

# WORKLONG

## Impact of interventions and policies on prolonging working life in good health

### IMPACT ON CIVIL SOCIETY AND POLICY

1. Educational inequalities in the influence of a chronic illness on employment Higher educated persons with a chronic illness have a 8% lower labour force participation than healthy higher-educated persons. Among lower educated person, this LFP gap has increased to 16% for women and 26% for men. These profound differences were present in almost all EU countries.
2. Educational inequalities in the contribution of poor health to different pathways out of paid employment In descending order of magnitude, poor health was associated with loss of paid employment due to disability, unemployment, economic inactivity and retirement in all European regions. The proportion of disability, unemployment, and economic inactivity that could be attributed to poor health was larger among lower educated workers than higher educated workers in most European regions.
3. Health-effects of higher State Pension Age in UK This study showed that a policy that postpone retirement age from 60 to 65 among women in the United Kingdom had a negative effect on mental health. In addition, increasing the length of the extension was associated with stronger effects on mental health.
4. Impact of changes in welfare legislation on the incidence of disability pension. A cohort study of construction workers in Sweden. Changes in legislation during the 1990s showed associations with a rather strong variability in disability pension for musculoskeletal diagnosis, but not with psychiatric diagnosis. In addition to legislation judgements by other actors as the insurance agency administrators seem to be of importance for the variability.
5. Mortality risks in disability pensioners with common mental disorder in Sweden In this study mortality in DP recipients with common mental disorder was compared to other DP diagnosis and to those without DP. The hypothesis was that relief from work should enhance survival in persons with DP based on common mental disorders. Subjects with DP based on a psychiatric diagnosis displayed higher mortality risks, which contradicts the study hypothesis. Leaving work implies both adding and reducing potential risk factors, making it difficult to elucidate total health effects.



### SUMMARY

The WORKLONG project has 4 objectives in 5 Work Packages:

1. To determine the impact of legislation and policy measures that have increased retirement ages across European countries in the past two decades on different pathways to retirement among workers with pre-existing health problems.  
(Work Package 1)
2. To estimate the long-term impact of workplace and health behaviour interventions and policies to prolong employment trajectories for workers with chronic health conditions.  
(Work Package 2)
3. To examine the impact of legislation and policy measures on health of workers from different social groups before and after retirement.  
(Work Packages 3 and 4)
4. To conduct a cost-effectiveness analysis as well as a cost-benefit analysis on legislation and policy measures for a sustainable and inclusive workforce.  
(Work Package 5)

### CONSORTIUM

The WORKLONG consortium consists of 3 partners from 3 EU countries:

1. Erasmus University Medical Center, Department of Public Health, The Netherlands: Alex Burdorf, Suzan Robroek, Jolinda Schram, Merel Schuring (coordinator of project)
2. King's College London, United Kingdom: Mauricio Avendano, Ludovico Carrino
3. Umeå University, Department of Public Health and Clinical Medicine, Sweden: Bengt Järvholm, Mikael Stattin, Mia Söderberg

