Addiction and Mental Health in Alberta’s Construction Industry

Summary Report

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Introduction

Statistics Canada reported that 33% of trades helpers and labourers report poor mental health (Marchand, 2007); presumably, some employees turn to substance use to cope with the stress.

Direct and indirect costs related to mental illness, stress, and substance abuse are substantial:

- Psychological conditions, including stress and depression, are the leading cause of both short-term and long-term disability claims (Watson Wyatt, 2007).
- The annual cost of work time lost to stress is $12 billion (Health Canada, 2002).
- In 2002, substance abuse accounted for $24.3 billion in productivity losses and $8.8 billion in health care costs in Canada (Rehm et al., 2006).
- Mental health issues account for 30% of disability claims in the workplace, which translates into $15 to $33 billion annually in Canada (Sroujian, 2003).

Recognizing the importance of mental health in the workplace, the former Alberta Mental Health Board, now Alberta Health Services, formed a committee with representatives across Alberta’s construction industry to look at addiction and mental health concerns among construction workers. A project was started to help the committee understand the issues affecting employees and their families, which will help employers respond more efficiently and effectively to their employees’ needs.

The project had four goals:

1. to gain a better understanding of the construction industry through looking at a) characteristics of its workers, and b) employment projections
2. to determine the extent to which workers in the construction industry are reporting substance use, gambling, and mental health problems
3. to look at workplace addiction and mental health programs and policies
4. to look at workers’ use of Employee and Family Assistance Programs (EFAP) for addiction and mental health problems

Employee and Family Assistance Program (EFAP) data was provided by two major service providers in Alberta, which represented more than 40,000 Alberta construction workers. General population survey data was provided by the Institute of Health Economics (Thompson, Jacobs & Dewa, 2011). The survey results for the construction industry were compared to the average of all industries in Alberta.

This document provides a summary of the key findings that are reported in the technical report.
The Construction Industry

The construction industry broadly encompasses those who work in commercial, industrial, and residential settings. The North American Industry Classification System (NAICS)\(^1\) classifies businesses within the construction industry if they undertake the following:

- construction of buildings (i.e., residential or non-residential)
- heavy and civil engineering construction
- specialty trade contractors (e.g., excavating, concrete, framing, masonry, drywall, painting, flooring)

The majority of the construction industry workforce is male (89%; Figure 2) and are between the ages of 25 to 44 (43%) and 45 to 64 (29%).

**Figure 2: Full-time construction industry employees by gender, 2008-2010**

![Bar chart showing gender distribution among construction industry employees, 2008-2010.]


In general, construction industry workers are slightly younger than the Alberta average. For example, 16% of construction industry workers are aged 18 to 24 compared with 13% of workers in all industries combined. Most were married or in common-law relationships and had attended trade or technical school.

**Industry Growth and Outlook**

Industry growth and the use of EFAP services are expected to change over the next several years, as the economy and oil sector remain unstable. According to the Ministry of Jobs, Skills, Training and Labour (Government of Alberta, 2015), employment in the construction industry is projected to decline from

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247,900 jobs in 2015 to 238,500 jobs in 2016, a decrease of 3.8% (Figure 1). The ministry has projected somewhat unstable employment in the industry, with small gains and losses year over year to 2019.

**Figure 1: Projected employment for the construction industry in Alberta, 2015-2019**

Substance Use and Gambling

Alcohol

Alcohol consumption is common among the Alberta workforce and construction workers had nearly identical rates of past-year drinking (74%) as the provincial average (73%). Although the rates of past-year drinking were similar, those working in the construction industry were more than twice as likely report drinking in hazardous ways. This may include binge drinking, drinking until blackout, or experiencing problems at work due to drinking (e.g., being late, missing work, low levels of productivity).

The percentage of construction workers whose use of alcohol has them at medium risk of experiencing harm to themselves or to others (13%) was more than twice the provincial average (6%) (Figure 3). They were also more likely to report being invited for a drink by their supervisor or manager (22%) than other industry workers (12%).

