MUSCULOSKELETAL HEALTH AND WORK

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VERSUS ARTHRITIS

THIS IS A MOVEMENT FRIENDLY PRESENTATION

PLEASE FEEL FREE TO STAND OR STRETCH AT ANY TIME

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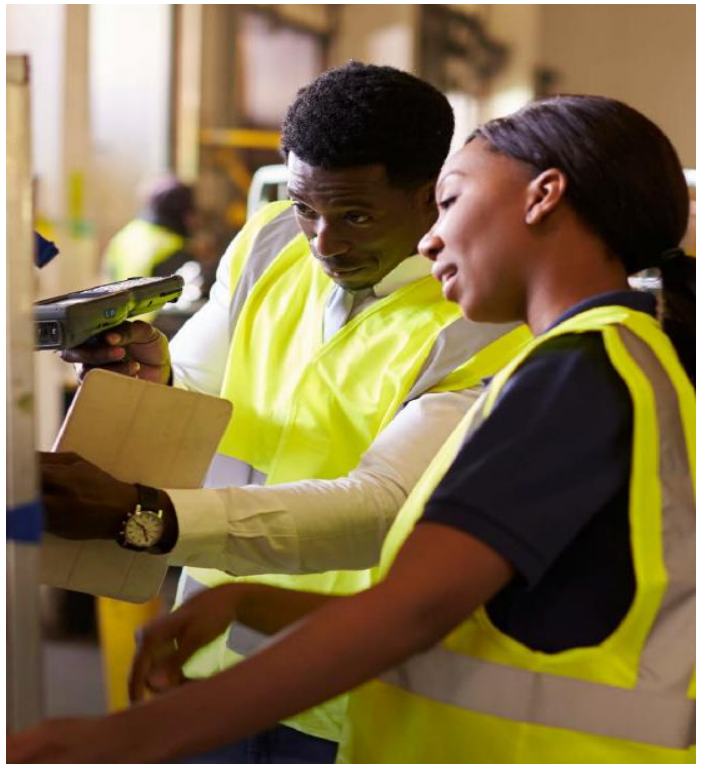
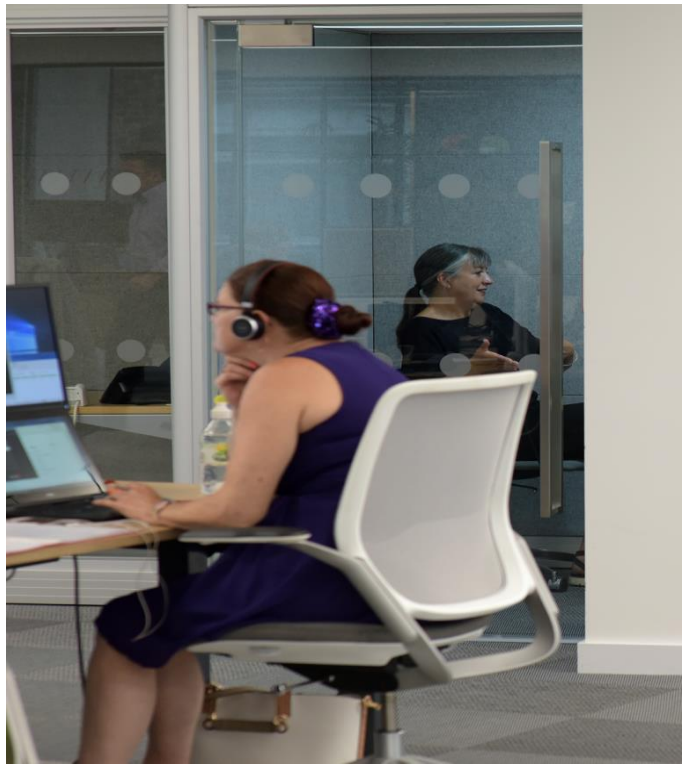
ARTHRITIS AND PUBLIC HEALTH

ARTHRITIS AND WORK



VERSUS ARTHRITIS AS AN EMPLOYER



ARTHRITIS AND PUBLIC HEALTH

Global burden of disease study:

