Tackling Health Inequalities and Extending Working Lives (THRIVE)

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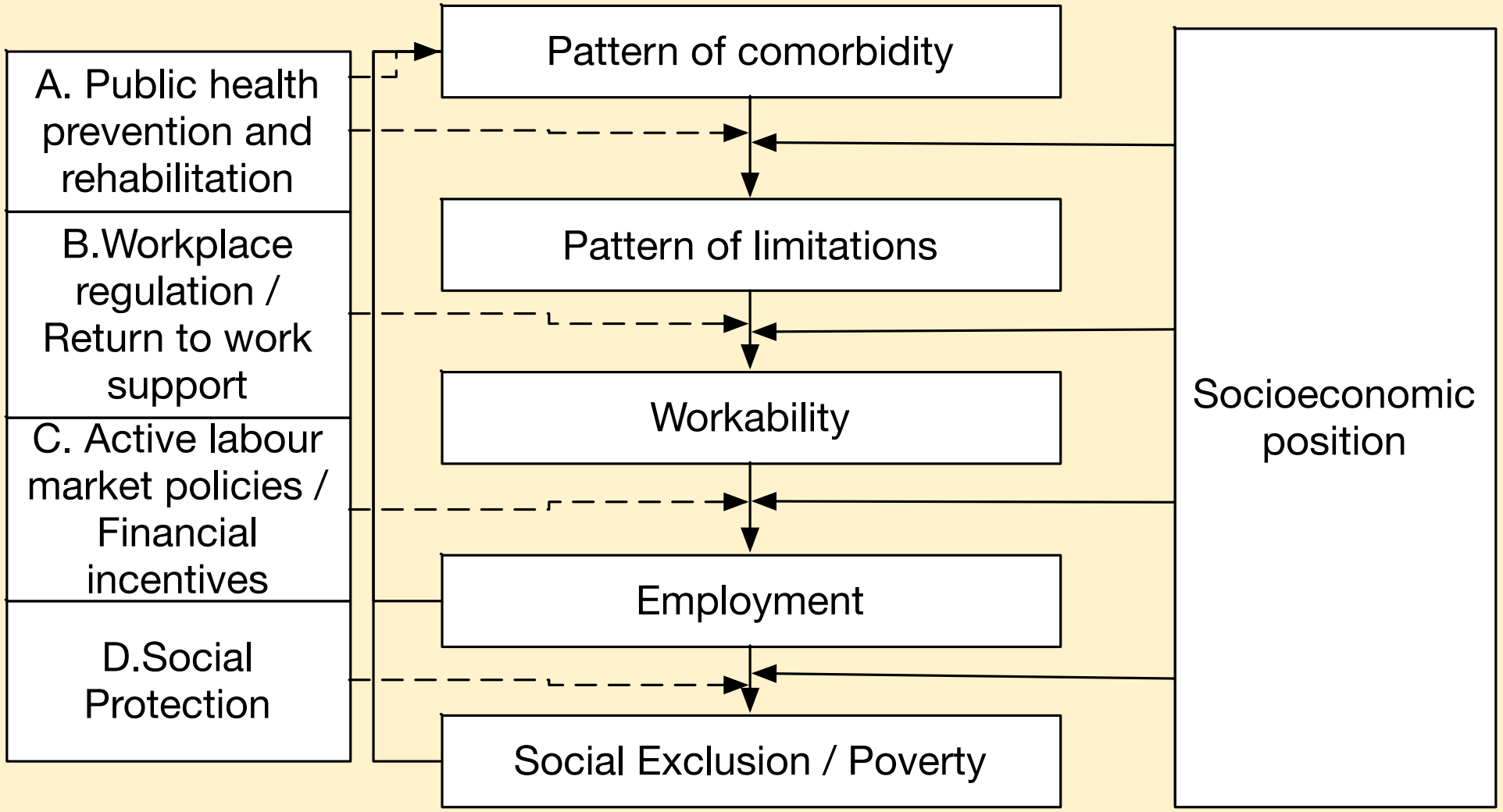
Aim: To investigate the differential impacts of health on the opportunity to work later in life in order to develop policies for extending working life that address these inequalities.



