employment consequences of this pattern and how this varies by SES, gender, country and cohort in Sweden, Denmark, Canada and the UK.
WP 2	Comparative equity focused policy analysis to develop a typology and case studies of international policies.
WP 3	Systematic reviews assessing the differential impact of policies to extend the working lives for older people with longstanding illness. We focussed on four policy areas: (1) changes to disability benefits, (2) Active labour market programmes and return-to-work supports and (3) changes in pension policies and (4) changes to informal/family care policies.
WP4	Syntheses, scenario analysis, and policy implications. The findings from work packages 1-3 will be fed into this final work package and results will be disseminated to policy makers and other stakeholders.

3.2 Achievements

Achievements of the Project

Please describe the achievements of the overall project. There is space to elaborate on the achievements of individual work packages separately afterwards. Please consider the main objective and aim of the call in your answer (the JPI MYBL secretariat can provide this if required). You should also explain whether the project is *finalised in line with* the work plan set out in your original application and if the project *achieved its expected results* as set out in your original work plan (max 3 pages).

In the section below we provide a general overview of the project and our achievements set against our original plan. The overall aim of THRIVE was to investigate the differential impacts of health on the opportunity to work later in life for different socioeconomic groups, in order to develop policies for extending working life that address these inequalities.

This aim was translated into objectives couched in terms of five research questions (RQ) to investigate:

- RQ1: How does the pattern of morbidity and co-morbidity with different physical and mental health conditions, and caring responsibilities vary over the life course and by socioeconomic status (SES) in the study countries? (WP1) (Objective 1)
- RQ2: What are the employment consequences of these changing patterns of morbidity? (WP1) (Objective 2)
- RQ3: What policy approaches/strategies have been taken in the study countries to extend the working lives of people and what are their potential inequalities impact? (WP2) (Objective 3)
- RQ4: How do the effects of policies that aim to promote employment at older ages differ by socioeconomic status (SES), gender and health condition? (WP3) (Objective 4)
- RQ5: What are the implications of the trends in health inequalities for development of policies to extend working lives fairly? (WP4) (Objective 5)

For WP1 we achieved our objective of using internationally comparable datasets in Europe and Canada (Study of Health and Aging In Europe, English Longitudinal Study of Aging, and Canadian Community Health Survey) to compare patterns of morbidity and the employment consequence. We were also able to use datasets we had not identified prior to starting (e.g. the Stockholm Public Health Survey, linked Canadian Health Survey and Tax record data, UK Family Resources Survey), and these data allowed us to achieve WP1 objectives.

Our findings for WP1 included:

- Multimorbidity increased over time in the study countries, even when accounting for the increasing age of the population – in general the more conditions a person has the lower their employment prospects and this effect has remained severe over time. The differing employment consequences of limiting illness explain much of the cross-country differences in the employment of older people.
- We find that across the study countries older people with health problems have been pushed off disability benefits and onto more precarious schemes – e.g. social assistance/unemployment.
- Poor mental health is a major issue for older workers. The prevalence of reported mental health illness has increased in older age groups in recent years and the employment prospects of people with mental health problems has deteriorated.
- People with mental health problems seem to be more likely to become unemployed rather than leave the labour market all together, this is particularly true if they don't

also have comorbidities with other health conditions. This can mean they have to rely on more precarious social protection schemes rather than out-of-work disability benefits.

For WP2 we achieved our objective of producing a scoping review of policy in the four study countries (including pension, sickness, disability and unemployment benefits, active labour market policies (ALMPs), policies affecting working conditions, and policies affecting unpaid/informal care). We then developed an updated typology of policies for improving the employability for disabled workers using this typology to identify pathways to different employment outcomes. Finally, we produced comparative international case study analyses examining the consequences of policy reforms.

Key findings from WP2 included:

- All four countries have restricted access to social protection systems for older disabled people.
- Danish reforms (team-based assessment and rehabilitation, wage subsidies, high income replacement rates) show the most promise and were associated with:
 - o Increased employment of older people with severe mental health problems and
 - o Reduced poverty amongst older disabled people.
- Swedish reforms (Stricter eligibility, rehabilitation chain, reduced income replacement) were associated with:
 - o Increased poverty
 - o No increase in employment
- UK reforms (Stricter eligibility, conditionality, sanctions) were associated with:
 - o No increase in employment
 - o Increase in mental health symptoms amongst physically disabled.
- Canada's fragmented social protection system for disabled people compared unfavourably with the UK system:
 - o Only 38% of the income of older Canadians with disabilities (50-64) comes from public transfers compared to 88% in the UK.
 - o Older Canadians out of work with a disability face double the poverty risk compared to their UK counterparts.
- Investment in labour market programmes does seem to improve the employment of older people, and investment in education and training appears to have a greater impact on disabled people than those without, potentially helping to reduce the disability-employment gap.

For WP3 we used our findings from WP2 to inform searches performed by the IWH. The searches covered both grey and peer-reviewed literature, and included both economic and health fields. There were four 'policy areas of interest':

1. changes to disability benefits, wage subsidies,
2. active labour market programmes and return-to-work supports and
3. changes in pension policies,
4. changes to informal/family care policies

After searches, a systematic review of reforms to eligibility criteria for disability benefits was conducted. We were able to assess the employment effects of reforms, and assess the strength of the evidence. By converting the results into a standardised format, we were able to conduct a meta-analysis of these effects. Reforms restricting eligibility to disability benefits did not increase the employment of disabled people. Searches and initial screening for a

review of the literature in the other policy areas were conducted, however a limited number of studies were identified and these were not sufficiently comparable, making a full systematic review in these areas not feasible.

In WP4, we synthesised findings for WP1-3 to develop a set of key recommendations. We took these findings and engaged with stakeholders and policymakers to get their feedback and perspectives. The audiences include national government institutions, third sector organisations, political parties, unions, medical organisations and the public. We engaged with policymakers across the partner countries to provide policy-relevant evidence for equitably extending working lives. Our engagement focussed on influencing poverty policy, supporting organisations involved in advocacy, and disseminating our findings nationally and internationally.

In reference to the aim of the JPI MYBL call, our findings directly address the aim by providing robust evidence relevant to the employment issues of an ageing labour force, particularly one facing health challenges. Our cross-national collaboration met the aim of better research coordination, including consortium meetings and workshops:

- THRIVE Consortium Meeting Liverpool - April 2016
- THRIVE Consortium Meeting Sweden - May 2017
- THRIVE Consortium Meeting Denmark - March 2018
- THRIVE Final Workshop - London – March 2019

Through our engagement with policy makers we have been able to translate these findings into a set of policy relevant recommendations which can improve policies that aim to extend working lives equitably. The cross-national collaboration, and use of national data from partner countries mean our recommendations are appropriate in a variety of settings. Our work is now beginning to have wider policy impact.

Achievements WP 1

Please describe the achievements of work package 1 in relation to the initially planned objectives (max. 2 pages).

Outputs stemming from WP1:

1. McAllister A, Bentley L, Brønnum-Hansen H, Jensen NK, Nylén L, Andersen I, Liao Q, Bodin T, Mustard C, Burström B. Inequalities in employment rates among older men and women in Canada, Denmark, Sweden and the UK. *BMC Public Health*. 2019 Mar 18;19(1):319. doi: 10.1186/s12889-019-6594-7.
2. McAllister A, Bodin T, Brønnum-Hansen H, Harber-Aschan L, Barr B, Bentley L, Liao Q, Koitzsch Jensen N, Andersen I, Chen WH, Thielen K, Mustard C, Diderichsen F, Whitehead M, Burström B. Inequalities in extending working lives beyond age 60 in Canada, Denmark, Sweden and England-By gender, level of education and health. *PLoS One*. 2020 Aug 17;15(8):e0234900. doi: 10.1371/journal.pone.0234900.
3. Harber-Aschan L, Chen WH, McAllister A, Koitzsch Jensen N, Thielen K, Andersen I, Diderichsen F, Barr B, Burström B. The impact of longstanding illness and common mental disorder on competing employment exits routes in older working age: A longitudinal data-linkage study in Sweden. *PLoS One*. 2020 Feb 25;15(2):e0229221. doi: 10.1371/journal.pone.0229221.
4. Chen WH, 2019. Health and transitions into nonemployment and early retirement among older workers in Canada. *Economics & Human Biology*, 35, pp.193-206. doi: 10.1016/j.ehb.2019.06.001
5. Bentley, Lee, Qing Liao, Phil McHale, C Mustard, and B Barr. 'Employment and Multimorbidity among Older Adults: Trends by Generation, Sex, and Educational Status in Canada, Denmark, England, and Sweden – Working paper – THRIVE 6'. *SSRN Scholarly Paper* (2022).
6. Jensen, N.K., Brønnum-Hansen, H., Andersen, I., Thielen, K., McAllister, A., Burström, B., Barr, B., Whitehead, M. and Diderichsen, F., 2019. Too sick to work, too healthy to qualify: a cross-country analysis of the effect of changes to disability benefits. *Journal of Epidemiology Community Health*, pp.717-722. doi: 10.1136/jech-2019-212191
7. Dobson KG, Vigod SN, Mustard CA, and Smith PM. Major depressive episodes and employment earnings trajectories over the following decade among working-aged Canadian men and women. *Journal of Affective Disorders*. 2021; 285:37-46.