- **Around 30% of the population**
- **22% of total burden of UK morbidity**
- **Low back and neck pain are the leading cause of morbidity**

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THREE GROUPS OF CONDITIONS

INFLAMMATORY CONDITIONS

- e.g. Rheumatoid arthritis
- Autoimmune conditions
- Uncommon (400,000 with rheumatoid arthritis)
- Onset at any age
- Urgent specialist treatment

CONDITIONS OF MUSCULOSKELETAL PAIN

- e.g. Osteoarthritis, back pain
- Very common (10 million with osteoarthritis)
- Prevalence increase with age
- Links to physical inactivity and obesity
- Support self management in primary care; surgery

OSTEOPOROSIS; FRAGILITY FRACTURE

- Painless weak bone; fracture from a standing height fall
- 3 million with osteoporosis; 300,000 fragility fractures p.a.
- Risks include age, nutrition, smoking, alcohol, inactivity
- Primary prevention; fracture treatment

GROWING IMPACT

- Growing, ageing population
- Increasing prevalence of obesity
- Multi-morbidity and frailty
- Rising levels of joint replacement
  242,638 in 2016/7; 21,000 > 2015/6
- Rising biologics spend
  (> £803 million in 2015/6)

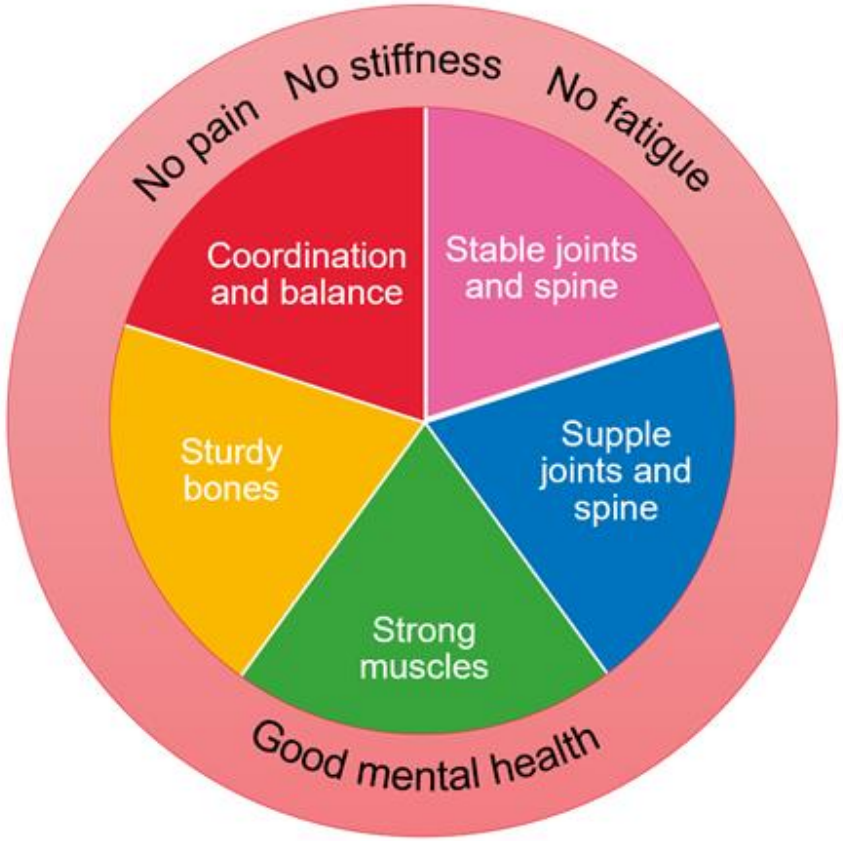
➔ **Have to shift from treating disease to driving prevention through public health**

"Without major changes to the way healthcare is provided, meeting the needs of a growing and ageing population will require hospital activity to increase by a projected ~ 40% over the next 15 years"

(Johnson P et al, The IFS, May 2018)

