



Help Yourself to Statistics

Purpose of this Document

As a professional working in Vocational Rehabilitation, an instructor teaching our new recruits or a principle of a business associated with the field, you are potentially called upon to develop business cases, market analysis, labour market surveys, competitive proposals, curriculum or other such documents that require defensible data to support your argument. As an additional membership service and benefit, CAVEWAS has created this tool for you to access as a “one stop shop” for the information you need.

The details range from general to specific and cover several forms of impairment. The source of the information is identified. The document will be updated as new information is available and / or as new requests for statistics arrive from members through info@cavewas.com. If you do not see what you need, please let us know so we can complete the research and add it here for others to benefit as well. Likewise, if you have statistics we can add, please contact us.

General Statistics

[\(http://makesafetyahabit.com/\)](http://makesafetyahabit.com/)

- Over 1 billion people worldwide live with some form of disability or impairment.
- 1 in 7 individuals in Canada have a disability / 1 in 5 by 2030.
- The prevalence of disability increases with age, with the average age of onset being in the early 40s.
- Employment rate of Canadians aged 25 to 64 with disabilities was 49% in 2011, compared with 79% of Canadians without a disability (Statistics Canada 2012).

- Over 25% of employed Canadians with disabilities report that their employer is not aware of it.
- 4.4 million Canadians living in households reported having an activity limitation (Statistics Canada 2012).
- Close to 1/2 of the working-age people with disabilities are employed and over ¾ of them are working full time. Individuals with disabilities can work.
- Nearly 1/3 of Canadians with disabilities not working potentially could work.
- 1 worker in 15 is injured on the job each year in Canada costing on average 9.5 days per worker.
- In 2011 in Canada, each full-time employee lost an average of 7.7 days due to personal illness. This is equivalent to 105 million work days for all full-time employees.
- Canadian employers pay between \$10 to \$20 billion each year in disability associated costs.
- Employers pay on average 5.6% of payroll for short term, long term and compensation costs
- Employers pay up to an additional 12% of payroll for indirect costs associated with disability such as recruiting and training replacement workers, reduced productivity due to inexperience, overtime pay, reduced quality, etc.
- Studies show that less than 25% of employees with disabilities need workplace accommodations, and about 70% of those accommodations cost less than \$500 per employee.
- 93% of the 902 workplace fatalities are male.
- Every year in the United States, more than 5,000 people die from job-related injuries and tens of thousands more die from occupational disease.
- Transportation incidents are the number one cause of on-the-job deaths.

Other Calculations Associated with Employer Costs

(Mathematica Center for Studying Disability Policy / Assessing the Costs and Benefits of Return to Work Programs, March 2015, in US dollars)

- Median time for Return to Work with employers without a Return to Work program is 40 weeks compared to 21 weeks for those employers with a program.
- The time to fill a position is, on average, 29 calendar days for organizations with less than 1000 employees and 43 calendar days for larger employers.

- 4.3% of productivity is lost due to absenteeism and 12% is lost due to presenteeism.
- The median one-time cost for accommodations among employers in 2013 dollars was \$534. The one-time cost per worker is equivalent to \$192. 58% of employers report that accommodations cost them nothing.
- An estimate of costs for Human Resources per Return to Work case is \$4,823.
- The average cost of recruiting for organizations with less than 1000 employees is \$3,079. For larger employers, it is \$4,285.
- The cost of training new employees is estimated at \$2,585.
- An estimated average award for legal costs associated with not accommodating workers is \$167,000 with defense costs of more than \$40,000.
- Studies of Return to Work programs demonstrated a direct cost reduction of between 8% and 90%. These studies did not consider indirect benefits so cost savings are underestimated.
- Worker turnover can cost an employer 50% to 200% of salary per employee.

Vision Loss and Blindness

(World Health Organization / CNIB)

- There are 285 million visually impaired individuals worldwide.
- 39 million of those are blind.
- 246 million have low vision.
- 82% of those with visual impairments are over 50 years of age.
- 80% of vision loss can be prevented or cured.
- There are more than 5.5 million Canadians with a major eye disease that could cause vision loss.
- Age-related Macular Degeneration is the leading cause of severe vision loss in the developed world. It affects an estimated 1.4 million Canadians.
- Other major causes of vision loss include diabetic retinopathy, glaucoma, cataracts and refractive error.
- Approximately half a million Canadians are estimated to be living with significant vision loss that impacts their quality of life, and every year more

than 50,000 Canadians will lose their sight. This figure includes people who have no sight from birth, people who are legally blind, as well as people with less significant vision loss.

