

Workability Challenges in the EU

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Health is Wealth

- Economic & social importance of working age health
- Why focus on Chronic Conditions?
- Early is Better
- Good Work & Good Health
- Challenges for the EU

Global Burden of MSDs



2nd greatest
cause of
disability in all
regions of the
world

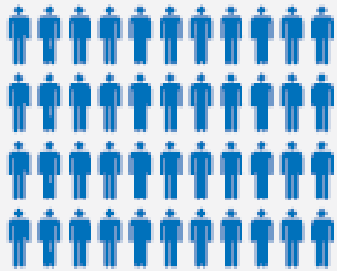


Disability due to
MSDs increased
by 45% from
1990 to 2010



1.7bn Affected:
Back pain 632m
Neck pain 332m
OA knee 251m
Other MSD 561m

Musculoskeletal Disorders in the EU Workforce



ACROSS THE EU **44M WORKERS**
HAVE MSDs WHICH ARE
CAUSED BY THEIR WORK



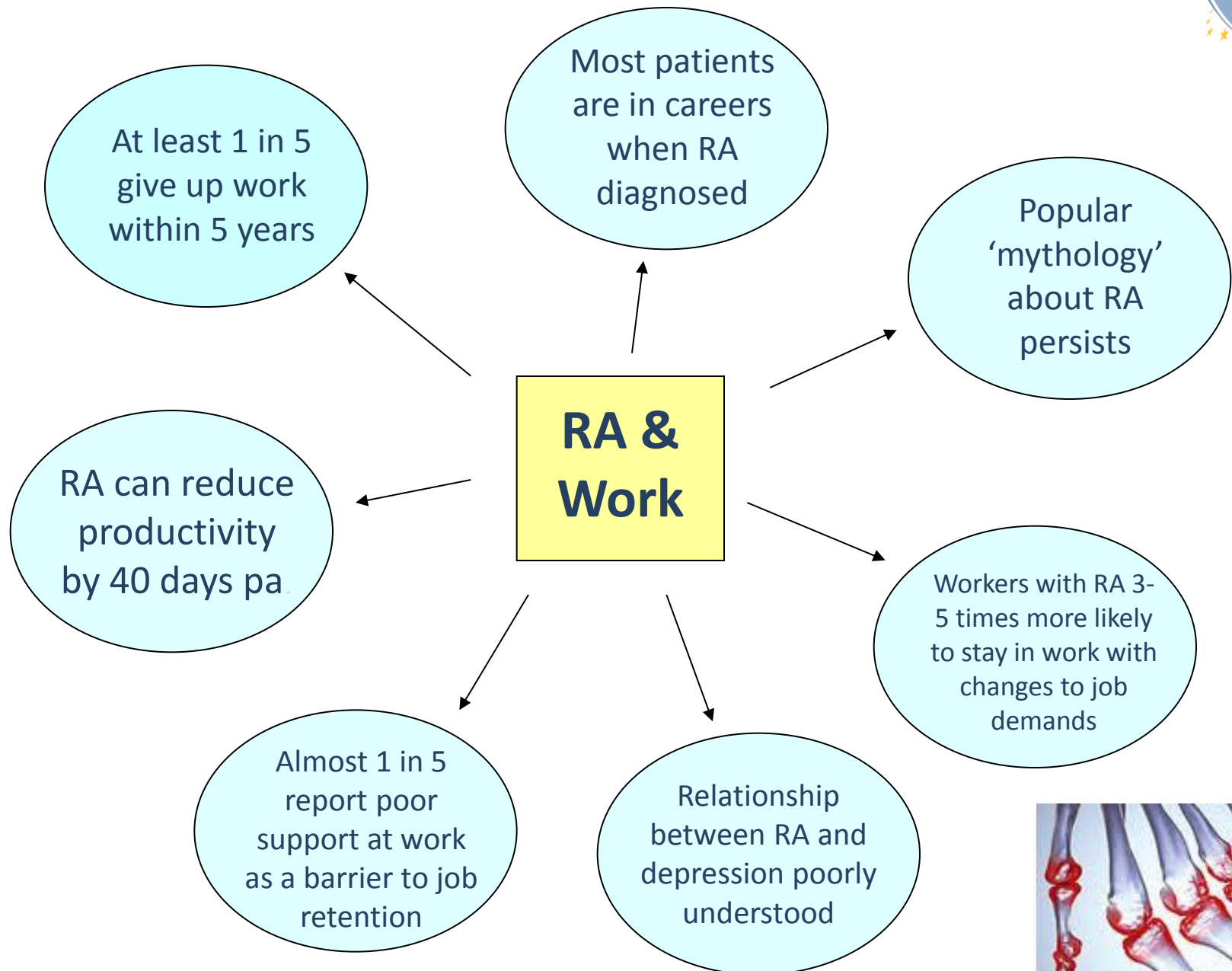
COST TO THE EU EACH YEAR IN
LOST PRODUCTIVITY AND
SICKNESS ABSENCE (**2% OF GDP**)