MUSCULOSKELETAL CONDITIONS: PUBLIC HEALTH APPROACH

- Shift focus from treating the end stages of musculoskeletal disease to promotion of life-long musculoskeletal health
- Everyone, at every age can do something to improve and maintain the health of their muscles, bones and joints
- Promote physical activity and healthy weight



https://www.versusarthritis.org/policy/policy-reports/musculoskeletal-health/

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ARTHRITIS AND WORK

OPPORTUNITY AND CURRENT INEQUALITY

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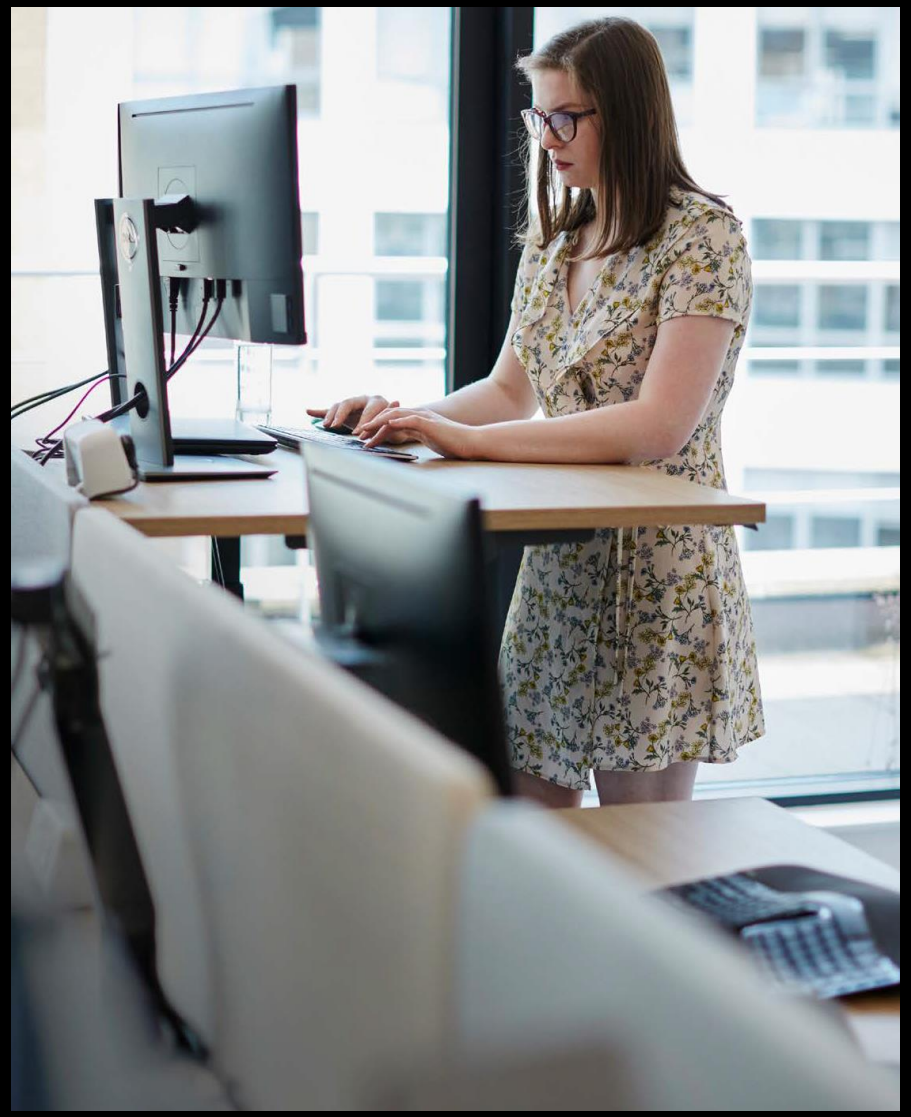
- Almost three-quarters of working age adults are in work and spend on average a third of their waking hours in the workplace
- As well as ensuring workplaces are inclusive of people with health conditions, they are important settings for actively promoting well-being and health, including musculoskeletal health
- Musculoskeletal conditions are the most common conditions in the workforce
- Account for ~ 28.2 million working days lost in the UK each year
- Employment rate only 63% for working age adults with a musculoskeletal condition

