

Jennifer Christian is a member of the Stay-at-Work/Return-to-Work Policy Collaborative, a project funded by the Office of Disability Employment Policy (ODEP), U.S. Department of Labor. The following represents her own work. It does not necessarily reflect the views or policies of ODEP, or the views of Mathematica Policy Research.

WORK DISABILITY PREVENTION MANIFESTO

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Preventable job loss demands our attention

- Millions of American workers lose their jobs each year due to injury, illness or a change in a chronic condition.
- Preserving people's ability to function and participate fully in everyday human affairs, including work, is a valuable health care outcome, second only to preserving life, limb, and essential bodily functions.
- A new medical problem that simultaneously threatens one's ability to earn a living creates a life crisis that must be addressed rapidly and wisely. Most people are unprepared for this double-headed predicament. It can overwhelm their coping abilities.
- When medical conditions occur or worsen, especially common ones, most people are able to stay at or return to work without difficulty. However, many prolonged work disability cases covered by private- and public-sector benefits programs began as very common health problems (for example, musculoskeletal pain, depression, and anxiety) but had unexpectedly poor outcomes including job loss.
- Loss of livelihood due to medical problems is a poor health outcome. Worklessness is harmful to people's health, as well as to their family, social, and economic well-being.

Why do such poor outcomes occur?

- Medical conditions by themselves rarely require prolonged work absence, but it can look that way. Both treatment and time off work are sometimes considered benefits to be maximized, rather than tools to be used judiciously.
- Professionals typically involved in these situations (health care providers, employers, and benefits administrators) do not feel responsible for avoiding job loss.
- Unexpectedly poor outcomes are frequently due to a mix of medical and nonmedical factors. Diagnosed conditions are inappropriately treated; others (especially psychiatric conditions) are unacknowledged and untreated. The employer, medical office, and insurance company (if there is one) operate in isolation, with little incentive to collaborate.
- Without the support of a team focused on helping them get their lives back on track, people can get lost in the health care and benefits systems. With every passing day away from work, the odds worsen that they will ever return. After a while, they start to redefine themselves as too sick or disabled to work.
- When people lose their jobs and do not find new ones, they barely get by on disability benefits and are vulnerable to other detrimental effects.

How can we fix this problem?

- [Good scientific evidence exists](#) about how unexpectedly poor outcomes are created, how to avoid them, and how health care and other services can protect jobs.
- Health-related work disruption should be viewed as a life emergency. Productive activity should be a part of treatment regimens.
- When work disruption begins, it can be both effective and cost-beneficial to have a coordinator help the individual, treating physician, and employer communicate and focus everyone's attention on maximizing recovery, restoring function, accommodating irreversible losses, and making plans for how the individual can keep working, return to work, or quickly find a more appropriate job.
- We must urgently establish accountability for work disability and job loss in our workforce, health care, and disability benefits systems and build nationwide capacity to consistently deliver services—just in time, when needed—that help people stay at work or return to work.