Article 1 and 2 achieved the WP1 objectives regarding comparisons of variations in employment rates between persons with and without a limiting longstanding illness in Canada, Denmark, Sweden and UK, by gender and education level. The results of article 1 showed differences in overall employment rates among older persons, and that educational level, sex and health all play a role in extending working lives. The variation in employment rates between the four countries implies that policies do matter, but that socioeconomic differentials show that policies cannot be 'one size fits all'. In article 2, the odds of employment beyond age 60 were lower in Canada, UK and Denmark compared to Sweden, and lower for groups with low education, particularly women, and those with physical-mental health co-morbidities. Policies to extend working lives should consider subgroups in the population, in particular, the groups shown to be in the most vulnerable positions on the labour market.

Article 3 used a life-course approach to examining how co-morbid longstanding illness and common mental disorder impacted on employment exits in working-aged adults aged 50-62 in Sweden. Using public health survey data with linked population register data, it provided a detailed explanation for the longitudinal impact of these health conditions, not only on employment exits in general, but the specific forms of employment exits (early retirement,

disability pension, and unemployment). Specifically this study found that people with mental health problems were more likely to become unemployed rather than leave the labour market all together, this is particularly true if only had a mental health problem and did not also have a physical health problem.

Article 4 similarly examined employment exits in Canada, finding that older workers who reported the comorbidity of mental and musculoskeletal disorders faced an increased risk of leaving employment before retirement, compared to people who only had a mental or a musculoskeletal disorder. Together, these articles reinforce the importance of maintaining mental health in older workers to extend working lives fairly.

Article 5 demonstrated how multimorbidity was increasing over time in the study countries, even when accounting for the increasing age of the population – in general the more conditions a person had the lower their employment prospects and this effect was large and has remained at a similar level over time. This combination of increased multimorbidity and a continued large impact of each additional condition on employment partially explained declining employment in older ages – particularly amongst more disadvantaged groups.

Data on caring responsibilities was difficult to obtain for all the study countries, but the employment consequences of caring was investigated with Swedish data, in an unpublished Master of Public Health thesis (Informal caregiving and the association with psychological distress, family-work conflict and early employment exits in workers aged 50-62 years by Jenny Aspling). Results showed that female caregivers tend to take on greater caregiving responsibility, have poorer mental health, and also report greater conflicts between home and working life, and that both male and female carers were no more likely to exit employment prior to retirement age than non-caregivers.

Another factor with potential employment consequences, which was not in the original plan for WP1, was work environment. This was also investigated with Swedish data in an unpublished Master of Public Health thesis (The impact of working conditions on early work exit among workers, aged 50-60 years, with chronic illness in Stockholm by Joanna Kåredal). Results indicated that poorer working conditions were more common among workers with chronic illnesses, and specifically that working conditions that were characterised by high demands and low control were associated with both disability pension and unemployment, especially among workers who were chronically ill.

Updated estimates of the social inequalities in incident disease, and in return to work with or after disease, have been published in reports that we prepared for the National Danish Health Authority, detailing the implications this has for development and distribution of primary health care and labour market policy in Denmark. Labour market policies have undergone major changes with mostly economic incentives for people to stay on the labour market. The comparative potential of the THRIVE project was also well illustrated in a paper evaluating the impact of more restrictive eligibility criteria for disability pension in Denmark and Sweden. It illustrated that many of those who are too ill to comply with work life demands but too healthy to qualify for disability pension are pushed out onto long term temporary benefits (Article 6).

In WP1 THRIVE also linked data from the Canadian Community Health Survey (CCHS) with longitudinal data on income and employment from various taxation- and employment- based administrative files. The resulting analytical file will be used to support research on a range of issues pertaining to employment, health, retirement, and subjective well-being. This initiative will support innovative research and information products on policy- relevant topics such as health inequalities and their consequences for labour market outcomes, the relationship between health outcomes and retirement transitions, and the relationship between labour mobility and well-being. This data linkage initiative in Canada offers a cost-effective way to advance the development and utilization of administrative data, enhance

the research value of CCHS and address many policy-relevant research questions. This is because the initiative builds upon existing record linkages and uses data sources already available within the Statistics Canada. Articles 4 in WP1 and 7 in WP2 were published using these data.

A number of further articles stemming from WP1 are in the pipeline:

- Social inequality in attachment to the labour market for older workers with musculoskeletal pain in Denmark and Sweden – A cross sectional study.
- The impact of comorbidity on employment exits in older workers – a cross-national comparison before and after the economic recession.
- Caring and working environment theses are being prepared for submission.

Achievements WP 2

Please describe the achievements of work package 2 in relation to the initially planned objectives (max. 2 pages).

Outputs stemming from WP2:

1. A review of policies in the four partner countries: The THRIVE consortium (2019). Policies for extending working lives. Policy Reviews: Sweden, Denmark, Canada and the UK. University of Liverpool; Liverpool. Available at <https://pldr.org/2022/02/11/thrive-tackling-health-inequalities-and-extending-working-lives/>
2. Active Labour Market Policies in Sweden, Denmark, Canada and the UK – A Policy Brief. The THRIVE consortium (2019). Available at <https://pldr.org/2022/02/11/thrive-tackling-health-inequalities-and-extending-working-lives/>
3. Disability and Sickness Benefit Policies in Sweden, Denmark, Canada and the UK – A Policy Brief. The THRIVE consortium (2019). Available at <https://pldr.org/2022/02/11/thrive-tackling-health-inequalities-and-extending-working-lives/>
4. Barr B, McHale P, Whitehead M. (2020). Reducing inequalities in employment of people with disabilities in Bültmann U, Siegrist J, (eds), *Handbook of Disability, Work and Health*, New York, Springer, pp 309-327.
5. Diderichsen F. (2020). Investing in integrative active labour market policies in Bültmann U, Siegrist J, (eds), *Handbook of Disability, Work and Health*, New York, Springer, pp 661-674.
6. Barr B & McHale P. (2018). The rise and fall of income replacement disability benefit receipt in the United Kingdom: What are the consequences of reforms? In Macachen E, (eds), *The Science and Politics of Work Disability Prevention*, New York, Routledge, pp. 242-257.
7. Chen, W., Bentley, L., Whitehead, M., McAllister, A., Barr, B. Poverty and Sources of Income Support Among Older People with Disabilities and Out of Work: Comparison of Canada and the United Kingdom. *Journal of Social Policy* 2021, 1-21. doi:10.1017/S0047279421000209.
8. McHale, Phil, Lee Bentley, Wen-Hao Chen, B Burstrom, Ingelise Andersen, Natasja Koitzsch Jensen, Lisa Harber-Aschan, Karsten Thielen, Ashley McAllister, and B Barr. 'Effect of Disability Benefit Income Replacement Rates on Employment and Risk of Poverty for People with Disabilities – Working Paper'. *SSRN Scholarly Paper*, 2022.
9. Barr, B, Lee Bentley, and Phil McHale. 'The Policy Effects of Disability Benefit Reforms: A Comparative Analysis of Denmark, the UK and Sweden- Working Paper - THRIVE11'. *SSRN Scholarly Paper* (2022).

The work package objectives were achieved through the policy reviews (outputs 1-3) and the development of our typology (Output 4) which enhanced our understanding of approaches/strategies that have been taken in the study countries to extend the working lives and through policy analysis in studies 5-9, which extended knowledge on the potential inequalities impacts of these policies.

We reviewed policies relevant to old age, disability, work and retirement for the four partner countries: Canada, Denmark, Sweden and the UK. The review was focused on four distinct types of policy in our revised typology:

- Policies that seek to influence the financial incentives affecting older people, such as those influencing pensions, sickness, disability and unemployment benefit levels.

- Policies that seek to improve the employability of older workers, such as Active Labour Market Programmes.
- Policies aimed at improving working conditions: through, for example, health and safety, and employee rights legislation.
- Policies aimed at supporting older workers with unpaid/informal care responsibilities at home.

Output 1 discussed the current situation in each country, and provided a brief policy history to set in context the influence of policy reforms. A policy timeline was included for each country, listing the policy reforms in the four policy areas of interest.

Outputs 2 and 3 provided concise policy briefs giving an overview of the policy areas in the four partner countries, summarise the findings detailed in the report.