GOOD WORK IS GOOD FOR HEALTH

Despite the challenges; many people with arthritis want to work, and thrive at work with the right support



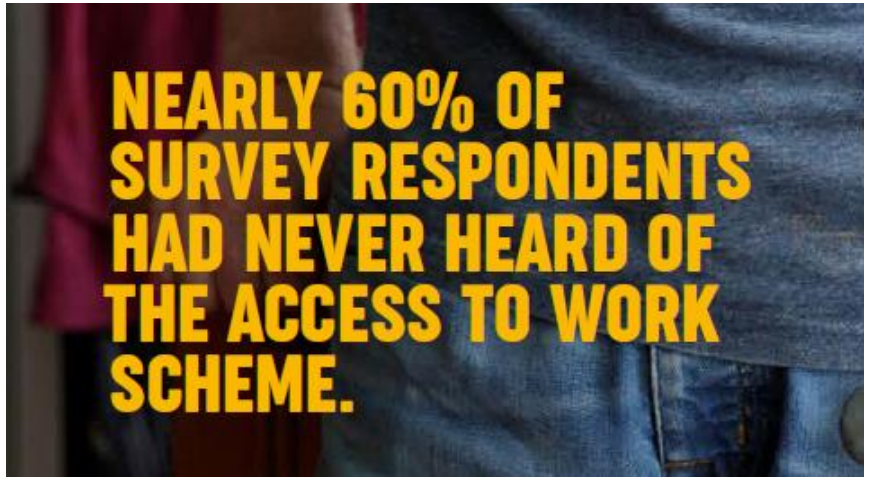
ARTHRITIS AND WORK: EVIDENCE BASE

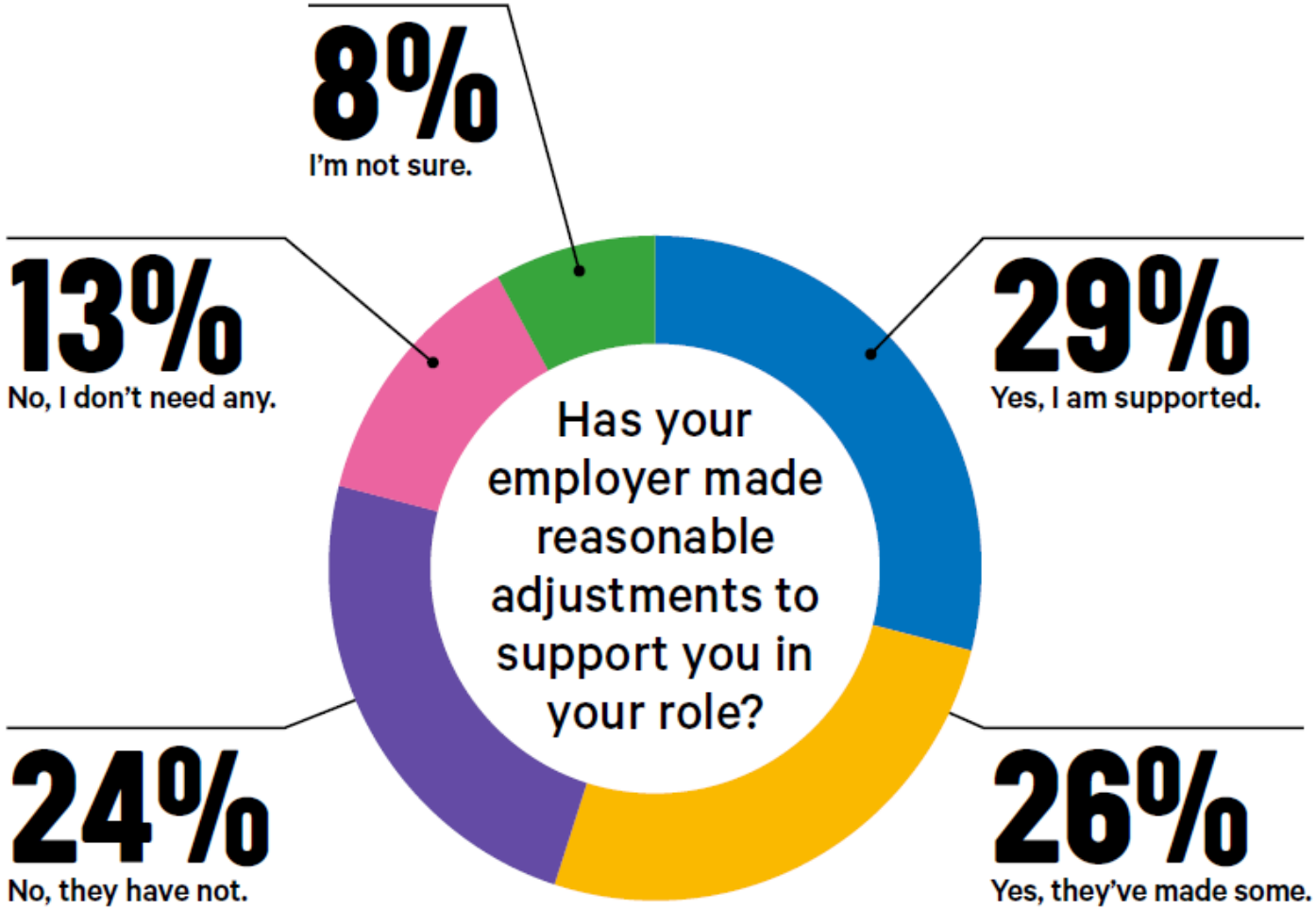
NATIONAL CENTRE OF EXCELLENCE FOR MUSCULOSKELETAL HEALTH AND WORK

- Professor Karen Walker-Bone
- Aims to identify cost-effective ways to minimise the substantial adverse impacts of musculoskeletal disorders in the workplace
- e.g. HEAF Study

ARTHRITIS AND WORK: POLICY

- Focused on reasonable adjustments and the DWP's Access to Work scheme





VERSUS ARTHRITIS AS AN EMPLOYER

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‘FLEX’: DEVELOPED THROUGH EMPLOYEE CONSULTATION AND ONGOING LEARNING

- Understanding our employees’ needs
- A cross-organisation programme to create working environments, spaces and practices that foster and support:
  - Collaboration
  - Flexibility
  - Inclusion
  - Employee health and well-being, particularly musculoskeletal health

WORKSPACE HAS VARIETY AND PROMOTES MOVEMENT

- Lots of choice of seating/standing
- Open-plan paperless desks (including sit-stand, varied screens)
- Collaborative, quiet and private areas
- Centralised facilities
- Fully accessible; contrast walk-ways
- Active travel: showers, bike store

SUPPORTING WELL-BEING

- Built on ‘well building’ standard
- Air filtration; planting
- Light
- Centralised fully accessible kitchen and meeting space
- Wellness studio for activity
- Retreat
- Space for prayer
- My healthspan; health benefits

WORKING FLEX

Development of a culture which supports the 4 Flex principles:

- Where (e.g. from home; use of ICT to support)
- When (core hours 11am - 3pm)
- How (Outcomes focused – trust and autonomy)
- Learning and development – training in Flex ways of working, mental health

Development of protocols, policies and supporting guidance for employees

Commitment to evaluation and ongoing development

Flex review (2018):

- ✓ 86% said that Flex has made a positive difference to their working lives
- ✓ 68% believe they have become more productive
- ✓ 79% agree that Flex is making us a more inclusive organization

PUBLIC HEALTH
PREVENTION
RESEARCH
POLICY
ACCESS TO WORK
WORKSPACES
FLEXIBLE WORKING
INCLUSION
VERSUS ARTHRITIS

With thanks to Benjamin Ellis; Karen Walker-Bone; Cherry White & colleagues

For more information please visit our website versusarthritis.org

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