- Only one-third of Canadian working-age adults with vision loss are employed.
- Older people with vision loss (60+) are three times more likely than those with good vision to experience clinical depression.
- Approximately half of Canadian working-age adults with vision loss are struggling to make ends meet on \$20,000 a year or less.
- People with vision loss are at greater risk of social isolation and reduced community participation.
- The prevalence of vision loss in Canada is expected to increase nearly 30 per cent in the next decade.
- Meanwhile, a severe capacity shortage in ophthalmology is predicted, with older doctors retiring and there being an insufficient number of new graduates to meet the increasing demand of the aging population.
- Vision loss by province / territory:

Ontario: 186,954

Quebec: 109,560

British Columbia: 64,546

Alberta: 52,899

Manitoba: 17,244

Saskatchewan: 14,256

Nova Scotia: 12,946

New Brunswick: 10,308

Newfoundland and Labrador: 6,865

Prince Edward Island: 1,982

Northwest Territories: 605

Yukon Territory: 465

Nunavut: 453.

Mental Health

(Mental Health Commission of Canada / Not Myself Today Website)

- 1 in 5 people in Canada lives with a mental illness each year.
- People in their prime working years are the hardest hit by mental health problems.

- Mental health issues account for approximately 30% of short/long-term disability claims and are rated as one of the top three drivers of such claims by 80%+ of Canadian employers.
- About 21.4% of the working population in Canada currently experience mental health problems and illnesses, which can affect their productivity.
- 1 in 3 workplace disability claims are related to mental illness.
- 3 in 4 short-term disability claims in Canada are related to Mental Health.
- \$51 Billion is the cost of mental illness to the Canadian economy.
- \$20 Billion is directly related to lost productivity.
- Every day over 500,000 Canadians are off work due to mental health.
- 44% of workers say they have a mental health issue / illness.
- With 500,00 people missing work any given week due to mental illness, the mental health of employees can no longer be ignored.
- Only 23% of workers would talk about their mental illness with their employer.
- Stress-related absences cost employers about \$3.5 billion each year.

Traumatic Brain Injury including Concussions

(Brain Injury Canada)

- About 50% of all acquired brain injuries in Canada come from falls and motor vehicle accidents.
- Think First reports that thirty per cent of all traumatic brain injuries are sustained by children and youth, many of them while participating in sports and recreational activities.
- The incidence and prevalence of brain injury outnumbers breast cancer, spinal cord injury, multiple sclerosis and HIV/AIDs – combined.
- Traumatic Brain Injury occurs in 500 out of 100,000 individuals yearly in Canada with 18,000 alone in Ontario and every day there are 35 persons admitted to hospital.
- 160,000 Canadians sustain brain injuries each year. Incidence (and reporting rates) are rising.
- Over 5,000 children in Canada will be seriously injured.
- Every year in Canada, over 11,000 people die of a Traumatic Brain Injury.
- Each year over 6,000 become permanently disabled after a traumatic brain injury.

- Acquired brain injury is the leading cause of death and disability for Canadians under the age 35.
- Within the next hour, 6 Canadians will suffer a brain injury.
- An estimated 1.3 million Canadians are living with an acquired brain injury.
- Close to 500,000 people in Ontario are living with an acquired brain injury.
- 1 in 10 people will know someone who will suffer a brain injury this year.
- About 3,000 of these will be left with physical cognitive/and or behavioural consequences severe enough to prevent them from returning to pre-injury lifestyles.
- 465 people suffer a brain injury daily in Canada, this amounts to one person injured every 3 minutes.
- The highest incidence of traumatic brain injury are men aged 16-24. Men experience brain injury twice as often than female.
- TBI is the greatest killer under the age of 45, the greatest disabler under the age 44 and kills more children under the age 20 than any other causes combined.
- 85% of all cyclists' deaths in Canada involve a brain injury.
- 1 in 5 sport related injuries are head injuries (concussions).
- TBI occurs at a rate of 100 times of spinal cord injury.
- When injury due to stroke or other non-traumatic causes is included, close to 4% of the population of Canada live with a brain injury.