Output 4 presents a typology of policies that have been introduced to help sick and disabled people into work. There are two distinct orientations for these policies: a focus on the employment environment to make it more “disability friendly” and a focus on increasing the employability of the individual. The chapter outlines the evidence base for the effectiveness of the different policy approaches and what some of the key implications are for inequalities and future challenges. These policy approaches encompass attempts to promote the employment of disabled people through changes to the disability-related social protection system and wider labour market policies. We therefore go on to outline evidence on the impact and consequences of this key component of recent activation strategies – changes to disability benefits that aim to reduce potential disincentives to work for disabled or chronically ill people. The chapter ends with an overview of future challenges that are relevant to this issue and aspects which should be considered when designing policy to improve employment opportunities for disabled people.

Output 5 explains why Active Labour Market Programmes (ALMP) are of increasing relevance in European countries, detailing the policy entry points. It describes the spending and different profiles of ALMPs in European countries and recent trends towards more focus on activation and motivation, and less focus on protection. The available evidence on the effects of ALMPs on employment, income, and health is summarised and the challenges of ALMPs discussed. One common dilemma for governments is how to enhance individual choice while at the same time maintaining adequate social protection, healthy workplaces, and incentives to work.

Output 6 provided an in-depth case study of the policy reforms to disability benefits in the UK from 1996 to the present, including changes to ALMPs and social protection measures. The chapter presents analysis from THRIVE showing how whilst policies have been effective at stabilising the growth in disability related benefits, they have not improved the employment prospects of disabled people, they are associated with increasing poverty risks amongst people with disabilities and have led to adverse mental health effects.

Output 7 is a comparative case study analysis looking at the poverty risk and sources of income for disabled, older people out of work in Canada and the UK. The poverty risk was higher in Canada, with public transfers accounting for only two thirds of household income in this group in the UK, compared with one third in Canada, with similar adequacy but much lower coverage in Canada. This study demonstrates the role of income support systems in the poverty-disability gap at older ages in the two countries.

Output 8 is a cross country comparison of disability benefit income replacement rates employment and poverty outcomes amongst people with disabilities, this indicated that at a

country level higher income replacement rates were actually associated with a lower disability-employment gap, suggesting that higher benefit replacement rates are not leading to work disincentives. We also found that higher replacement rates were associated with lower disability poverty gaps, indicating that they were effectively reducing poverty – particularly amongst older age groups with disabilities.

Output 9 presents comparative impact analysis of disability benefit policy reforms in Denmark, the UK and Sweden indicating that: Danish reforms (team-based assessment and rehabilitation, wage subsidies, high income replacement rates) were associated with increased employment of older people with severe mental health problems and reduced poverty amongst older disabled people. Swedish reforms (Stricter eligibility, rehabilitation chain, reduced income replacement) were associated with increased poverty and no increase in employment, whilst UK reforms (Stricter eligibility, conditionality, sanctions) were associated with no increase in employment and an increase in mental health symptoms amongst the physically disabled.

Further analysis for an article that is still being prepared for publication assessed the impact of labour market and training programme investment on the disability employment gap across 20 EU countries, finding that investment in labour market programmes did improve the employment of older people, but investment in education and training appeared to have a greater impact on reducing the disability employment gap at older ages.

Achievements WP 3

Please describe the achievements of work package 3 in relation to the initially planned objectives (max. 2 pages).

Outputs stemming from WP3:

1. McHale P, Pennington A, Mustard C, Mahood Q, Andersen I, Jensen NK, Burström B, Thielen K, Harber-Aschan L, McAllister A, Whitehead M, Barr B. What is the effect of changing eligibility criteria for disability benefits on employment? A systematic review and meta-analysis of evidence from OECD countries. PLoS One. 2020; 15(12): e0242976. Published online 2020 Dec 1. doi: 10.1371/journal.pone.0242976.

The objective of WP3 was to synthesise the academic literature that had evaluated the impact of public policy reforms on the labour force participation of older working age adults in OECD countries and how this varied by socioeconomic group, gender and health condition. This objective was achieved through a widespread review of the evidence identifying key evidence gaps and a systematic review and meta-analysis in one key policy area.

To meet the WP3 objective, the IWH (Canada) project team led scoping reviews of the policy evaluation literature that focused on four areas of policy intervention related to the labour force participation of older adults: 1) changes/reforms to disability benefits, wage subsidies, 2) Active labour market programmes and return-to-work supports and 3) changes/reforms to pension policies and 4) Changes/reforms to informal/family care policies to support older workers. The review process followed three stages. At stage 1 a full bibliographic inventory of published literature relevant to each of these policy areas was prepared. For each selected citation in the Medline, Econlit and Psycinfo lists, the IWH project team provided an annotated summary of the citation's relevance to specified policy themes, and the specification of information related to the inclusion criteria of age, health, socioeconomic status and a specified policy intervention. Where it was identified at stage 1 that there appeared to be sufficient evidence, the review progressed to stage 2 and a protocol for full review developed including full text retrieval. Where sufficient evidence was identified at this stage, we progressed to stage 3 - full systematic review.

At stage 1 it was clear that there was insufficient evidence for a review of studies evaluating changes to pension policy and informal care policies. At stage 2 a protocol was prepared for a review evidence for active labour market programmes and disability benefit reforms. On full text review at stage 2, however, it became clear there were insufficient evaluations of active labour market programmes focused on differential effects by socioeconomic group, gender and health condition to warrant a full systematic review.

In the final stage therefore, a full systematic review and metanalysis was then conducted in 1 policy area - reforms to the eligibility of disability benefits (published in output 1: McHale et al, 2020). This included of all empirical studies from OECD countries from 1990 to June 2018 investigating Area 1 above: the effect of **changes in eligibility** requirements and income replacement level of disability benefits on the employment of disabled people. Studies in this policy area have been highly influential and have been used to justify reforms that restrict eligibility. However, we show that previous uses of this evidence have been selective. When we systematically review the evidence synthesising it through meta-analysis we show that there was no firm evidence that **changes in eligibility** affected the employment chances of disabled people. Restricting eligibility, however, had the potential for adverse effects - leading to a growing number of people out of employment with health problems who were not eligible for adequate social protection, increasing their risk of poverty.

A key achievement of WP3 was the identification of evidence gaps in policy evaluation. In particular the lack of international comparative work evaluating the impact of alternative policy approaches. The scoping and systematic reviews also identified that the evaluations available generally only focused on employment effects and did not investigate differential effects by socioeconomic group, gender and health condition. There is therefore a need for evaluation of policies to extend working lives across three related outcomes: (1) employment, (2) health and wellbeing, and (3) income and poverty effects, that investigate heterogenous effects. This was crucial for the design of the empirical policy impact analysis in WP2 (outputs 7-9).

Achievements WP 4

Please describe the achievements of work package 4 in relation to the initially planned objectives (max. 2 pages).

The objective of WP4 was to take the findings of WPs 1-3 and, using the typologies developed in WP2, distil these into recommendations and then engage with policymakers and stakeholders to disseminate our findings and recommendations.

We disseminated our findings through multiple mechanisms:

We produced a selection of articles for newspapers, periodicals and blogs to disseminate the findings of THRIVE to the general public:

Articles in newspapers, periodicals and blogs in Denmark and the UK:

- Diderichsen F. Årtiers reformpolitik har ikke formået at løse uligheden i sundhed. Sundhedsmonitor 25/06/2021. <https://politikensundhed.dk/debat/art8258155/årtiers-reformpolitik-har-ikke-formået-at-løse-uligheden-i-sundhed>
- Diderichsen F. Ulighed i sundhed: Det er ikke raketvidenskab, men åbenbart politisk kompliceret. Dagens Medicin 2021;25: 5.marts 2021 <https://dagensmedicin.dk/ulighed-i-sundhed-det-er-ikke-raketvidenskab-men-åbenbart-politisk-kompliceret>
- Diderichsen F. Ulighed i sundhed – fire målkonflikter. Folkevirke 2021;76(2):6-9
- Barr, B. Bentley L, We need to reduce the disability poverty gap, but benefit cuts are likely to increase it. <https://betterhealthforall.org/2017/03/06/we-need-to-reduce-the-disability-poverty-gap-but-benefit-cuts-are-likely-to-increase-it/>
- McHale, P. Barr, B. THRIVE (Tackling Health Inequalities and Extending Working Lives). <https://pldr.org/2022/02/11/thrive-tackling-health-inequalities-and-extending-working-lives/>

We also engaged with national government departments in the UK to disseminate relevant findings and gain feedback on proposed recommendations, including the UK Department of Work and Pensions and the Department of Health, and provided reports to the Danish Health Authority. This work included participating in round table discussions with policy-makers and advisors (see below) and presenting THRIVE's key findings. These engagement activities enabled our findings to inform the policies of these departments.

Beyond governmental bodies, we also engaged directly with political leaders. We worked with the leading opposition party in the UK, for example, using our THRIVE findings to inform their 2019 policy proposals for the 2019 General Election. We also submitted evidence to UK Parliamentary Select Committees on the role of work capability assessments for disability benefits, using evidence from WP3 to inform our submission.