Figure 3: Percentage of workers who reported risky* alcohol use, Alberta, 2009

*Alcohol Use Disorders Identification Test (AUDIT) risk categories
Note: Totals may not equal 100% due to rounding error.
Data source: Institute of Health Economics
Alberta n= 2,772; Construction industry n=174

Almost three-quarters of construction workers surveyed (73%) reported that their workplace had an alcohol policy, which was similar to the provincial average (75%). Nevertheless, construction workers were more likely to report that alcohol use had a moderately or extremely serious impact on the work performance of their coworkers when compared with other industries.
Tobacco

Tobacco use in the 12 months prior to the survey was higher in construction industry (34%) compared to Alberta’s industry average (22%). Construction workers also smoked significantly more cigarettes per day than the average worker (Figure 4).

Figure 4: Amount of cigarettes smoked per day, Alberta, 2009

Note: Totals may not equal 100% due to rounding error.
Data source: Institute of Health Economics
Alberta n= 2,814; Construction industry n=178

Construction workers were more likely to agree that their coworkers find smoking socially acceptable and a higher percentage reported that smoking was allowed at the workplace. Construction industry workers were less likely to report that their workplace had a tobacco policy (62%) compared to the industry average (71%).
Illicit Drugs

A higher percentage of construction workers used illicit drugs in the 12 months prior to the survey (16%) compared to Alberta’s average (7%). They were also more likely to be at moderate to high risk of experiencing problems related to their use (8%) compared to the average (1%) (Figure 5). Marijuana was the most commonly reported illicit drug used by construction workers.

Construction workers were more likely to report that street drug use was socially acceptable amongst their coworkers. They also reported that drug use had a moderately or extremely serious impact on the work performance of their coworkers, which was nearly twice as high as the Alberta average.

Figure 5: Percentage of workers who reported problems associated with illicit drug use, DAST* categories, Alberta, 2009

Note: Totals may not equal 100% due to rounding error.
Source: Institute of Health Economics
*Drug Abuse Screening Test
Alberta n= 2,816; Construction industry n=178

Three-quarters of construction workers surveyed (75%) reported that their workplace had an illicit drug policy, which was similar to the average (76%).
Gambling

Rates of past year gambling were similar between construction workers (54%) and the rest of Alberta (56%). Most of those who gambled reported doing so on an infrequent basis (i.e., less than once a week) and were not problem gamblers.

Construction workers were significantly more likely to report being invited to gamble by a coworker and to report that workers sometimes gamble together after work. A greater percentage of construction workers (16%) reported that gambling has a moderately serious impact on their coworkers’ performance compared to Alberta workers overall (8%) (Figure 6).

**Figure 6: Perceived seriousness of gambling on the work performance of coworkers, Alberta, 2009**

![Graph showing perceived seriousness of gambling on work performance](image)

Data source: Institute of Health Economics
Alberta n= 2,650; Construction industry n=165

Compared to other workplace policies, a low percentage of construction workers (41%) and Alberta employees overall (44%) reported that their worksite had a gambling policy.
Among all of the mental health disorders that were measured in the survey, antisocial personality disorder was the only disorder that showed a significant difference between construction workers (10%) and the provincial average (5%) (Figure 7). According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), APD occurs more frequently in men than women and those diagnosed with APD are also more likely to engage in “substance abuse that has a high risk for harmful consequences” (American Psychiatric Association, 2013). The high proportion of males in the construction industry and the higher rate of APD may partially account for some of the significant differences seen in drinking and illicit drug use among construction workers.

Figure 7: Lifetime prevalence of mental health concerns among Alberta workers, 2009

Data source: Institute of Health Economics
Alberta n= 2,747-2,808; Construction Industry n=175-178

The majority of construction workers (87.1%) and Albertans overall (84.9%) did not report any type of suicidal behaviour (e.g., thoughts, plans, attempts) during their lifetime.
Although a worker can access their EFAP for many different reasons (e.g., personal reasons, family support, work-related concerns, legal support, financial support, health coaching), the project only focused on those employees who sought help from their EFAP for a problem related to addiction, mental health, anger, or abuse or violence.