Concussions Specifically

(Sports Concussion Institute)

- Center for Disease Control and Prevention estimates that 1.6 million to 3.8 million concussions occur each year.
- 5-10% of athletes will experience a concussion in any given sport season.
- Fewer than 10% of sport related concussions involve a Loss of Consciousness (e.g., blacking out, seeing stars, etc.).
- Football is the most common sport with concussion risk for males (75% chance for concussion).
- Soccer is the most common sport with concussion risk for females (50% chance for concussion).
- 78% of concussions occur during games (as opposed to practices).

- Some studies suggest that females are twice as likely to sustain a concussion as males.
- Headache (85%) and Dizziness (70-80%) are most commonly reported symptoms immediately following concussions for injured athletes.
- Estimated 47% of athletes do not report feeling any symptoms after a concussive blow.
- A professional football player will receive an estimated 900 to 1500 blows to the head during a season.
- Impact speed of a professional boxer's punch: 20mph.
- Impact speed of a football player tackling a stationary player: 25mph.
- Impact speed of a soccer ball being headed by a player: 70mph.
- The number of concussions occurring annually is on the rise.
- Most concussions will last only a short time (less than 2 weeks).

Stroke

swostroke.ca/prevention / Saeki S: *Disability management after stroke: Its medical aspects for workplace accommodation. Disability and Rehabilitation, 2000; 22: 578-582* / **Ontario Stroke Network**)

- Stroke is the leading cause of adult disability in Canada and the third leading cause of death. Every year, nearly 14,000 Canadians die from stroke.
- Every year in Canada, there are over 50,000 new strokes—that's one stroke every 10 minutes.
- About 426,000 Canadians are living with the effects of stroke.
- Canadians spend a total of three million days in hospital because of stroke every year.
- Stroke costs the Canadian economy more than \$3.6 billion a year in physician services, hospital costs, lost wages, and decrease productivity.
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- Stroke costs the Canadian economy more than \$3.6 billion a year in physician services, hospital costs, lost wages, and decrease productivity.
- There are over 21,000 people in Ontario who experience a stroke each year.
- Approximately 25% of stroke survivors are under the age of 65.
- Return to work rates after stroke are as low as 7%.
- Up to 80% of strokes are preventable.
- 90% of Canadians have at least one stroke risk factor.
- Most stroke risk factors are modifiable and within an individual's control.
- Atrial fibrillation increases the risk of stroke by 5x.
- Smoking increases the risk of stroke by 4x.
- The risk of stroke doubles every 10 years for those aged 55 and older.
- Stroke can occur at any age.
- Canadians of First Nations/Aboriginal peoples and Canadians of African, Hispanic and South Asian descent have higher rates of high blood pressure and diabetes, which are conditions that can lead to stroke.
- Your risk is higher if your immediate family members (grandparents, parents or siblings) had a stroke before they were 65.
- Up to a third of people who survive a first stroke or mini-stroke (TIA) have another stroke within 5 years. A stroke survivor has a 20 per cent chance of having another stroke within two years.

Pain Management

(Pain Resource Centre / Canadian Pain Coalition – CPC)

- 1 in 5 Canadians have under managed pain conditions.
- \$62 billion per year is spent by Canada in lost productivity and health care costs for individuals with pain conditions.
- \$17,000 is the average lost wages and out of pocket costs that an individual may experience in a lifetime due to pain.
- 30% of workers have some form of pain that impacts their ability to work.
- On average, a worker may miss 8 workdays per year due to pain.

- One in five Canadians suffer from chronic pain, children are not spared and the prevalence increases with age (Moulin, Clark et al. 2002; Schopflocher, Jovey et al. 2010).
- Many cancer and HIV survivors have greater quantity of life but unfortunately a poor quality of life due to chronic pain conditions caused by the disease or the treatments that cause irreversible damage to nerves (Levy, Chwistek et al. 2008; Phillips, Cherry et al. 2010).
- Chronic pain is associated with the worst quality of life as compared with other chronic diseases such as chronic lung or heart disease (Schopflocher, Jovey et al. 2010).
- Chronic pain costs more than cancer, heart disease and HIV combined. Estimates place direct health care costs for Canada to be more than \$6 billion per year and productivity costs related to job loss and sick days at \$37 billion per year (Phillips and Schopflocher 2008; Schopflocher, Jovey et al. 2010).
- There is double the risk of suicide as compared with people without chronic pain (Tang and Crane 2006).