Reports to the Danish Health Authority (Sundhedsstyrelsen) included :

- Gadeberg AK, Andersen I, Brønnum-Hansen H, Christensen U, Diderichsen F. Indsatser mod ulighed i sundhed. København. Sundhedsstyrelsen, 2020. 70 p.
- Diderichsen F. Baggrund og kommentar. I Social ulighed i sundhed og sygdom: Udviklingen i Danmark i perioden 2010-2017. København: Sundhedsstyrelsen. 2020. P.18-25
- Diderichsen F, Dahlgren G, Whitehead M: Planning for health equity in the crossfire between science and policy. Scand J Publ Health 2022 (in press).
-

Engagement with stakeholders/policymakers/public/3rd sector

- UK ESRC/ UK government Department of Work and Pensions Roundtable discussion on work, health and disability, February 2017.
- UK Department of Health's Work and Health Unit – invited policy briefing on work and health findings from THRIVE, September 2017.
- UK Department of Health's Work and Health Unit – Presentation and discussion about THRIVE themes particularly on multimorbidity and possibilities for joint analyses, November 2017.
- Social Commission for the Access to Work programme, UK Labour Party – November 2017.
- UK Department for Work and Pensions and Department for Health – Presentation of research on the impact of health on living and working conditions, January 2018.
- UK Labour Party Shadow Chancellor's Office – Roundtable and presentation on our evaluation of the Work Capability Assessment, September, 2018.
- Equal North - the relationship between mental health and the welfare system, October 2018
- UK Cabinet Office – consultation workshop on barriers to work faced by disabled people, to inform future government policy development January 2019.
- The National Board of Health, Denmark – September 2020
- JPI MYBL: Joint Policy Paper – March 2020

Evidence submission

- UK National Audit Office 'Value for Money' study - examining employment support to disabled people, 2018.
- Work and Pension Committee, UK Parliament. Health Assessments for Benefits. November 2021.

By working with diverse organisations, including third sector, medical associations, and unions, we were able to provide state-of-the-art evidence from THRIVE to these groups. This informed their practice and also their advocacy for older and disabled workers.

Advocacy

- Centre for Ageing workshop, UK – March 2017.
- Workshop with Swedish union representatives – September 2019.
- The Association of Danish Health Care Regions – November 2019.
- The Danish Medical Association – January 2021.
- The Danish Council on Ethics – May 2021.
- Shared evidence with the Council of Canadians with Disabilities – February 2022.

Our work also had important implications for academia. Beyond our peer-reviewed articles and book chapters, we have also engaged in debates and commentary to highlight the importance of extending working lives, and also engaged with funders to identify areas for future research funding. Our attendance at the NIHR event below in October 2019 informed a subsequent funding call on working age health from the NIHR.

Academia

- UK National Institute for Health Research: Policy Research Programme: Working Age Consultation Event – October 2019.
- Diderichsen F. Ulighed i sundhed: Det er ikke raketvidenskab, men åbenbart politisk kompliceret. Dagens Medicin 2021;25: 5.marts 2021 <https://dagensmedicin.dk/ulighed-i-sundhed-det-er-ikke-raketvidenskab-men-åbenbart-politisk-kompliceret>Diderichsen
- Diderichsen F. Ulighed i sundhed – fire målkonflikter. Folkevirke 2021;76(2):6-9
- Diderichsen F: Årtiers reformpolitik har ikke formået at løse uligheden i sundhed. Sundhedsmonitor 25/06/2021. <https://politikensundhed.dk/debat/art8258155/årtiers-reformpolitik-har-ikke-formået-at-løse-uligheden-i-sundhed>

Finally, the University of Liverpool project team used our status as the WHO Collaborating Centre for Policy Research on the Determinants of Health Equity to disseminate our findings globally. The findings from THRIVE informed our work with the WHO Regional Office for Europe in developing policy progress indicators for the WHO Health Equity Status Report, which was then disseminated to all 52 countries in the European Region of WHO. We also used information from THRIVE to inform our evidence submission to the UN Rapporteur's statement on poverty in the UK, released in 2018.

3.3 Deviations from the original work plan

Please describe any significant deviations from the original work plan at the level of the overall project and each individual work package. Describe how any deviations differ from the original plan and give clear reason(s) for the deviation(s) or anything not achieved to date.

The main deviation from our original plan was in WP3. In this work package, we had planned to conduct full systematic reviews of the existing evidence from evaluation studies in four policy areas:

1. changes to disability benefits, wage subsidies,
2. active labour market programmes and return-to-work supports and
3. changes in pension policies,
4. changes to informal/family care policies

Following scoping reviews to identify the extent of the available evidence in each area, however, only the first area – reforms to disability benefits– yielded sufficient studies for a full systematic review allowing comparison of effects of variation in policy across country and time. This was also the area where our policy analysis revealed the greatest policy divergence between the study countries, i.e. in policies affecting disability benefits providing good comparative data. We went on to conduct a full systematic review as planned, the findings of which informed further empirical work by the THRIVE project teams, as well as being disseminated and informing policy discussions with external stakeholders, also as planned.

In relation to policy areas 2 to 4 above, changes in pension policy were broadly similar across countries, while there was limited information on changes to policies to support older workers' informal caring responsibilities. The scoping reviews conducted in these two areas identified too few evaluation studies to support full systematic reviews comparing effects of reforms across country and time. As described in the achievements for WP3, however, a bibliographic index was created from the scoping reviews of areas 2 and 3. For each selected citation in the Medline, Econlit and Psychinfo lists, the IWH project team provided an annotated summary of the citation's relevance to specified policy themes, and the specification of information related to the inclusion criteria of age, health, socioeconomic status and a specified policy intervention. This bibliographic index informed our plans for on-going research in these areas.

4 Key Findings and Recommendations

Please describe the key high-level findings of the research for each work package (max. four key findings per work package) and highlight recommendations associated with each key finding (e.g., recommendations for policy or practice).

WP 1	
Key findings	Recommendations
Employment rates among older workers vary considerably between the countries being studied, between men and women, between those with and without chronic illness, and between those with higher and lower education.	Countries designing policies to extend working lives should especially consider the needs of older adults with chronic illness, co-morbidity and low education.
Chronic illness was found to be a strong determinant of early employment exits. Notably, the role of different health conditions varies between men and women for different exit routes, and between policy contexts.	Maintaining good health in older workers is important to extend working lives, as is reasonable adjustment of workplaces and work practices to make working feasible for older workers with chronic conditions or disabilities.
Multimorbidity has increased over time even when accounting for the increasing age of the population –and the employment consequences of multimorbidity have deteriorated. The differing employment consequences of limiting illness explain much of the cross-country differences in the employment of older people.	Policies will need to be developed that support older adults with multiple chronic health conditions to extend their working lives. It is likely that the demand for employment support services for people with multiple morbidities will increase in the future.
In all countries, people are working past 65 years, but social differentials exist. Our results suggest that educational level, sex and health all play a role in extending working lives. The variation in employment rates between the four countries implies that policies do matter, but the social differentials show that policies cannot be ‘one size fits all’.	Policymakers must consider the needs of different groups (e.g. low-educated women with a Limiting Longstanding Illness) when designing policies to extend working lives.
Poor mental health is adversely affecting the ability for people to work later in life. The prevalence of reported mental illness has increased in older age groups in recent years and the employment prospects of people with mental health problems has deteriorated.	Specific policies to improve the mental health of older people are needed particularly for people from more disadvantaged groups.
People with mental health problems seem to be more likely to become unemployed rather than leave the labour market all together, this is	The assessment and provision of support for older people with disabilities needs to be designed to account for mental health

<p>particularly true if they don't also have comorbidities with other health conditions. This can mean they have to rely on more precarious social protection schemes rather than out of work disability benefits.</p>	<p>problems. This includes ensuring effective income support for people whose mental health effects their employment.</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

WP 2	
Key findings	Recommendations
<p>Many countries have concurrently introduced policies that increase pension ages whilst reducing access to disability benefits for people under the statutory pension age. This leads to some people with impaired health and workability being forced into a life relying on temporary means-tested benefits, particularly people with mental health problems. In contrast good coverage of social protection measures for people with disability that provide adequate income replacement effectively reduces risk of poverty amongst older people with disabilities.</p>	<p>Policymakers need to recognise the interacting effects of these multiple policies and develop effective social protection measures that mitigate the risk of poverty of people who are too young to claim a pension but unable to work due to disability. Evaluation of policy reforms need to assess their combined effects on employment, health and poverty.</p>
<p>Across the study countries Danish reforms (team-based assessment and rehabilitation, wage subsidies, high income replacement rates) showed the most promise and were associated with both improvements in employment and reduced risk of poverty.</p>	<p>Policy makers can learn from the Danish reforms. The combination of high quality rehabilitation and adequate social protection provides a potentially effective model for fairly extending working lives.</p>
<p>Investment in labour market programmes does improve the employment of older people, but investment in education and training appears to have a greater impact on disabled people than those without potentially helping to reduce the disability employment gap.</p>	<p>Further investment in ALMPs and education programmes should be prioritised.</p>

WP 3	
Key findings	Recommendations
<p>Whilst in many countries' reforms have sought to increase employment incentives amongst older people by restricting access to disability</p>	<p>Stopping, and reversing, disability benefit reforms that restrict eligibility should be considered urgently.</p>

<p>benefits, these reforms do not appear to have increased the employment of disabled people. They have potentially shifted people off disability benefits and onto less secure benefits, increased risk of poverty and potentially risk of mental health problems.</p>	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Please insert further tables to add more work packages, as appropriate.