Between 2008 and 2010, there were more than 3,500 cases of construction industry workers accessing their EFAP for concerns related to addiction, mental health, anger, or abuse or violence. Half of the cases were related to an addiction problem (50%) and 38% had a mental health concern.

**Figure 8: Proportion of construction industry employees who sought EFAP assistance, by problem category, Alberta, 2008-2010**

Source: EFAP data  
N=3,516
Those who sought help for an addiction or mental health concern attended an average of three EFAP sessions. The most common addiction-related concerns were other drug abuse/dependency (58%) and alcohol abuse (37%) (Table 1). The most common mental health-related concerns were stress (42%), mood disorder (e.g., major depressive disorder, seasonal affective disorder, bipolar disorder) (25%), and anxiety (10%).

### Table 1: Percentage of construction industry employees who sought EFAP assistance, by addiction- and mental health-related subcategory, Alberta, 2008-2010

<table>
<thead>
<tr>
<th>Problem Category</th>
<th>Reason for seeking service</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction</td>
<td>Other drug abuse/dependency</td>
<td>58%</td>
</tr>
<tr>
<td></td>
<td>Alcohol abuse/dependency</td>
<td>37%</td>
</tr>
<tr>
<td></td>
<td>Someone else's addiction issue</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Gambling</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Tobacco</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Stress</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td>Mood disorder</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Anxiety</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Grief</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>Post Trauma</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Self Esteem</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Suicide</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Source: EFAP data

The majority of workers surveyed in Alberta, including those in the construction industry, reported that they knew where to go for help with treatment with addiction or mental health issues; however, very few reported that they had sought help in the past year for a mental health problem.

Just over half of the construction workers surveyed reported that they had access to an EFAP, and amongst those who did, the majority stated that it was a good source of help for addiction and mental health issues. Despite this finding, working Albertans who sought help in the past year for a mental health problem were most likely to have seen a physician, counsellor, or psychologist; only a small percentage made use of their EFAP.
Discussion

The Construction Industry

The Government of Alberta has projected unstable employment in the industry, with small gains and losses over the next few years. With the current economic uncertainty and rising unemployment, employees may feel less secure in their jobs and become increasingly stressed. Employers should be aware of the impact the state of the industry has on their employees, and take meaningful steps to help promote the physical and mental health and wellbeing of their workers during stressful times.

Workers in the construction industry are slightly younger and predominantly male when compared to the average for all industries. These may be important factors to consider when determining how to tailor prevention and intervention initiatives within this industry.

Substance Use

Substance use among Alberta’s construction workers tends to be greater than the average. Construction workers who used alcohol were more likely to use it in harmful or hazardous ways (e.g., use alcohol more frequently, consume more on one occasion, experience alcohol-related injuries). A higher percentage of Alberta’s construction workers used tobacco and they smoked more cigarettes per day than the province’s average. Similarly, a higher percentage of construction workers used illicit drugs in the 12 months prior to the survey and they were more likely to be at moderate to high risk of experiencing problems related to their use.

Because substance use at the worksite is generally more socially accepted in the construction industry, it is not surprising that the use of tobacco and other drugs during working hours is higher compared to other industries. Industry leaders and business owners may consider responding to these concerns by implementing or reinforcing workplace substance use policies. Targeted awareness campaigns focusing on the impact of substance use in the workplace may be beneficial in reducing these behaviours and potential negative consequences.

The percentage of construction workers that were invited for a drink by a coworker was not statistically different than the provincial average; however, construction workers were more likely to report that they had been invited to drink by their manager or supervisor. Workers who may not otherwise drink, or drink as much, may feel pressured to do so by their manager or supervisor. Given that alcohol use is very common in our society, changing the culture of use amongst coworkers could be difficult. There may be an opportunity in the industry, however, to provide workers with information about Canada’s Low-Risk Alcohol Drinking Guidelines, which may help reduce the amount of alcohol consumed and prevent potential harms.

Changing a culture of acceptance amongst a population is often difficult, can take time, and is more likely to be successful when a multi-pronged approach is used (e.g., the Alberta Tobacco Reduction Program).