Musculoskeletal Injuries

(The Work Foundation. Fit For Work? Musculoskeletal Disorders and the Canadian Labour Market. Robin McGee, Stephen Bevan, Tatiana Quadrello)

- Soft tissue injuries make up approximately 44% of workers' compensation claims and 30% of non-occupational injuries in Canada.
- Most back pain sufferers return to normal activities in one to three months. 5% to 10% develop a long-term disability.
- A worker typically requires 4 to 6 weeks of increasing work time and work load before resuming normal duties.
- MSD was the costliest disease group for Canadian women and third most costly disease group for Canadian men in 1998 – representing over \$16 billion.
- Using 2005 prices, MSDs cost Canada over \$20.6 billion.
- Occupations in Canada with higher than average rates of MSDs include sales or service, trades, transport or equipment operating, farming, forestry, fishing or mining, processing, manufacturing or utilities.
- One in eight Canadians reported having a chronic back problem and most Canadians report back pain at some point in their lifetime.

- One in 10 Canadians were limited from their normal activities due to a repetitive strain injury (RSI), and the highest prevalence of RSIs is among the 30 to 49 age group.
- Arthritis and other rheumatic conditions affect almost four million Canadians and three out of five people with arthritis are younger than 65 years of age.
- About 215,000 people in Canada have Rheumatoid Arthritis.
- Arthritis associated lost productivity amounted to an average of \$11,553 per person per year with over 40 per cent of this loss resulting from reduced performance while at work. Decreased hours of work and absenteeism accounted for just 12 per cent and 10 per cent of lost productivity, respectively. In total, the costs associated with RA were \$12,352 per worker per year.
- The Arthritis Society (2007a) estimates that between 150,000 and 300,000 Canadians have Ankylosing Spondylitis. The mean annual cost of ankylosing spondylitis per patient is just over \$9,000.

Carpal Tunnel Syndrome

(Stats Canada / Advanced Healthcare)

- Affects 1% of the general population and 5% of the working population.
- Accounts for the highest number of days lost among all work-related injuries.
- Almost half the cases result in 31 days or more off work each.
- It is the number 1 reported medical problem, accounting for about 50% of all work-related injuries.
- Only 23% of carpal tunnel syndrome patients returned to their previous jobs following surgery.
- Repetitive motion, such as grasping tools, scanning groceries, and typing, resulted in the longest absences from work among the leading events and exposures in 2002—a median of 23 days.
- Carpal tunnel syndrome (CTS) is the most expensive of all work-related injuries and can affect anyone.
- CTS has become the most significant medical problem affecting workers at the turn of the century, accounting for nearly 60% of work related injuries.
- Over his or her lifetime, a carpal tunnel patient loses about \$30,000 in medical bills and time absent from work.

- CTS can be painful and debilitating, but early carpal tunnel treatment can lead to a quicker recovery.
- CTS typically occurs in adults, with women aged between 40 and 55 years old being 3 times more likely to develop it than men.
- The dominant hand is usually affected first, and the pain is typically severe.
- CTS is especially common in assembly-line workers in manufacturing, sewing, finishing, cleaning, meatpacking, and similar industries. Also, people who perform repetitive motions with the hands such as typists, checkout staff, hairdressers, weightlifters, carpenters and mechanics, and those operating machinery producing vibration may also be affected.

Insomnia

(Stats Canada / Canadian Sleep Society)