5 Milestones

Please describe the milestone(s) for each work package and indicate when you achieved each milestone, leaving the final column blank if the milestone was not achieved.

WP	Milestone	Date achieved
WP 1	Preparation of datasets	01/01/2017
	Stage 1 Cross-country comparative analysis	01/12/2018
	Stage 2 Cross-country comparative analysis	01/4/2019
WP2	International comparative policy analysis	01/04/2019
WP3	Quantitative systematic reviews	01/06/2019
WP4	Synthesis Workshops	01/12/2019

Please insert further rows to add more deliverables, as appropriate.

6 Deliverables

Please describe the deliverable(s) for each work package and indicate when you achieved each deliverable, leaving the column blank if the deliverable was not achieved. In addition, please report the dissemination level (i.e., public, confidential) and the format of the deliverable (e.g., report, video). Please collate copies of all the deliverables in a ZIP-file and submit the file along with this report. Please name the individual items in the ZIP-file identically to the deliverable names in the table below to enable easy identification.

WP	Deliverable name	Date achieved	Dissemination level	Format	Attached
WP 1	Journal article: Inequalities in employment rates among older men and women in Canada, Denmark, Sweden and the UK	March 2019	Public	PDF	Yes
	Journal article: Too sick to work, too healthy to qualify: a cross-country analysis of the effect of changes to disability benefits	April 2019	Public	PDF	Yes
	Journal article: Health and transitions into nonemployment and early retirement among older workers in Canada	August 2019	Public	PDF	Yes
	Journal article: The impact of longstanding illness and common mental disorder on competing employment exits routes in older working age: A longitudinal data-linkage study in Sweden.	February 2020	Public	PDF	Yes
	Journal article: Inequalities in extending working lives beyond age 60 in Canada, Denmark, Sweden and England-By gender, level of education and health	August 2020	Public	PDF	Yes
	Journal article: Major depressive episodes and employment earnings trajectories over the following decade among working-aged Canadian men and women	February 2021	Public	PDF	Yes
	Working paper: Bentley, Lee, Qing Liao, Phil McHale, C Mustard, and B Barr. 'Employment and Multimorbidity among Older Adults: Trends by Generation, Sex, and Educational Status in Canada, Denmark, England, and Sweden – Working paper – THRIVE 6'. <i>SSRN Scholarly Paper</i> (2022).	February 2022	Public	PDF	Yes

WP2	Journal article: Barr B & McHale P. (2018). The rise and fall of income replacement disability benefit receipt in the United Kingdom: What are the consequences of reforms? in <i>The Science and Politics of Work Disability Prevention</i> (pp. 242-257).	2018	Public	N/A	No
	Project report: A policy review of the four partner countries: Policies for extending working lives. Sweden, Denmark, Canada and the UK	October 2019	Public	PDF	Yes
	Policy Brief: Active Labour Market Policies in Sweden, Denmark, Canada and UK	October 2019	Public	PDF	Yes
	Policy Brief: Disability and Sickness Benefit Policies in Sweden, Denmark, Canada and UK	October 2019	Public	PDF	Yes
	Book chapter: Barr B, McHale P, Whitehead M. (2020). Reducing inequalities in employment of people with disabilities in <i>Handbook of Disability, Work and Health</i> (pp 309-327). Springer.	2020	Public	N/A	No
	Book chapter: Diderichsen F. (2020). Investing in integrative active labour market policies in <i>Handbook of Disability, Work and Health</i> . Springer	2020	Public	N/A	No
	Journal article: Poverty and Sources of Income Support Among Older People With Disabilities and Out of Work: Comparison of Canada and the United Kingdom	April 2021	Public	PDF	Yes
	Working Paper: McHale, Phil, Lee Bentley, Wen-Hao Chen, B Burstrom, Ingelise Andersen, Natasja Koitzsch Jensen, Lisa Harber-Aschan, Karsten Thielen, Ashley McAllister, and B Barr. 'Effect of Disability Benefit Income Replacement Rates on Employment and Risk of Poverty for People with Disabilities – Working Paper'. <i>SSRN Scholarly Paper</i> , 2022.	January 2022	Public	PDF	Yes
	Working Paper: Barr, B, Lee Bentley, and Phil McHale. 'The Policy Effects of Disability Benefit Reforms: A Comparative Analysis of Denmark, the UK and Sweden- Working Paper - THRIVE11'. <i>SSRN Scholarly Paper</i> (2022).	January 2022	Public	PDF	Yes
WP3	Journal article: What is the effect of changing eligibility criteria for disability benefits on employment? A systematic review and meta-analysis of evidence from OECD countries	December 2020	Public	PDF	Yes

WP4	THRIVE Consortium Meeting – Liverpool	April 2016	Confidential	Meeting	No
	THRIVE Consortium Meeting – Sweden	May 2017	Confidential	Meeting	No
	THRIVE Consortium Meeting – Denmark	March 2018	Confidential	Meeting	No
	A workshop on THRIVE and the initial findings at the 11th European Public Health Conference in 2018. Five separate studies were presented at this conference	November 2018	Public	Workshop	No
	THRIVE Final Workshop – London	March 2019	Confidential	Meeting	No
	Diderichsen F. Baggrund og kommentar. I Social ulighed i sundhed og sygdom: Udviklingen i Danmark i perioden 2010-2017. København: Sundhedsstyrelsen, 2020. P.18-25	2020	Public	Report	No
	Gadeberg AK, Andersen I, Brønnum-Hansen H, Christensen U, Diderichsen F. Indsatser mod ulighed i sundhed. København. Sundhedsstyrelsen, 2020. 70 p.	2020	Public	Report	No
	Evidence submission: to Work and Pension Committee, UK Parliament. Health Assessments for Benefits	November 2021	Public	PDF	No
	Blog post: McHale, P. Barr, B. THRIVE (Tackling Health Inequalities and Extending Working Lives). https://pldr.org/2022/02/11/thrive-tackling-health-inequalities-and-extending-working-lives/	February 2022	Public	Blog	N/A
	Blog Post: - Barr, B. Bentley L, We need to reduce the disability poverty gap, but benefit cuts are likely to increase i. https://betterhealthforall.org/2017/03/06/we-need-to-reduce-the-disability-poverty-gap-but-benefit-cuts-are-likely-to-increase-it/	March 2017	Public	Blog	N/A

Please insert further rows to add more deliverables, as appropriate.

7 Outputs

7.1 Publication list

Please list the publications that resulted from the funded project and indicate which type of publication (e.g., peer reviewed article, book/book chapter, review, communication in scientific congress, dissertation, other).

Title	Type
Inequalities in employment rates among older men and women in Canada, Denmark, Sweden and the UK. doi: 10.1186/s12889-019-6594-7	Peer reviewed article
Inequalities in extending working lives beyond age 60 in Canada, Denmark, Sweden and England-By gender, level of education and health. doi: 10.1371/journal.pone.0234900	Peer reviewed article
The impact of longstanding illness and common mental disorder on competing employment exits routes in older working age: A longitudinal data-linkage study in Sweden. doi: 10.1371/journal.pone.0229221	Peer reviewed article
Too sick to work, too healthy to qualify: a cross-country analysis of the effect of changes to disability benefits. doi: 10.1136/jech-2019-212191	Peer reviewed article
Health and transitions into nonemployment and early retirement among older workers in Canada. <i>Economics & Human Biology</i> , 35, pp.193-206. doi: 10.1016/j.ehb.2019.06.001	Peer reviewed article
What is the effect of changing eligibility criteria for disability benefits on employment? A systematic review and meta-analysis of evidence from OECD countries. <i>PLoS One</i> . 2020; 15(12): e0242976. Published online 2020 Dec 1. doi: 10.1371/journal.pone.0242976.	Peer reviewed article
Poverty and Sources of Income Support Among Older People With Disabilities and Out of Work: Comparison of Canada and the United Kingdom. 2021. <i>Journal of Social Policy</i> , 1-21. doi:10.1017/S0047279421000209	Peer reviewed article
Dobson KG, Vigod SN, Mustard CA, and Smith PM. Major depressive episodes and employment earnings trajectories over the following decade among working-aged Canadian men and women. <i>Journal of Affective Disorders</i> . 2021; 285:37-46.	Peer reviewed article
Diderichsen F, Dahlgren G, Whitehead M: Planning for health equity in the crossfire between science and policy. <i>Scand J Publ Health</i> 2022 (forthcoming).	Peer reviewed article
Diderichsen F. Baggrund og kommentar. I <i>Social ulighed i sundhed og sygdom: Udviklingen i Danmark i perioden 2010-2017</i> . København: Sundhedsstyrelsen. 2020. P.18-25	Report
Gadeberg AK, Andersen I, Brønnum-Hansen H, Christensen U, Diderichsen F. <i>Indsatser mod ulighed i sundhed</i> . København. Sundhedsstyrelsen, 2020. 70 p.	Report
Barr B & McHale P. (2018). The rise and fall of income replacement disability benefit receipt in the United Kingdom:	Book Chapter