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2 [http://www.ccsa.ca/Eng/topics/alcohol/drinking-guidelines/Pages/default.aspx](http://www.ccsa.ca/Eng/topics/alcohol/drinking-guidelines/Pages/default.aspx)
Strategy). While a broad, provincial strategy may not be feasible, there may be aspects of the Tobacco Reduction Strategy that could be employed within the construction industry in its approach to illicit drug use. For example, increasing social marketing around the harms associated with drug use, and promoting and expanding workplace cessation programs (e.g., broadening availability of EFAPs) may be options to consider. Since marijuana was the most commonly reported illicit drug used by construction workers, and among Albertans in general, providing information to workers about the potential harms associated with use of this drug, particularly if used while at work, may be an initial approach.

Mental Health

With the exception of anti-social personality disorder (APD), rates of mental health problems (e.g., depression and anxiety) among construction workers were comparable to other industries. The majority of construction workers (87.1%) and Albertans overall (84.9%) reported that they did not have any type of suicidal thoughts or behaviour during their lifetime.

Those in the construction industry were nearly twice as likely to meet criteria for APD, which translated into approximately 10% of the construction workers surveyed. The vast majority of workers in the construction industry are male. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), APD occurs more often in men than women (American Psychiatric Association, 2013). Because the construction sample has a larger proportion of males, a higher rate of APD can be expected.

It is important to recognize that people with substance use issues often have co-occurring mental health problems, and vice versa. “Research shows that more than 50% of those seeking help for an addiction also have a mental illness, and 15-20% of those seeking help from mental health services are also living with an addiction” (Canadian Centre on Substance Abuse, 2009, p.9). People with APD are more likely to engage in “substance use that has a high risk for harmful consequences” (American Psychiatric Association, 2013, p.660). Individuals with this disorder frequently have concurrent substance use or gambling disorders. The increased prevalence of APD in the construction sample may partially account for some of the significant differences seen in drinking and illicit drug use.

Raising awareness of mental health problems, working to reduce stigma, and supporting mental health promotion initiatives may not only help improve the wellbeing of workers in this industry, but may also support substance use prevention initiatives.

Implications for the Industry

Direct and indirect costs related to mental illness, stress, and substance abuse are substantial. In addition to economic costs, working while under the influence of drugs or alcohol may decrease overall worksite safety. Employers should be aware of industry-wide guidelines or policies, such as the Canadian Model for Providing a Safe Work Place, which is endorsed by the Alberta Construction Association. The Alberta Construction Safety Association also offers a one-day course designed to assist
employers, small and large, in dealing with the realities of present day substance abuse in the workplace.

Assisting both large and small construction companies with developing comprehensive alcohol and drug use policies and information resources may help reduce workplace substance use. Targeted awareness campaigns focusing on the impact of substance use in the workplace may also increase productivity and reduce absenteeism (Arbour, 2014). Small business owners may not have the knowledge or resources to create their own enforcement policies. By creating and promoting industry-wide policies and resources, employees of small business owners are held to the same standards as those of larger corporations.

Use of EFAPs

Studies that examined EFAP usage in Canada reported that EFAPS were an effective tool to provide assistance to employees experiencing personal problems which may affect their work, and to help improve employee well-being (Csiernik, 2009; Keay, Macdonald, Durand, Csiernik, & Wild, 2010). EFAPs provide a range of non-traditional treatment options, such as telephone counselling, video counselling, e-counselling (i.e., written online exchanges), online chat, and self-help resources. Stigma associated with mental illness may be one factor that reduces the employee’s likelihood of seeking help. It is also important to consider that men make up the majority of the construction workforce, and that they are more resistant to seeking mental health treatment compared to women (Yousaf, Grunfeld, & Hunter, 2015; Andrews, Issakidis, & Carter, 2001).

Although there may be many reasons why an employee may choose not to seek help from their EFAP, concerns about confidentiality are thought to be a contributing factor for EFAP underutilization. Research has shown that many people who access their EFAP believe the service is confidential (Merrick, Hodgkin, Hiatt, Horgan, & McCann, 2011; Pollack et al., 2010). Employees need to be assured that these services are confidential and can be accessed without their employer’s knowledge. Factors such as labour-management relations, and the level of promotion and orientation about the EFAP, can impact the rate of the program’s usage (Csiernik & Csiernik, 2012; Nobrega, Champagne, Azaroff, Shetty, & Punnett, 2010). Assurance of confidentiality may also help address fear of stigma related to a diagnosis or receiving treatment.