THESE CONDITIONS ACCOUNT
FOR **HALF OF ALL ABSENCES**
FROM WORK ...



... AND FOR **60% OF**
PERMANENT WORK
INCAPACITY ³



Four Lessons

- Early intervention should be a priority
 - (Good) Work should be a clinical outcome
 - Workforce health is a Productivity issue
 - More should be done in Workplaces
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1. Early Intervention for MSDs

- ***Better treatment.*** The quicker an individual receives a diagnosis, the more rapidly they can get access to appropriate treatment which can stabilise or control their symptoms;
 - ***Reducing the risk of developing co-morbid conditions.*** For many people with chronic conditions issues like pain, fatigue, depression or anxiety can become a significant issue which can increase healthcare costs and reduces functional capacity;
 - ***Aiding a return to activities of daily living.*** Early intervention can ensure people with chronic conditions can become more self-reliant and rely less on health and social care services;
 - ***Staying in or returning to work.*** People whose health conditions are being well-managed are more likely to remain economically active, continue to pay taxes and be less reliant on welfare payments
 - ***Early Intervention is cost effective.*** An investment not a Cost
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2. Work Should be a Clinical Outcome

- Clinicians, employers and individuals too often focus on 'Incapacity' rather than 'Capacity'
 - Work should be regarded as a clinical outcome of care – incentives & care protocols rarely reflect this principle
 - Good Work is Good for Health – can have therapeutic benefits (biopsychosocial model)
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Components of 'Good Work'