What are the consequences of reforms? in The Science and Politics of Work Disability Prevention (pp. 242-257).	
Barr B, McHale P, Whitehead M. (2020). Reducing inequalities in employment of people with disabilities in Handbook of Disability, Work and Health (pp 309-327). Springer.	Book Chapter
Diderichsen F. (2020). Investing in integrative active labour market policies in Handbook of Disability, Work and Health (pp 651-674). Springer.	Book Chapter
The impact of working conditions on early work exit among workers, aged 50-60 years, with chronic illness in Stockholm	Thesis for Master of Public Health degree
Informal caregiving and the association with psychological distress, family-work conflict and early employment exits in workers aged 50-62 years	Thesis for Master of Public Health degree
McHale, Phil, Lee Bentley, Wen-Hao Chen, B Burstrom, Ingelise Andersen, Natasja Koitzsch Jensen, Lisa Harber-Aschan, Karsten Thielen, Ashley McAllister, and B Barr. 'Effect of Disability Benefit Income Replacement Rates on Employment and Risk of Poverty for People with Disabilities – Working Paper'. <i>SSRN Scholarly Paper</i> , 2022.	Working Paper
Barr, B, Lee Bentley, and Phil McHale. 'The Policy Effects of Disability Benefit Reforms: A Comparative Analysis of Denmark, the UK and Sweden- Working Paper - THRIVE11'. <i>SSRN Scholarly Paper</i> (2022).	Working Paper
Bentley, Lee, Qing Liao, Phil McHale, C Mustard, and B Barr. 'Employment and Multimorbidity among Older Adults: Trends by Generation, Sex, and Educational Status in Canada, Denmark, England, and Sweden – Working paper – THRIVE 6'. <i>SSRN Scholarly Paper</i> (2022).	Working Paper

7.2 Presentations at (scientific) conferences and symposia, including JPI MYBL activities

Please list the presentations at (scientific) conferences and symposia that resulted from the funded project.

Presentation	Date
[Title presentation] at [name scientific conference] by [presenter name]	
Progress Dialogue Meeting of JPI MYBL - Brussels Joint Transnational Call 2015 Projects "Extended Working Life and its Interaction with Health, Wellbeing and beyond"	February 2018
Final report for JPI MYBL - Helsinki Joint Transnational Call 2015 Projects "Extended Working Life and its Interaction with Health, Wellbeing and beyond"	October 2019
Progress Dialogue Meeting of JPI MYBL - Rome Joint Transnational Call 2015 Projects "Extended Working Life and its Interaction with Health, Wellbeing and beyond"	February 2016
Chen WH (Social Analysis and Modelling Division (SAMd), Statistics Canada). The impact of health problems on employment transitions and early retirement	April 2017

among older workers: evidence from CCHS-Tax linked data. Institute for Work and Health (IWH), Toronto,	
A McAllister, L Bentley, H Brønnum-Hansen, Q Liao, LL Nylen, C Mustard, B Burström. 2017. Social differentials in older persons' employment in Canada, Denmark, Sweden and the UK in 2010-15. European Journal of Public Health, 27(suppl_3).	November 2017
L Bentley, Q Liao, B Barr, B, C Mustard. 2018. OP26 Temporal trends in multimorbidity and how it impacts employment among older adults in Canada and England: understanding generational and social inequalities.	September 2018
Workshop: Organised by: University of Liverpool, UK and Chairpersons: Ben Barr, UK, Bo Burström, Sweden, 2018. 9. Q. Workshop: Tackling Health Inequalities in Extending Working Lives–Findings from the THRIVE Project. European Journal of Public Health, 28(suppl_4), pp.213-815.	November 2018
The impact of comorbidity on employment exits at older working ages: a longitudinal analysis of a Swedish population sample, EPH conference, Ljubljana (Lisa Harber Aschan)	November 2018
WH Chen, A McAllister, B Burström. 2018. The impact of comorbidity on employment exits at older working ages: a longitudinal analysis of a Swedish population sample. European Journal of Public Health, Volume 28, Issue suppl_4.	November 2018
L Bentley, B Barr. Poverty and income support among older people with disabilities and out of work in the UK and Canada. European Journal of Public Health, Volume 28, Issue suppl_4.	November 2018
B Barr. 2018. The policy effects on employment of older people with disabilities: a comparative analysis of Canada, Denmark, Sweden, and the UK. European Journal of Public Health, Volume 28, Issue suppl_4.	November 2018
NK Jensen, H Brønnum-Hansen, I Andersen, K Thielen, A McAllister. 2018. Too sick to work too healthy to qualify: a cross country comparison of the effect of changes to disability benefits. European Journal of Public Health, Volume 28, Issue suppl_4.	November 2018

7.3 Communications, public engagement activities and knowledge exchange events

Please list the communications, public engagement activities and knowledge exchange events where results from the funded project were shared with specific audiences, including the general public.

Activity or event	Date
UK ESRC / DWP Roundtable discussion on work health and disability UK Department for Work and Pensions	February 2017
Centre for Better Ageing workshop / ESRC and policy makers	March 2017
UK Department of Work and Pensions/Department of Health joint 'Work and Health Unit' – Policy briefing on work and health Audience: Work and Health unit officers and policy advisors	September 2017
UK Department of Work and Pensions/Department of Health joint 'Work and Health Unit' – Presentation and discussion about THRIVE themes particularly on multimorbidity Audience: Work and Health Unit officers and policy advisors	November 2017

UK 'Social Commission for the Access to Work programme', UK Labour Party	November 2017
UK Department for Health – Presentation of research on the impact of health on living and working conditions Audience: Department for Health and Department of Work and Pensions officers and policy advisors	January 2018
UK Labour Party Shadow Chancellor's Office – Roundtable and presentation on the Work Capability Assessment Politicians, policy advisors, third sector organisations, campaigners	September 2018
UK Equal North Annual Conference - the relationship between mental health and the welfare system, Audience: Policy makers, practitioners, researchers	October 2018
UK Cabinet Office - workshop on barriers to work faced disabled people Audience: Government policy advisors, third sector organisations, researchers	January 2019
UK National Audit Office Value for Money study - examining employment support to disabled people Contribution to evidence	March 2019
Sweden: Workshop with policy makers (union representatives) to present findings from WP1 and other THRIVE work packages – discussion about the relevance of findings in the Swedish setting.	September 2019
UK: NIHR PRP Working Age Consultation Event	October 2019
The Association of Danish Health Care Regions :Presentation made on the issue on unequal employment consequences of limiting illness:	November 2019
Danish National Board of Health: Presentation made on the issue on unequal employment consequences of limiting illness:	September 2020
Danish Medical Association: Presentation made on the issue on unequal employment consequences of limiting illness:	January 2021
Danish Council on Ethics Presentation made on the issue on unequal employment consequences of limiting illness:	May 2021
Denmark: Diderichsen F: Årtiers reformpolitik har ikke formået at løse uligheden i sundhed. Sundhedsmonitor https://politikensundhed.dk/debat/art8258155/årtiers-reformpolitik-har-ikke-formaet-at-loese-uligheden-i-sundhed - periodical article	June 2021
Denmark: Diderichsen F. Ulighed i sundhed: Det er ikke raketvidenskab, men åbenbart politisk kompliceret. Dagens Medicin https://dagensmedicin.dk/ulighed-i-sundhed-det-er-ikke-raketvidenskab-men-åbenbart-politisk-kompliceret - periodical article	March 2021
Denmark: Diderichsen F. Ulighed i sundhed – fire målkonflikter. Folkevirke 2021;76(2):6-9 - periodical article	May 2021
THRIVE Consortium Meeting – Liverpool	April 2016
THRIVE Consortium Meeting – Sweden	May 2017
THRIVE Consortium Meeting – Denmark	March 2018
THRIVE workshop, London	March 2019

UK Work and Pension Committee of UK Parliament. Health Assessments for Benefits oral evidence.	November 2021
UK: Meeting with Open Innovation team of the UK Government to advise policy makers on disability, costs and employment	November 2021

8 Impact

8.1 Scientific impact

Describe the nature of the major scientific impacts of your results, i.e. the addition to the current state of knowledge (new data, new methods, new perspective, confirmation of theses, first transnational approach). Describe to what extent the scientific impact has been promoted through the international and comparative perspective of the various members of the consortium (max. 2 page).

