

# RESEARCH BRIEF

## Return-to-Activity Durations Over Time

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## Are Durations Changing Over Time?

Return-to-work (RTW) durations are an important benchmark in an employee's leave process that reflect more than just recovery time. They also represent the timeliness and effectiveness of healthcare, workplace expectations and accommodations, societal barriers and conditions, and more. Leave requests are on the rise overall, with 57% of organizations reporting that more workers requested extended periods of time off in 2024 than in previous years [1]. In particular, the number of mental health-related leaves of absence has increased 300% since 2017 [2]. In the first quarter of 2024, more Americans took leaves of absence for mental health reasons than for accidents, cancer, heart disease, and heart attacks combined [2].

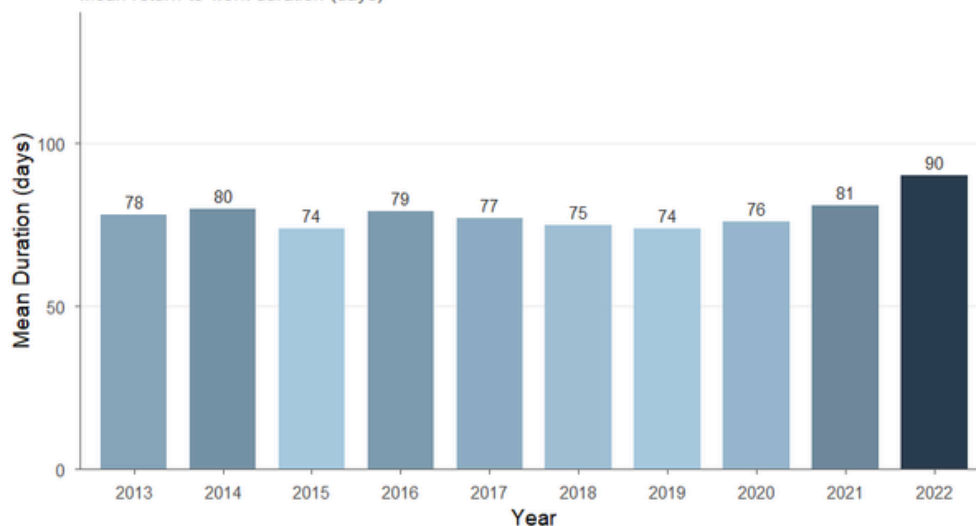
There may have been more leave requests, but have the lengths of those absences grown? To find out, we looked at condition means using Alight's dataset of 26 million claims from 2013 to 2022 to see how they changed over time.

### Mental health conditions

Mental health has been a hot topic in the workplace as awareness and treatment of mental health conditions has increased. Younger generations of employees often prioritize their mental health over work and are more likely to take "mental health days" off than their older counterparts [3]. However, does this translate to increased mean durations for serious mental health conditions? We examined major depressive disorder (MDD), single episode (mild); MDD, recurrent (moderate); and MDD, recurrent (severe). For single episode MDD, there was no significant trend: durations changed from year to year by as much as 8 days, but they did so both positively and negatively during the studied decade. The duration of recurrent MDD episodes, both moderate and severe, declined steadily from 2013 to 2019, then rose between 2020 and 2022, returning to approximately the same level as in 2013. These trends remain somewhat similar for generalized anxiety disorder (GAD), where rates trended slightly downward from 2013 to 2019 but then steadily increased from 2020 to 2022, ending with a duration 10 days longer than a decade prior.

#### Mean Duration Over Time: Generalized Anxiety

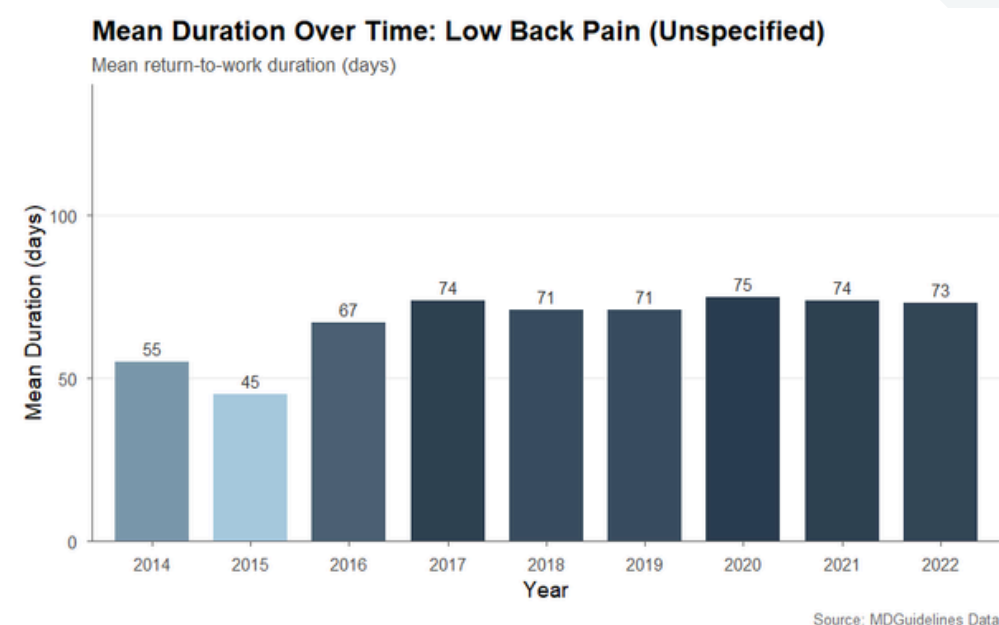
Mean return-to-work duration (days)