3. Health & Productivity

- Labour productivity is an economic priority in most OECD countries – workforce health is a key component but is often ignored by policy makers
 - Between 60-70% of the costs of some chronic illnesses are attributable to sickness absence & lost productivity
 - ‘Presenteeism’ – going to work when unwell – can cost 1.5 times the cost of absence
 - Premature withdrawal from the labour market can diminish productive capacity – a particular challenge with ageing workforces & later retirement
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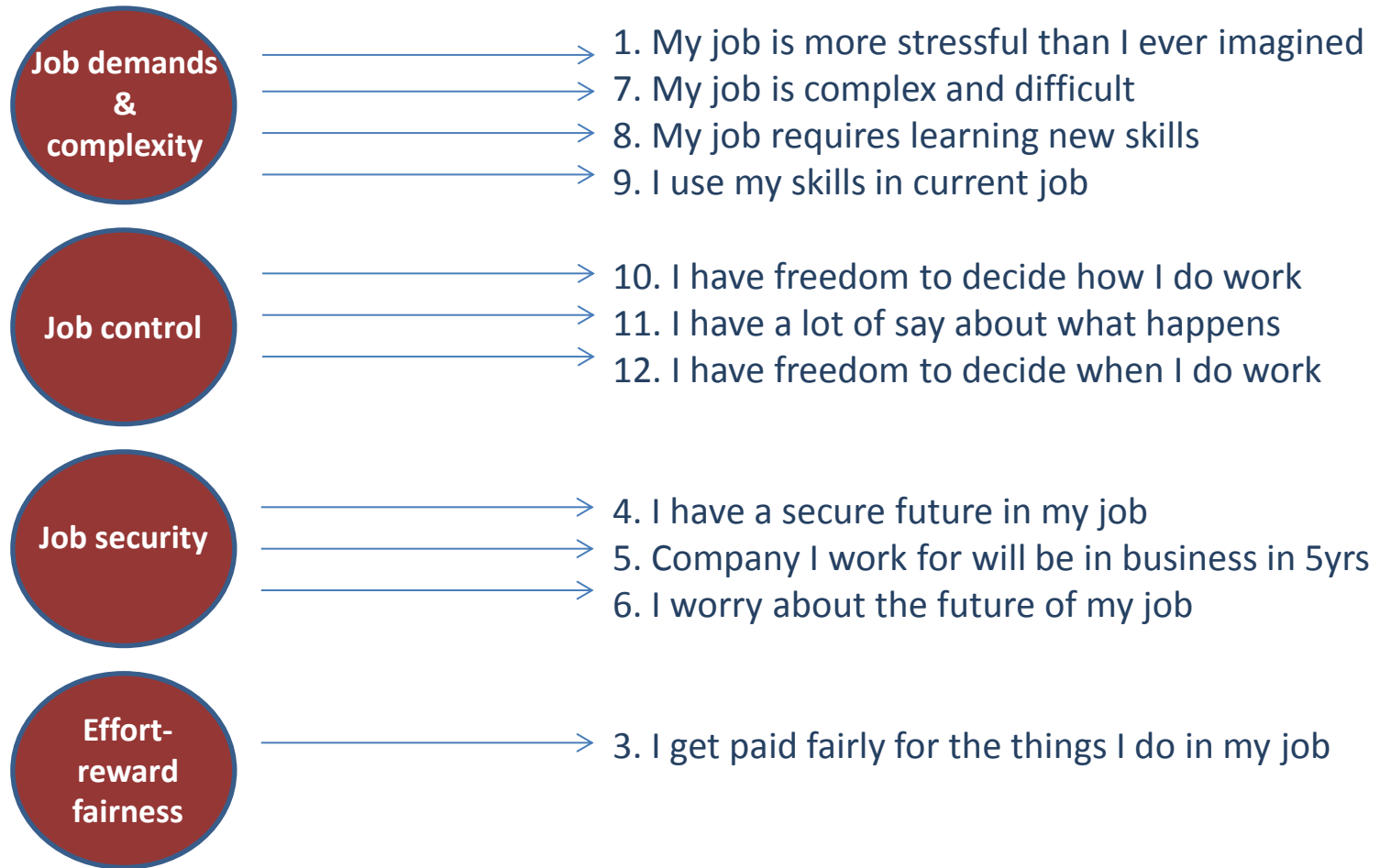
4. Workplace Interventions

- Job retention initiatives
 - Early referral
 - Phased return to work
 - Job Redesign – embedding ‘Good Work’
 - Flexible working
 - Focus on ‘Capacity’ not ‘Incapacity’
 - Self-management at work
 - Awareness of comorbid mental health risks and the impact of fatigue
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A Message From HILDA

- Household, Income and Labour Dynamics in Australia (HILDA) Survey
- Analysis (Butterworth et al, 2011) of seven waves of data from 7,155 respondents of working age (44,019 observations) from a national household panel survey.
- Longitudinal regression models evaluated the concurrent and prospective association between employment circumstances (unemployment and employment in jobs varying in psychosocial job quality) and mental health, assessed by the MHI-5

Psychosocial Job Quality (1)



Psychosocial Job Quality (2)

“As hypothesised, we found that those respondents who were unemployed had significantly poorer mental health than those who were employed. However, the mental health of those who were unemployed was comparable or more often superior to those in jobs of the poorest psychosocial quality.”

Remaining Challenges

- Workforce health as a 'Human Capital Asset'
 - The need to prevent premature work loss
 - Interventions to support independent living
 - Cost effectiveness of early interventions – making the case for investment
 - Joining up the work of Healthcare, Social Insurance & Employers – and placing patients at the centre of their care
 - Every Minister should be a 'Health' Minister
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