Our research advanced the evidence base for policy actions for equitably promoting health and extending working lives in Sweden, Denmark, Canada and the UK, generating new information for our understanding of the economics and epidemiology of healthy aging. Our research has advanced the knowledge for public health science with respect to the epidemiology of multimorbidity at older ages, inequalities in employment rates and poverty, and variation across countries. Information on employment and poverty outcomes, and the influence of policy responses is also important for social policy and economics research.

Studies in WP1 showed a considerable variation between the studied countries in employment rates among older workers, but also large differentials between subgroups in the population (e.g. rates were lower among those with a chronic illness, among women, among low educated). They also found that the prevalence of multimorbidity was higher in younger cohorts, and the adverse employment consequences of multimorbidity have been sustained. Mental health morbidities were a particular problem, with worse employment and poverty outcomes and higher likelihood of being on means-tested benefits rather than specific disability benefits. By utilising data from multiple countries (Canada, Denmark, Sweden, UK), we were able to demonstrate that the inequalities seen in employment rates varied across countries, suggesting policy response has a role to play.

The work in WP2 in policy analysis found clear variation in the policy approaches to extending working lives in particular the support for disabled people to stay in employment and the social protection of older people unable to work due to disability. This supported the ability to interpret the findings from WP1, and we used those findings and the policy analysis to build on the typology developed by Whitehead in 2009 to identify the different policy approaches that can be used to support disabled people into the labour force. This typology has been published and can be used by researchers as a framework to develop new research. Policy analysis indicated that Danish reforms (team-based assessment and rehabilitation, wage subsidies, high income replacement rates of disability benefits) show the most promise and were associated with increased employment of older people health problems and reduced poverty amongst older disabled people.

The systematic review in WP3 provided evidence on methods for synthesising and meta-analysis of econometric studies and highlighted the importance of specific methodological approaches to assess reforms in observational data, and the potential biases of different approaches. The findings of this systematic review provide crucial evidence in an important policy area showing that the selective use of evidence by policy makers in this area has been misplaced and that when including all the relevant evidence restricting access to disability benefits does not appear to lead to large increases in employment.

Working with WHO Europe through our leadership of the Health Equity Status Report (<https://www.euro.who.int/en/health-topics/health-determinants/social-determinants/health->

equity-status-report-initiative) Initiative we developed metrics for monitoring policy progress on extending working lives including the disability employment gap, the disability poverty gap - see https://whoEurope.shinyapps.io/health_equity_dataset/ . These are being used by member states to review progress on health equity every 4 years.

Overall, our research package provided new evidence for this topic and frameworks that can be used for new research. We have presented this evidence at scientific conferences and peer-reviewed journals. We have also attended meetings for research funding bodies to help set the agenda for future research, and ensure extending working lives remains on the agenda.

8.2 Societal impact

Describe the impact of the results on different target groups (e.g., health professionals, policy makers, patients), including the pathway to reaching this impact. Describe how the results have been or will be used, disseminated and implemented by each target group, including beyond the lifetime of the project (max. 2 page).

Our results have important societal impacts. For policymakers, our results highlight the importance of targeted policy responses to address needs in different subgroups, by demonstrating significant variations in employment rates between subgroups. To add to this, our findings highlight which policy responses are effective (for example education and training focussed ALMPs), response which are not (restrictive reforms to disability benefits) and a typology which they can use to better understand the holistic approach being taken nationally. Importantly, we identify the negative consequences of policy response, and specific conditions where policy has failed to adequately support individuals.

While this evidence can be used to inform policy, it can also be used by the public and third sector groups for advocacy purposes. Groups can and have used our work to identify policy responses that are most effective and appropriate for the section of the population that they are advocating for, and to lobby policymakers to make evidence-based reforms to the system. Additionally, highlighting the negative consequences of these policies can act as a powerful support to arguments against ineffective or harmful responses.

The research we conducted in WP4 directly worked towards this impact. We engaged with governmental departments, participating in roundtable discussions to disseminate our findings to influence policy decisions. We engaged with political parties and union representatives to support their advocacy and recommendations. We engaged with third sector organisations to ensure they were informed about current evidence. We also submitted evidence for parliamentary enquiries and governmental reports, ensuring our evidence came to the attention of policymakers who could act on our findings.

Our work on inequalities in employment consequences has been an important element of the policy updates on tackling health inequalities we have made for the Danish Health Authorities. The Danish Government appointed 2021 a “Reformkommission” of leading economists. They have identified five areas where previous policies have been tried but have failed in increasing employment, but who are important for securing the economic sustainability of the welfare state. Four of these issues have earlier been raised in the THRIVE project – as we have pointed out in a paper published in a Danish newspaper.

Moving forward, we will continue to engage with organisations mentioned, and disseminate the findings from THRIVE.

9 Data Management and Data Sharing

Describe how this project contributes to sustainable data and research infrastructures; including a description of the sustainability of the research results within the wider research community. Please take into account the [FAIR data Principles](#) and indicate if your project (partly) contributes to these principles (max. 1 page).

The data sets we have used on our analysis are largely available through public data repositories applying FAIR data Principles as outlined below. Aggregate disability related policy metrics developed through THRIVE have been included in the WHO Europe Health Equity Status Report Initiative and published as Open Data on in the WHO Europe Health Equity Dataset. https://whoeurope.shinyapps.io/health_equity_dataset/
As only secondary data was used in THRIVE, the findability, accessibility, interoperability and reusability is dependant on the data owners and outlined below.

Publicly-funded research data are valuable, long-term resources that, where practical, should be made available for secondary scientific research. Some funders expect that all data created or repurposed during the lifetime of a grant will be made available for re-use or archiving, recognising that some research data are more sensitive than others. If you have created or repurposed data as part of your project and it has been made available for re-use or archiving, please use the table below to indicate where it can be accessed and who it can be accessed by.

Dataset	Available for	Available at
Name of the dataset	Who can access the data?	Link to the dataset (if applicable)
SHARE (Survey on Health and Retirement)	Publicly available on application to the data owner	http://www.share-project.org/home0.html
Population based register data Stockholm County	Not publicly available	Data is sensitive and held by Stockholm County Council
Linked public health survey and register data based on the population in Stockholm County	Not publicly available	Data is sensitive and held by Stockholm County Council
ELSA English Longitudinal Survey of Aging	Publicly available through application to the UK data service	https://beta.ukdataservice.ac.uk/datacatalogue/studies/study?id=5050
Canadian Community Health Survey	Data is available to researchers through application to Statistics Canada	https://www.statcan.gc.ca/en/survey/household/3226
Family Resources Survey	Publicly available through application to the UK data service	https://beta.ukdataservice.ac.uk/datacatalogue/studies/study?id=8460

Aggregate policy indicators produced through THIRIVE - included in WHO Health Equity Data set		https://whoeurope.shinyapps.io/health_equity_dataset/
-----------------------------------------------------------------------------------------------	--	---------------------------------------------------------------------------------------------------------------------------

10 Collaboration

10.1 Collaboration within the project

Are the academic collaborations within this project new or were these existing collaborations? How did you involve the different academic partners in the project?

Collaboration between researchers within THRIVE in the Universities of Liverpool and Copenhagen and the Karolinska Institute, Stockholm have been ongoing since the 1990s and are still thriving. Our initial collaboration in the 1990s began with Anglo-Swedish comparative analyses of universal policies that influence inequalities in health, including family-friendly employment policies, supported by UK and Swedish funders.

In 2005, we extended our collaborations with colleagues in Denmark, Norway and Canada in a joint research effort to investigate the health inequalities impact of policies and interventions to help people with chronic illness or disabilities into work. The rationale for the inclusion of countries was based on the contrasting policy approaches in the typology of welfare states, in this instance the 'liberal' type of welfare system in the UK and Canada on the one hand and the 'social democratic' type of system in the Nordic countries, which allowed for comparative policy analysis. This issue of disability and work was of great policy interest to national governments at the time, as it continues to be today. There was, however, no robust mechanism for funding such cross-country comparative studies which spanned Europe and North America. Consequently, these studies were largely funded by separate submissions to national funding agencies for the specific component of the international study that related to that particular country.