Business owners of smaller construction companies may be hesitant to introduce EFAP programs for their employees. This may be due to a number of factors, such as the cost of implementing and running a program, a lack of knowledge on how to provide this benefit, or not knowing that these types of services are available for their employees. Others may think that their employees do not need these services; however, the prevalence of substance use in conjunction with the current economic downturn suggests that construction industry employees, in particular, may benefit from an EFAP. The industry should help ensure that all construction business owners are aware that an industry-wide EFAP is available for all unionized employees, which is run by the Construction Labour Relations of Alberta. By promoting the overall use of EFAPs by construction workers, employers are helping ensure that the mental health of their employees is supported. Increasing the usage of EFAPs may also help

4 [http://www.shepellfgi.com/EN-CA/Products%20and%20Services/EmployeeAssistanceProgram/ProfCounselling.asp](http://www.shepellfgi.com/EN-CA/Products%20and%20Services/EmployeeAssistanceProgram/ProfCounselling.asp)
prevent current health concerns (e.g., smoking) from becoming larger problems (e.g., lung cancer), and thus decreasing the cost paid out in health care benefits.

Men are more likely to misuse substances and have higher rates of dependence than women (Lev-Ran, Le Strat, Imtiaz, Rehm, & Le Foll, 2013; Zilberman, Tavares, & el-Guebaly, 2003). Campaigns targeted at men may help increase the rates at which they access EFAP services. EFAPs are also only one approach. Using a multi-pronged approach (e.g., EFAP promotions, educational sessions on mental health and work performance, flyers and pamphlets for business owners) will help ensure that a greater number of workers are receiving the information. Promoting education and awareness within the industry will help increase the use of EFAPs.

**Economic Benefits of EFAPs**

Implementing an EFAP can be costly to employers; during economic downturns companies have limited funds with which to support employee health. Because of the cost, many smaller construction companies may avoid implementing EFAP benefits; however, it is during the time of recession that employees are likely to experience an increase in stress, which may negatively impact their mental health.

Although introducing an EFAP costs the employer money, many studies have found that the return on investment of an EFAP is greater than the cost of the program itself. In a systematic review of employee-focused health promotion programs, Lerner et al (2013) found returns on investment (ROI) ranging from $1.65 to $2.84. Others have seen an ROI ranging from $5.17 to $6.47 (Hargrave, 2008).

By investing in their workers, companies may see increases in both their profits, as well as the health and wellness of their employees. Organizations that currently have an EFAP in place should take steps to ensure that employees are aware that the program is available to them, the types of supports that are offered, and alleviate any confidentiality concerns the employees may have.

**Alternatives to EFAPs**

Working Albertans who sought help in the past year for a mental health problem were most likely to have seen a physician, counsellor, or psychologist; only a small percentage made use of their EFAP. There may be several reasons why help-seeking was relatively low. Research has indicated that few people seek help for with addiction or mental health problems (Andrews, Henderson, & Hall, 2001; Bijl & Ravelli, 2000; Wang et al., 2005, as cited in Wild, Wolfe, Wang & Ohinmaa, 2014). If the primary source of help tends to be a physician, lack of access to a local, family doctor may be a barrier for some individuals.

For companies wishing to support their staff with reducing their alcohol use, but are unwilling or unable to provide access to a formal EFAP, information about external resources can be provided to employees, such as addiction treatment programs offered through Alberta Health Services (http://www.albertahealthservices.ca/addiction.asp). Given that workers in this industry tend to be younger than workers in other industries, it may be worth promoting evidence-based options for those looking for help with their alcohol use via the Internet (e.g.,
http://www.checkyourdrinking.net/CYD/CYDScreenerP1_0.aspx) or mobile applications (e.g., https://itunes.apple.com/ca/app/saying-when-how-to-quit-drinking/id881678936?mt=8).

