The Contribution of New Onset Chronic Disease to Patterns of Work Absence

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Key Findings and Policy Implications

This paper examines the relationship between work absenteeism and the onset of six chronic conditions: hypertension, arthritis, diabetes, incident heart disease, asthma/COPD, and depression. It uses data from a large manufacturing company over the years 2003 to 2008, and links payroll data to health claims data for 4000 workers at eight plants. The paper finds that:

- New diagnoses of some chronic diseases increase work absenteeism. After a new diagnosis of Asthma/COPD overall absences increase the most, about 0.9% or 2.4 shifts/year, followed by a new diagnosis of depression, about 0.7% or 1.8 shifts/year, followed by a new diagnosis of arthritis, about 0.64% or 1.6 shifts/year, and IHD, about 0.56% or 1.4 shifts/year. We do not find any evidence that rates of absenteeism increase after a diagnosis of hypertension or diabetes.

- The timing and persistence of absenteeism varies by condition. For depression, there is a marked increase in absenteeism both before and after the diagnosis. For asthma/COPD, absences increase in the month prior to a new diagnosis, remain elevated in the month of the diagnosis, and then returns to previous levels. For arthritis there is an increase in absenteeism in the month of a new diagnosis and the first month after. A new diagnosis of IHD leads to a sharp spike in absenteeism in the month of the event and the next two but then returns to previous levels. Depression. New diagnoses of hypertension and diabetes lead to very small (and not statistically significant) increases in absenteeism in the month of diagnosis only.

The policy importance of the study is in better understanding the early patterns of health decline that may ultimately deteriorate to work departure and SSDI enrollment. The focus of this study is on the initial diagnosis of a chronic condition, and how it affects worker absenteeism in the earliest period surrounding the diagnosis.

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