

## Arthritis in the workplace: Are employers and employees speaking the same language?

Arthritis Consumer Experts recently awarded the City of Ottawa and Aboriginal Peoples Television Network as part of the third annual search for Canada's Best Workplaces for Employees Living with Arthritis. To mark this milestone, in this edition of JointHealth<sup>TM</sup> insight, we take a look at the current state of arthritis in the workplace.

Many Canadian workers struggle to find the right balance between work, family and personal responsibilities, particularly employees with chronic disease who are becoming an increasingly high proportion of the workforce due to aging, arthritis chief among them. Canadian employers who understand chronic disease, particularly the impact of a disease like arthritis, are implementing adaptations in their work environments to accommodate employees. Based on workplace insights shared by employees and company managers, ACE recognized the City of Ottawa and Aboriginal Peoples Television Network for their arthritis awareness, prevention and benefits practices in the workplace.

For employees living with arthritis, the struggle also involves balancing the demands of managing their disease and of working 'around' symptoms such as daily pain, fatigue, and joint dysfunction/immobility.

Arthritis is the most common cause of work disability in Canada, costing \$13.6 billion per year, according to an estimate of the economic burden of arthritis by Statistics Canada – 1 in 136 workers has rheumatoid arthritis, the most disabling and costly

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type of the disease and that number will double in 30 years. In addition, studies have clearly shown that the cost of being present, but less productive, is higher than the cost of being absent, with a workforce survey showing the cost was four times higher than the cost of missed days from work.

Research by Dr. Diane Lacaille from Arthritis Research Canada has shown that workers with arthritis who have more flexible work arrangements, more autonomy on how they do their job and organize their schedule, and who have received job accommodations, are more productive at work and less likely to become work disabled.

In qualitative studies, workers with arthritis have told researchers that finding a workplace that will support flexible work arrangements is a priority in their job choice, even at the expense of salary or advancement. However, many workers also describe how they experienced a lot of difficulties obtaining job accommodations for more flexible work arrangements, highlighting the need for legislation in support of such arrangements.

Also, research shows that few workers actually request job accommodations, and many people with arthritis (almost half) do not disclose they have arthritis to their employers or co-workers, and prevent themselves from accessing job accommodations, for fear of resentment from co-workers, or of negative repercussions on their career advancement. In other words, they did not want to be "singled out" by requesting a job accommodation.

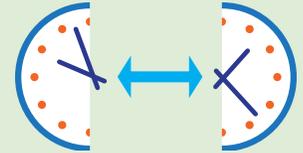
# What kind of flexible work arrangements would help workers with arthritis and why?

**Flex time** allows workers with arthritis to start and finish later, avoiding mornings that are particularly difficult due to increased pain and stiffness



## Split shifts

allow shorter consecutive hours of work, allowing opportunity for rest



## Right to refuse overtime

especially when disease is not well controlled, without fear of being judged as lacking motivation or commitment



## Reduced hours

is a common strategy used by workers with arthritis to remain employed, and partial leave is useful when dealing with flare-ups of arthritis



## Flexible work locations

are important for people with arthritis who get stiff and sore with immobility and find commuting difficult



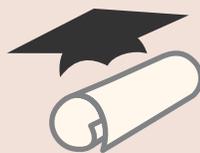
## Short term sick leave

allows people to manage their disease during exacerbation of their arthritis or when dealing with surgeries or other complications



## Educational leave

allows some workers with arthritis to obtain additional training for responsibilities or job types that are better suited to having arthritis



## Rest periods

are particularly relevant to workers with arthritis to restore their energy and maintain their productivity



## An important message for employers

Workers with arthritis would be very receptive to any environment that recognizes their individual needs, makes these types of arrangements available to them for a variety of reasons, and helps reduce workplace stigma.



## Message for employers:

# The “Window of Opportunity”



## Modernizing IA care in Canada

With the growing prevalence of inflammatory arthritis (IA) in the workplace, employers or plan sponsors must have access to and learn from current research information about inflammatory arthritis, treatment options and the impact they can have on employees.

Early referral for diseases such as rheumatoid arthritis (RA) and axial spondyloarthritis (AS) can lead to early diagnosis and treatment with better long-term results helping to decrease pain and swelling, maintain joint structure and function and prevent permanent disability and loss of employment.