- Sleep is something we all need. One third of our lives is spent sleeping. When we don't get enough sleep, our productivity and behaviour are affected. This impacts the quality of work we do, and the quality of our family and personal life at home. It affects our ability to get along and network with others, which is considerably diminished if we are "grouchy" from lack of sleep.
- Sleep also plays an important role in our personal health. Lack of sleep is associated with increased risk of heart disease, stroke, diabetes, obesity and depression.
- Insomnia is a significant and costly public health problem. It is among the most frequent complaints in primary-care medicine. Persistent insomnia represents an important health burden for the individual and for society at large, as evidenced by its adverse impact on quality of life, occupational functioning, and psychological and mental health.
- Despite its negative consequences, insomnia often remains unrecognized and untreated due to important barriers to assessment and management.
- About 30% to 40% of adults will experience insomnia in any given year.
- An estimated 3.3 million Canadians aged 15 or older, or about one in every seven, have problems going to sleep or staying asleep. Just under one-fifth (18%) of these people average less than five hours of sleep a night.
- Public awareness of the significant consequences of working fatigue is very low.
- Chronic sleep deprivation and daytime fatigue are risk factors for other serious health conditions (such as obesity, diabetes, cardiovascular

problems, depression and aggression) that can also contribute to unsafe workplaces.

- Fatigue and sleep deprivation leads to decreased insight, poor problem solving and increased risk taking, all factors contributing to unsafe workplaces. (<http://www.otfatiguesaot.info>)
- 1 in 4 people call in sick to catch up on sleep. In a year, the average employee loses 11 days of productivity to insomnia. (The Toronto Sun)
- 40% of Canadians have sleep disorders. Insomnia, sleepwalking, sleep talking, nightmares, sleep apnea, and bruxism (teeth grinding) are top of the list. (The Youthdale Series)
- 59% of Canadians aren't getting enough sleep. That's well over 15 million people. (Canadian Sleep Review 2016)

Sickness Absence

(www.benefitscanada.com/ *Stats Can / Labour Force Survey*)

- Work time lost for personal reasons increased from the equivalent of 8.5 days per worker in 2001 to 9.3 days in 2011.
- In 2011, excluding women on maternity leave, an estimated 8.1% of full-time employees missed some work each week for personal reasons: 5.9% for own illness or disability and 2.2% for personal or family responsibilities. Full-time employees lost 3.7% of their work time each week.
- On average, each full-time employee lost 9.3 days in 2011 for personal reasons (7.7 for own illness or disability plus 1.6 for personal or family demands). This amounted to an estimated 105 million work days for all full-time employees.
- Men lost fewer days than women—7.7 (6.4 for illness or disability plus 1.4 for personal or family demands) versus 11.4 (9.4 plus 2.0).
- Work absence rates differ by sector (public or private) and industry, with almost all the difference arising from illness and disability absences. Contributing factors include the nature and demands of the job, the male–female composition of the workforce, and union density—the last being a strong determinant of the presence of paid sick or family leave.
- Full-time employees in the public sector (more likely unionized or female) lost more work time (12.9 days) in 2011 for personal reasons than their private-sector counterparts (8.2 days).

- At the major (2-digit) industry level, the most work days were missed by employees in health care and social assistance (14.0 days), public administration (12.8) and transportation and warehousing (12.3).
- The lowest averages were recorded by full-time workers in professional, scientific and technical services (5.8), other services (except public administration) (6.5) and primary industries (7.2).
- Full-time workers who belonged to unions or were covered by collective agreements missed more work days on average in 2011 for personal reasons than their non-unionized counterparts (13.2 versus 7.5).
- Workers with permanent jobs (more likely to be unionized) lost more work days (9.6) than those whose jobs were not permanent (7.0).
- Days lost tended to rise with workplace size, increasing from a low of 7.5 in workplaces with less than 20 employees (firms more likely to have low union rates) to 11.1 in workplaces with more than 500 employees (firms likely to have high union rates).
- Days lost tended to rise with job tenure, with almost all differences arising from illness and disability. Employees with tenure of up to 1 year lost 6.2 days, while those with over 14 years lost 11.7 days (the latter group was also likely older).
- Work days missed because of illness or disability tended to rise with age, from an average of 5.1 days for youth (15 to 19) to 11.5 for full-time employees age 55 to 64.
- Absenteeism cost the Canadian economy more than \$16 billion in 2015
- In 2011-12, absenteeism costs equated to an average of 2.4% of gross payroll

General Findings

(Gowan Consulting Newsletter, March 1, 2016)

- Musculoskeletal disorders and mental health continue to be priorities.
- Working is healthy.
- Early intervention continues to be cost effective.
- RTW and accommodation are key to dealing with the gaps but there is a need for work demands and psychosocial accommodation strategies.
- Legal changes continue to promote accessibility, accommodation, mental health, respect of family and harassment reduction in the workplace.