**Background to the qualitative study (WP1)**

1. *What is the purpose of your study?*

At this point we have preliminary results from two studies. The first is a scoping review of the literature, aiming to synthesize evidence on how much of the sex differences in late-life disabilities and mobility impairments that can be attributed to gendered differences in the distribution of socioeconomic conditions.

The second study track the development of ADL-disabilities across subsequent birth cohorts of older adults in Europe.

1. *What are the major findings of your study?*

The main finding of the first study is that, in the vast majority of all studies there are sex differences in disabilities and mobility limitations in old age, where women have more limitations than men. In most studies this difference can partly, but not wholly, be attributed to gendered differences in socioeconomic conditions. However, the magnitude of the sex difference, as well as of the part attributable to socioeconomic conditions, vary substantially across studies.

The main findings of the second study is that there are clear cohort effects in late life disabilities in Europe, where later born cohorts tend to have more limitations than older cohorts at any given age. Moreover, we can consistently observe sex difference in disabilities across cohorts and regions in Europe, where women have more limitations than men.

1. *Thinking about your study findings, what do you think might be important to knowledge users\*? Why?*

With the caveat that I’m completely naïve when it comes to qualitative research, I would be interested (from the perspective of WP1) in seeing what we would find using a ‘lay epidemiological’ approach in the interviews. That is, first and foremost getting the older adult’s own views on what causes disabilities in old age. As a second step, we could then tell them that research has found that women are more likely than men, and those with low education are more likely than those with high education, to experience disabilities in old age – and ask them what they make of it.

This kind of research has previously been conducted on cardiovascular disease, and have been quite revealing in terms of lay views on causes of heart disease, what role behaviours vs. chance and genes play, individual reasonability etc. Such results are important and interesting in their own right, but they can also inform how public health information and policy is designed and communicated.