Research supports private payer formulary policy that allows for a specialist physician to prescribe the “right medication to the right person at the right time.” Canadian research, in particular, has shown that diagnosing IA early and starting patients on disease modifying anti-rheumatic medications (DMARDs) right away after diagnosis will better control the diseases, help prevent disability and reduce premature deaths. DMARDs are medications used to treat IA and other rheumatic conditions by suppressing the immune system to reduce inflammation and slow disease progression. Studies also show that in treating rheumatoid arthritis, a delay of more than 12 weeks from symptom onset to therapy initiation results in a lower chance of going into remission and an increased chance of progressive joint damage.

## Message for employees:

# Living with Arthritis

When you and your healthcare provider decide on a treatment plan, you are likely to encounter challenges along the way in accessing that care.

In the past decade, private health insurers have rolled out drug plan management programs to manage care and control costs, making it more difficult for employees or plan members to get the right drug for optimal results. Employees have become familiar with “prior authorization” which requires physicians to provide documented justification for a medication before insurers approve coverage. Or “step therapy” which requires plan members to first try – and prove the ineffectiveness of – lower-cost medications before physicians can prescribe higher-cost second- and third-line therapies.

Employees living with arthritis must understand how these processes work so that they are prepared to advocate for themselves when they speak to their private health insurer, company’s Human Resources department and physician, especially if they are denied access to a medication they need and is prescribed by their own physician.

“Our research shows that employees with arthritis who have flexibility in their work arrangements, more control and autonomy related to how they do their job and organize their schedule, and who have received job accommodations if they are needed, are **more productive at work** and less likely to have disruptions to their jobs or ongoing activity limitations,” said Dr. Monique Gignac, Associate Scientific Director and Senior Scientist at the Institute for Work and Health and a Professor at the University of Toronto.

## Arthritis Consumer Experts (ACE)

### Who we are

Arthritis Consumer Experts (ACE) provides research-based education, advocacy training, advocacy leadership and information to Canadians with arthritis. We help empower people living with all forms of arthritis to take control of their disease and to take action in healthcare and research decision making. ACE activities are guided by its members and led by people with arthritis, leading medical professionals and the ACE Advisory Board. To learn more about ACE, visit [www.jointhehealth.org](http://www.jointhehealth.org)

### Guiding Principles

Healthcare is a human right. Those in healthcare, especially those who stand to gain from the ill health of others, have a moral responsibility to examine what they do, its long-term consequences and to ensure that all may benefit. The support of this should be shared by government, citizens, and non-profit and for-profit organizations. This is not only equitable, but is the best means to balance the influence of any specific constituency and a practical necessity. Any profit from our activities is re-invested in our core programs for Canadians with arthritis.

To completely insulate the agenda, the activities, and the judgments of our organization from those of organizations supporting our work, we put forth our abiding principles:

- ACE only requests unrestricted grants from private and public organizations to support its core program.
- ACE employees do not receive equity interest or personal "in-kind" support of any kind from any health-related organization.
- ACE discloses all funding sources in all its activities.
- ACE identifies the source of all materials or documents used.

- ACE develops positions on health policy, products or services in collaboration with arthritis consumers, the academic community and healthcare providers and government free from concern or constraint of other organizations.
- ACE employees do not engage in any personal social activities with supporters.
- ACE does not promote any "brand", product or program on any of its materials or its website, or during any of its educational programs or activities.

### Thanks

ACE thanks Arthritis Research Canada (ARC) for its scientific review of JointHealth™.



### Acknowledgements

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ACE also receives unsolicited donations from its community members (people with arthritis) across Canada.

ACE thanks funders for their support to help the nearly 5 million Canadians living with osteoarthritis, rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis and the many other forms of the disease. ACE assures its members, academic and healthcare professional collaborators, government and the public that the work of ACE is free from influence of its funders.

### Disclaimer

The material contained in this or any other ACE publication is provided for general information only. It should not be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with your individual medical needs. If you have any healthcare related questions or concerns, you should contact your physician. Never disregard medical advice or delay in seeking it because of something you have read in any ACE publication.



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