Conceptual model – adapted from Diderichsen (2001)

Research Questions

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?
RQ2: What are the employment consequences of these changing patterns of morbidity?
RQ3: What policy approaches/strategies have been taken in the study countries to extend the working lives of people and what is their potential inequalities impact?
RQ4. How do the effects of policies that aim to promote employment at older ages differ by socioeconomic group, gender and for different health conditions?
RQ5: What are the implications of changing health inequalities for development of policies to extend working lives fairly?

Figure 2. Interalated work packages

WP1

Step 1. International comparison of the changing pattern of chronic illness, co-morbidity and caring across the life course.

Step 2. Comparative analysis of employment consequences of different morbidities and co-morbidities and how this varies by SES, gender and country. (RQ 1 & RQ2)

WP2. Comparative analysis of international policy approaches, mechanisms of impact and case studies. (RQ3)

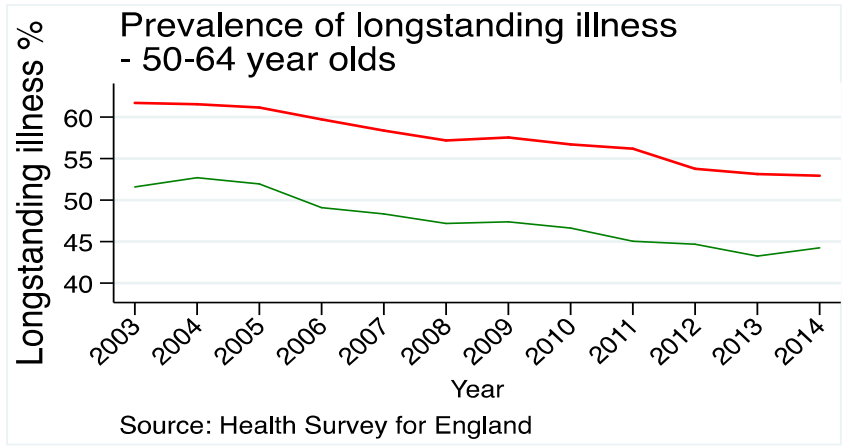
WP3. Systematic reviews of the qualitative and quantitive evidence assessing which policies work, for who and why. (RQ4)

WP4. Synthesis, scenario analysis and policy implications (RQ5)

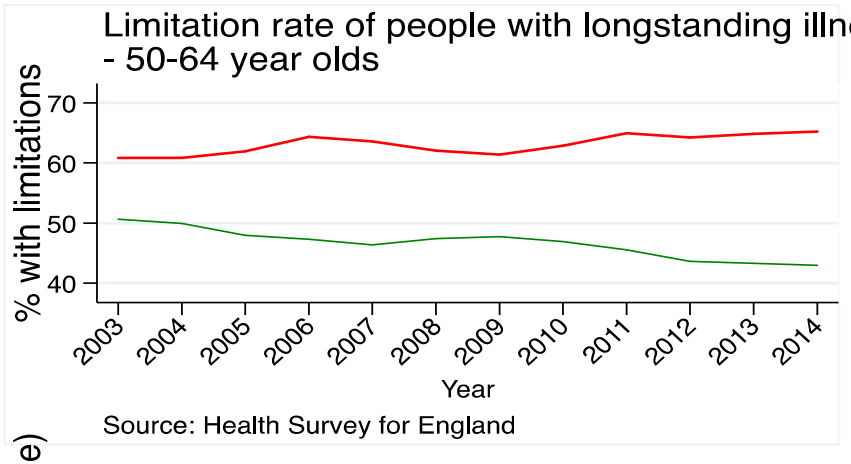
Current status.

- Completing policy review for each country (WP2) (March 2017).
- For WP1 we have agreed initial analysis plan, datasets and definitions across 4 study counties.
- And commenced descriptive analysis.