In 2012, European researchers involved in THRIVE were fortunate in securing a European Union FP7 grant, under the scientific leadership of Profs Johan Mackenbach (University of Rotterdam) and Margaret Whitehead (University of Liverpool), entitled DEMETIQ – Developing methodologies to reduce inequalities in the determinants of health – which included assessing the effects of natural policy experiments in the fields of unemployment and poverty. The countries involved in this EU project were The Netherlands, Denmark, Sweden, UK, Finland, Italy and Poland.

Finally, in 2016, the JPI MYBL call provided a much-needed funding mechanism to support European researchers to collaborate with Canadian researchers on policy research concerning extending working lives. The European partners in THRIVE – in UK, Denmark and Sweden – once again reached out to our long-term Canadian partners to conduct this cross-country comparative research to shine an equity lens on extending working lives.

Throughout our long collaboration, since the 1990s in some cases, the research teams have set up exchange schemes for research fellows working on the various projects. These offer the opportunity for a research fellow from one partner to visit a team working in another partner country, usually for 3 to 6 months, occasionally longer. During the THRIVE project, Ashley McAllister from the Karolinska Institute, Stockholm, had a 3-month exchange visit to the Institute of Work and Health, Toronto, contributing to WP3 reviews.

10.2 Collaboration with Stakeholders

Are the collaborations with stakeholders within this project new or were these existing collaborations? How did you involve the different stakeholders in the project?

Stakeholders included officials and policy advisors in government ministries at national and provincial level in each country, local and national politicians seeking submission of evidence, international organizations especially WHO and relevant research networks in the field. We had existing longstanding engagement with these policy-related stakeholders, including within the various ministries responsible for health, pensions, employment and social protection policies. The officials in these agencies, however, have changed over the years and therefore were often new to our research, which therefore required starting afresh to develop a constructive relationship.

We involved the different stakeholders by multiple means, including preparing research and policy briefings; arranging joint workshops to exchange latest findings of policy relevance to them; submitting written evidence and taking up invitations to give oral evidence to parliamentary committees conducting inquiries into work, health and poverty issues; and presenting at policy conferences, as listed in section 7.3 above.

10.3 Collaboration with Patients and the Public

How did you involve patients and/or the public in the project? Were patients and the public actively involved in research design and delivery? Did decisions about the research include the patient and public perspective Note, when we refer to patient and public involvement in research we mean research being carried out with and by patients and the public, not to, for or about them (see, www.invo.org.uk). We do not mean patient and public engagement, where research information is presented or disseminated to patients and the public.

Members of the public have influenced this project right from the conceptual stage. In our previous EU project, DEMETRIQ, we set up a dialogue with trade unions representing manual workers (in their role as advocates for less educated workers who are relatively disadvantaged on the labour market). From these discussions, we not only gained new insights into the interpretation of our DEMETRIQ findings from the public's perspective, but the unions also identified gaps in the available evidence and pointed us towards pressing questions that needed to be answered by researchers as a matter of urgency. Prominent among these was the disadvantage that manual workers faced when policies to raise the state pension age were introduced and the effect on existing inequalities in health if ameliorating policies were not introduced concurrently. These pointers from the public helped shape our future research agenda and the conceptual underpinning of our subsequent proposal when the JPI MYBL call was made.

Throughout our research for THRIVE, we have engaged with advocacy groups in the voluntary and charitable sectors, who advocate for the rights and welfare of people with chronic illness and disability. These include, in particular, advocacy groups and mutual support groups concerned with improving employment opportunities and the work environment for people with disabilities, as well as those fighting to reduce poverty and improve living standards for low-income workers and older people. For example we discussed our work through round table events with disabled people's organisations (Unison National Disabled members committee, Greater Manchester Coalition of Disabled People, Reclaiming Our Futures Alliance) campaigning to change UK disability benefit policy. This led to the "First Do No Harm" campaign run by the UK Labour Party, using our evidence to advocate for changes in government policy. We try to make our research findings accessible

to the lay public and, in turn, have been alert to the reactions and feedback from these advocacy groups. This feed-back/dialogue has sometimes generated further research questions to be investigated or different angles to approach an issue raised by our research.

10.4 Collaboration with other JPI MYBL projects

Please describe any connections, bilateral meetings, knowledge exchange etc. between your project and other JTC projects funded by the JPI MYBL.

Throughout the THRIVE programme we have had multiple engagements and exchanges with the other JTC projects. This included 5 Joint meetings with the other JTC projects, in Rome (2016), London (2017), Brussels (2018), Helsinki (2019) and online (2019) . Through these we prepared materials for Joint policy paper and organised a joint workshop at the European Public Health conference in Ljubljana 2018 presenting the THRIVE programme with other JPI MYBL projects.

10.5 Collaboration with other European/national projects

Please describe actual and intended collaborations with other European/national projects (e.g. collaboration with related projects not funded by JPI MYBL).

Members of the THRIVE research teams from the study countries have collaborated on several relevant initiatives with other European and national/international projects while conducting our THRIVE studies, including:

1. Danish and British THRIVE team members collaborated on the 'Handbook of Disability, Work and Health', with the international editors - Johannes Siegrist, University of Dusseldorf, Germany, and Ute Bültmann, University of Groningen, the Netherlands – and several other contributing authors, to prepare two chapters for the Handbook, published in 2020 by Springer, New York, as follows:

Barr B, McHale P, Whitehead M. (2020). Reducing inequalities in employment of people with disabilities in Bültmann U, Siegrist J, (eds), *Handbook of Disability, Work and Health*, New York, Springer, pp 309-327.

Diderichsen F. (2020). Investing in integrative active labour market policies in Bültmann U, Siegrist J, (eds), *Handbook of Disability, Work and Health*, New York, Springer, pp 661-674.

2. British, Danish and Swedish THRIVE members collaborated with the European Federation of Academies of Sciences and Humanities (ALLEA) and the Federation of European Academies of Medicine (FEAM) on a joint initiative of the two federations to examine new methods and insights on health inequalities in Europe, which ran from 2019 to November 2021. Margaret Whitehead served on the Scientific Committee for the initiative, while several other members of the Danish, Swedish and British teams participated in the international workshops called by the Committee in Paris (January 2020), Berlin (virtual, December 2020) and Genoa (Virtual, March 2021). The final report of the initiative, which we contributed to, was launched in November 2021:

ALLEA/FEAM. *Health inequalities research: new methods, better insights*. ALLEA/FEAM/Royal Netherlands Academy of Arts and Science (KNAW), Berlin, November 2021.

3. As Head of the WHO Collaborating Centre for Policy Research on the Determinants of Health Equity, Ben Barr from THRIVE led the development of indicators of policy progress on health equity in European countries for the World Health Organisation's European Health Equity Status Report Initiative, which began in 2018 and is ongoing. For this work, Professor Barr led an expert group of collaborators drawn from the UK, Italy, Spain, Germany, Denmark, Sweden, Canada and the USA. This work fed into the following WHO report based on analysis and a set of metrics for policy progress led by Professor Barr.

Healthy, prosperous lives for all: the European Health Equity Status Report. Copenhagen: WHO Regional Office for Europe, 2019.
<https://www.euro.who.int/en/publications/abstracts/health-equity-status-report-2019>

4. Barr and McHale THRIVE team members collaborated with MacEachen at the University of Waterloo Canada, and colleagues in Sweden, France, Finland, Germany, Switzerland, Netherlands and Belgium in producing the book *The Science and Politics of Work Disability Policy* (MacEachen, E ed.). New York: Routledge, 2019.

10.6 Added value of the International Consortium

Please describe the added value of working as an international consortium, compared to project partners each working separately at the national level. In what way and to what extent did the international cooperation in the project help to broaden your perspective on demographic change in Europe and beyond?

With our objective to compare gender and social differentials in employment rates among older persons with and without health issues across countries, we could better understand how country-specific policies play out for men and women with chronic illness, by level of education. This objective would have been very difficult to realise without the collaboration within the international consortium, where countries representing the 'social democratic' type of welfare system (Sweden and Denmark) were compared to 'liberal' types of welfare system (UK and Canada). The JPI MYBL initiative has added value to research efforts by providing a rare mechanism for funding cross-country studies of this nature between Europe and North America.

11 What can we do for you?

11.1 What can we do for you?

What can we do to help you to amplify your message? How can we help you to connect to the right people/stakeholders (e.g. to share your research results)? How can we help you to add value to your results?

The Synthesis of evidence from across the JPI MYBL programme would provide an extremely useful source of evidence for policy makers.

11.2 Feedback for JPI MYBL

Please provide any feedback arising from this project so we can improve our procedure for any future joint calls.

The JPI MYBL initiative has been extremely valuable for the research community in providing a rare mechanism for funding cross-country studies. In the past, it has been a struggle for researchers who want to do collaborative policy research involving several countries to find a funding source that will cover research in several jurisdictions, not just one. The EU has its programmes for countries within the EU, and there are a few global initiatives for joint North-South research, but initiatives covering research between high-income countries, linking countries in Europe and North America, for example, are rare. We need more initiatives of this nature.