Source: MDGuidelines Data

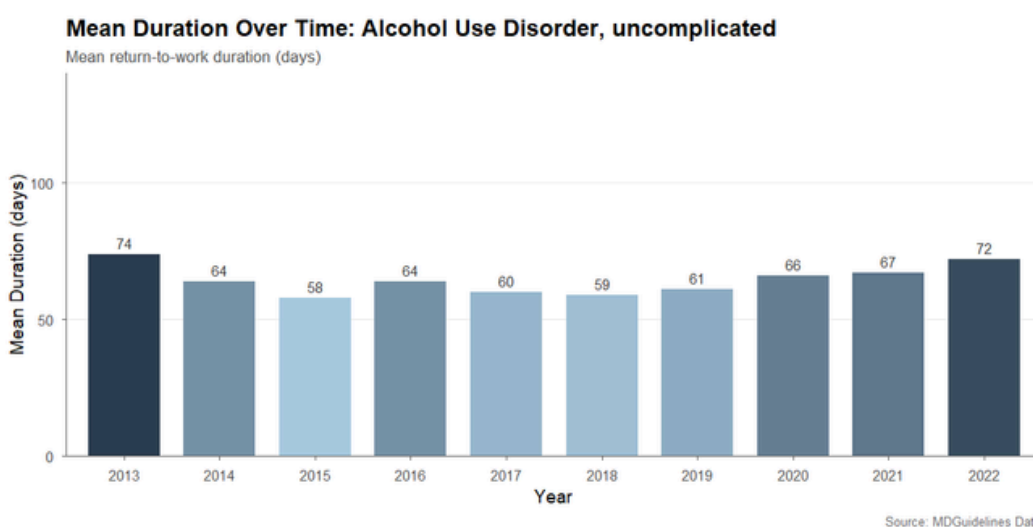
## Musculoskeletal conditions

We also wanted to determine if there were changes in common conditions such as low back pain, knee osteoarthritis, and shoulder arthroscopy. These conditions are some of the most common reasons for short-term disability and leaves of absence. For low back pain, durations decreased between 2014 and 2016, but from 2017 to 2022, rates remained relatively stable, and leave durations stayed between 71 and 74 days throughout this period. Knee osteoarthritis had a high level of variability across the years studied, but not much of a trend: leaves for knee osteoarthritis ranged from 84 to 101 days, with a low occurring in 2019. Shoulder arthroscopy rates decreased from 2013 to 2019, before increasing from 2020 to 2022 with a durations that were 6 days longer than 2013.



## Other trends: Alcohol Use Disorder, Breast Cancer, Inguinal Hernia

Alcohol use disorder, which had relatively stagnant mean durations, had increased durations from 2020 to 2022, though still 2 days less than its duration in 2013 (table below). Breast cancer durations decreased from 2017 to 2019 before rising from 2020 to 2022, with leaves that were more than 5 days longer than in 2013. Unilateral inguinal hernia had a different trend, with increased durations from 2015 to 2022 that rose from 34 days to 42 days.



## Possible Explanations & Takeaways

Overall, many condition durations trended downward until 2019 before rising from 2020 to 2022, likely related to the COVID-19 pandemic. The pandemic brought about the emergence of remote work and flexible working options but also triggered an increase in prevalence of mental health diagnoses, a lack of timely access to healthcare, and worsened health outcomes [4]. Not only is the overall population of the United States aging, but people are not retiring as frequently or as early as previous generations due to an increase in mandated retirement age for full social security benefits, rising housing costs, and other socioeconomic issues for aging populations. In 2010, the percentage of the population aged 65 years or older was 13.1%. In 2023, that share was 17.7%, and by 2030 this cohort could reach 20.6% [5]. This has been a longtime concern, as the median age in the US increased from 30.0 years in 1980 to 38.9 years in 2022 [4]. Yet older generations are not necessarily leaving the workforce, which may result in worsened health outcomes and longer durations. In 2022, 24% of men and 15% of women aged 65 or older were still in the labor force. This is estimated to increase to 25% of men and 17% of women by 2032, which may impact leave requests [6]. Aging is a significant yet unavoidable component in many medical conditions, and 93% of Americans over the age of 65 report at least one chronic health condition [7].

There have been significant changes to employment rates and health insurance coverage from 2013 to 2022. In 2013, 13.3% of the population lacked health insurance. In 2023, only 8.0% of the population lacked health insurance [8]. Since insurance is often tied to employment status, a drop in unemployment (ranging from 6.7% to 8.0% in 2013 and ranging from 3.5% to 3.9% in 2023) likely assisted in the rise in insurance coverage [9]. One of the more notable changes during this period was the introduction of the Affordable Care Act (ACA). The ACA transformed many aspects of health insurance, including prohibiting discrimination against pre-existing conditions, expanding Medicaid, eliminating annual limits, and introducing tax credits [10]. Additionally, individual states began funding medical leaves of absence, some in response to the COVID-19 pandemic. Since 2013, thirteen states plus the District of Columbia passed new paid family and medical leave laws, ranging from 6 to 30 weeks of personal medical leave, with some states even providing job protection [11].

Our analysis shows that while return-to-work durations fluctuate slightly from year to year, the overall patterns for common conditions remain relatively stable over the decade. While certain condition categories -- such as mental health disorders -- have seen an increase in the number of leave requests, the trend has not led to significant changes in average return-to-work durations. The long-term effects of the COVID-19 pandemic and the evolving nature of modern work remain uncertain. We have already observed some increases in return-to-work durations since the pandemic, so these trends warrant close monitoring over time. RTW durations are influenced by the complex interplay of medical, social, political, and occupational factors continually evolve. Employers and physicians should therefore rely on evidence-based, data-driven guidelines to stay informed about these changes and their impact on RTW durations.

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