Preliminary UK analysis



Source: Health Survey for England



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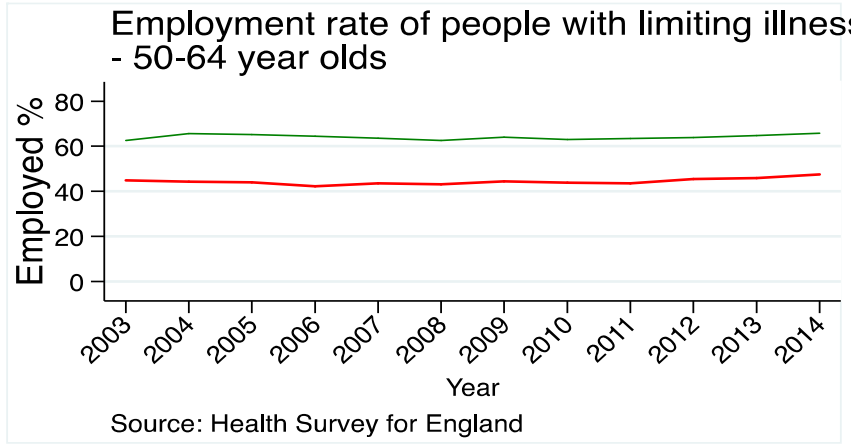

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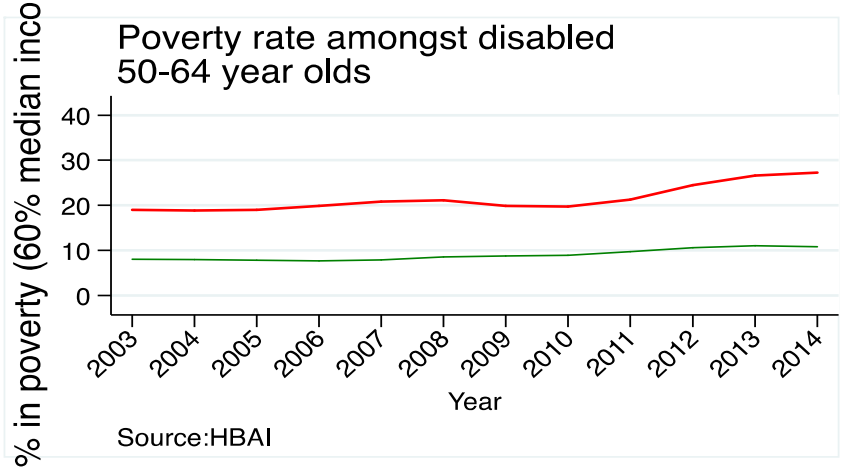

Source:HBAI

Managerial and Professional

Routine and Manual

Disability benefits

Return to work support.
Support to return older workers with health problems to work.
e.g rehabilitation chain (SE)
Team based assessment and rehabilitation (DK)
Various programs in the LMAPDs (CA)
Work Programme (UK)

Changes to adequacy/ eligibility /conditionality of income replacement benefits for people out of work/ off sick with health problems.
E.g Employment support allowance (UK)

Employment of people with longstanding illness/ disabilities

Income /risk of poverty of people with longstanding illness/ disabilities

Health of people with chronic ilness/ disabilities

% Change in disability benefits numbers

Sweden – 2005. Centralization and standardization of sickness insurance scheme.

UK – 2008 introduction of new disability benefit for new claimants – with more stringent assessment and greater work preparation requirements

UK – 2011-2013. reassessment of all existing claimants with more stringent work capability assessment

Denmark 2013. ????? -reform introducing team based assessment, obligatory rehabilitation, and changes to subsidised employment scheme (fleksjob). ??

Sweden 2008. introduction of staged rehabilitation chain for sickness insurance scheme and stricter eligibility requirements for disability benefits

% change since 2005

10
0
-10
-20
-30
-40

2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015

year

Sweden
Denmark
UK
Canada

Next Steps.

- Expand analysis in the study countries – longitudinal - survival analysis.
- Complete policy review across 4 countries – developing typology and logic models of policies.
- Complete systematic reviews in 4 policy areas.
- Model the impact of different policy scenarios.

Thank You