There are numerous smoking cessation options available to Albertans, such as online tools (www.albertaquits.ca) and the AlbertaQuits Helpline (1-866-710-QUIT [7848]). Information could also be provided about medications that are used to assist those who want to quit smoking, which may be covered through company benefit plans. General information about substance use and mental health can be found at https://myhealth.alberta.ca/.

While the prevalence of problem gambling is low, and gambling while at work may prove to be more difficult in this industry compared with others, there is a small percentage of construction workers who experience harm associated with this behaviour. As such, it may be worthwhile providing information about supports for those looking to quit or reduce the amount they gamble. For example, Alberta Health Services Addiction Helpline (1-866-332-2322) provides alcohol, tobacco, other drugs and problem gambling support, information, and referral services. Alberta Liquor and Gaming Commission’s website http://gamesenseab.ca/ provides information to help those who chose to continue to gamble make informed choices.
Appendix A: References


Pollack, K. M., McKay, T., Cumminskey, C., Clinton-Sherrod, A. M., Lindquist, C. H., Lasater, B. M., ... & Grisso, J. A. (2010). Employee assistance program services for intimate partner violence and client satisfaction with these services. *Journal of Occupational and Environmental Medicine, 52*(8), 819-826.


Statistics Canada. *Table 282-0007 - Labour force survey estimates (LFS), by North American Industry Classification System (NAICS), sex and age group, unadjusted for seasonality, monthly (persons unless otherwise noted), CANSIM (database).* (accessed: 2015-08-31)


Appendix B: Limitations and Research Considerations

The following should be considered when interpreting the results within the report.

**Employee and Family Assistance Program Data**

The following are limitations associated with the EFAP data:

- The data were collected for another purpose, not the objectives of this project. In this situation, data were provided from two organizations and each data set was structured differently. For example, some of the open-ended data elements were coded differently in the data from each organization, which means when combining data elements, some of the detailed information is lost from the analysis.

- The unit of analysis in each data set is cases of service sought by employees or spouses over the three years. Employees or spouses may have multiple cases or enrolments of service. Data analyses could not identify unique individuals.

- The member organizations providing data represent only a limited group of construction workers. The data represent commercial, industrial, and institutional construction, but does not include road builders, residential, or heavy construction.

- This project only includes data from two organizations with the construction industry. These results only apply to employees who used EFAP services through these two organizations in the three-year time period and exclude any employees who had service needs, but did not seek EFAP services.

- It is recognized that employees sought EFAP services for a wide range of problems or issues; however, the focus of this analysis is on problems or issues related to addiction or mental health to the exclusion of other reasons for seeking EFAP services (e.g., workplace issues, economic issues, family problems). In part, categories were limited due to incongruent information in presenting problem categories within the two data sets obtained from providers.

**General Population Survey Data**

The following are limitations associated with the general population survey data:

- Of the 2,817 respondents, 181 (6.5%) identified themselves as belonging to the construction industry.

- A sample of 181 construction workers from a total population of 196,000 workers in Alberta means that the confidence interval for the survey results are ±7.3%, 95% of the time. This is slightly higher than the ±5% that is typically reported in general population surveys.

- Only 7 of the 181 respondents were between the ages of 18 and 24 and none of those respondents were female.

- With the exception of females ages 18 to 24, the data was weighted by age and sex to compensate for the lower percentage of young adults and higher percentage of older adults.
who responded to the survey than what would be representative of the population of construction workers in Alberta.

- The entire dataset was weighted by age and sex prior to calculating the frequencies for Alberta.
- Although the samples of Alberta workers and construction workers were weighted, the means were not adjusted. As a consequence, the differences noted between the construction industry and other industries may be due, in large part, by the age and gender distribution within the construction industry, rather than a characteristic of the industry itself.
- Significant differences were determined by comparing the construction industry with all other industries\(^5\) combined, not the Alberta average; however, the Alberta average is presented in the figures.

\(^5\) Industries were coded using the 2009 North American Industry Classification System. Examples of other industries include utilities, manufacturing, retail/wholesale, finance, education, health, hospitality and public administration.