



# Results of a survey on workplace health promotion in businesses in Lithgow



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The Physical Activity Nutrition & Obesity Research Group (PANORG) at Sydney University undertakes policy relevant research to promote physical activity, nutrition and obesity prevention. It is funded by the NSW Ministry of Health.

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## BACKGROUND

In Australia, workplaces are a new setting for the promotion of healthy lifestyles to address risk factors for chronic disease. Consequently, little information is currently available on the nature and extent of workplace health promotion activities being undertaken.

The Evaluation Framework for the NSW Healthy Workers Initiative (HWI) developed by the Physical Activity, Nutrition and Obesity Research Group (PANORG)<sup>1</sup> identified the need to obtain baseline data on workplace health practices and employer attitudes and beliefs regarding workplace health promotion as essential for evaluating the impact of the HWI. In addition, it was acknowledged that there was a need to gain an understanding of the types of support workplaces required. It was recognized that implementing surveys in workplaces presented challenges. Therefore, it was proposed that PANORG undertake some preliminary work on the development and piloting of a survey of employers/workplaces to determine the feasibility of implementation.

During 2008-2010 Health Promotion, Nepean Blue Mountains and Western Sydney Local Health Districts (NBM & WS LHD), in partnership with the Lithgow City Council, implemented a community wide healthy lifestyle initiative 'Live Life Well Lithgow'. During the second phase of this project workplaces were to be targeted. Formative work was required to gain an understanding of businesses in the Lithgow area; the types of health promotion activities workplaces were engaged in, and the types of support workplaces would require to commence or enhance workplace health activities.

In partnership with the NBM & WS LHD, a survey on workplace health promotion (WHP) was developed and piloted in the Lithgow local government area in 2011. This document reports on the development, administration and findings of the survey.

Internationally, there is a number of existing WHP survey tools; however, most have been designed to provide in-depth information on single workplaces, and are thus long, with between 100 and 380 items<sup>2-4</sup>. Many require face-to-face or telephone interviews<sup>5-7</sup> and/or onsite visits<sup>3</sup>. Some organisations within Australia and overseas have online self-assessment tools for workplaces to use to evaluate their workplace health programs<sup>8-10</sup>. However, these are designed for organisations either undertaking workplace health promotion, or those intending to do so, and have not been used for widespread survey purposes. Overall, there are no existing simple, freely-available survey tools assessing WHP which are suitable for administration to a diverse range of workplaces, and which combine the functions of profiling workplaces, assessing current WHP activity, perceptions towards WHP and the types of support workplaces require.

## METHODS

Lithgow is a regional centre with a population of approximately 21,000 people located 150 kilometres west of Sydney, NSW. The Lithgow City Council (LCC) provided a database of businesses (n=428) in the local government area and endorsed the survey to workplaces. The database included the names and addresses of businesses, although no information on industry division or workplace size was available. Approval for undertaking the survey was obtained from The University of Sydney Human Ethics Committee.

The study was undertaken in two phases – the first to pilot the survey questions with a small sample of businesses and the second phase to survey the remaining Lithgow businesses.

### Survey Design

Table 1 provides an overview of the survey domains and items. The survey aimed to collect information for the purpose of

- i) informing planning of workplace interventions (section A),
- ii) evaluation of the short- and intermediate-term impact of interventions (section B), and
- iii) characterising the workplace (section C).

Some items were drawn from existing WHP surveys, either directly or in a modified version <sup>8, 11, 12</sup>. Additional items were developed by the authors, based on literature review and internal consultation. Questions on workplace and workforce characteristics were based on standard items used by the Australian Bureau of Statistics (ABS) for classifying occupations and industry <sup>13</sup>. The survey comprises 29 items and is available online [<http://hdl.handle.net/2123/8734>]<sup>14</sup>.

**Table 1: Components of WHP survey tool**

<b>SECTION A: Planning of Initiatives and Interventions</b>		
<i>Domain</i>	<i>Purpose</i>	
Barriers to implementing WHP	Identification of barriers by workplace size, industry and location	
Types of support and assistance required to implement WHP	Identification of the most useful types of assistance to support business to implement workplace health promotion initiatives.	
Types of health issues important to employers	Tailoring of information and interventions	
Types of communication within organizations	Tailoring dissemination and communication strategies	
Member of an industry/employer association	Identification of methods for reaching workplaces	
<b>SECTION B: Evaluation of Initiatives and Interventions</b>		
<i>Domain</i>	<i>Sub-domain</i>	<i>Indicator</i>
WHP activities in workplaces	Undertaking (Yes/No)	Number of workplaces undertaking workplace health promotion
	Intention to undertake	Number of workplaces not currently undertaking WHP who intend to
	Nature/types of activities	Types of activities most commonly implemented by workplaces
	Environment supportive of healthy lifestyle	Number of workplaces with environment supportive of healthy lifestyle
	Extent/Quality of WHP	Number of workplaces implementing best practice WHP <sup>15</sup>
Employer support for WHP	Policies supporting a healthy lifestyle	Number of workplaces with policies supporting a healthy lifestyle for employees
	Priority placed on WHP	Number of workplaces placing WHP as a very high or high priority
Employer attitudes towards WHP	Priority WHP should have in the workplace	Number of workplaces that consider WHP <i>should have</i> a very high or high priority
	Belief in the benefits of WHP	Number of workplaces aware of the benefits of WHP for their organisation
	Perceived responsibility for WHP	Number of workplaces committed to workplace health promotion
<b>SECTION C: Characteristics of workplaces, workforce within and survey respondent</b>		
<p><b>Characteristics of the workplace</b></p> <ul style="list-style-type: none"> <li>Sector (Private, government, not-for-profit)</li> <li>Industry (ABS coded)</li> <li>Part of larger organisation</li> <li>Location of administrative/head office</li> <li>Years of operation</li> <li>Workforce (# employees) change in previous 12 months</li> </ul> <p><b>Nature of the workforce within the workplace</b></p> <ul style="list-style-type: none"> <li>Number of employees</li> <li>Gender</li> </ul>		

## Survey Administration

### Phase 1

In order to pilot the survey questions and enhance participation in the piloting phase, a small number of businesses (n= 43) were selected for face-to-face administration of the survey. A convenience sample of 13 large and medium size businesses was identified by the Council, and a further 30 small and medium size businesses were randomly selected from the LCC database of businesses. Workplaces received a letter inviting them to participate in a survey on workplace health promotion. The letter was followed by a phone call to arrange a time to conduct the survey at the workplace. The survey was administered by researchers and staff from the NBM & WS LHD. Training in the delivery of the survey was undertaken prior to the interviews being conducted in order to ensure a consistent approach to survey implementation. Administration of the survey face-to-face took approximately 30 minutes in small businesses and one hour in larger businesses.

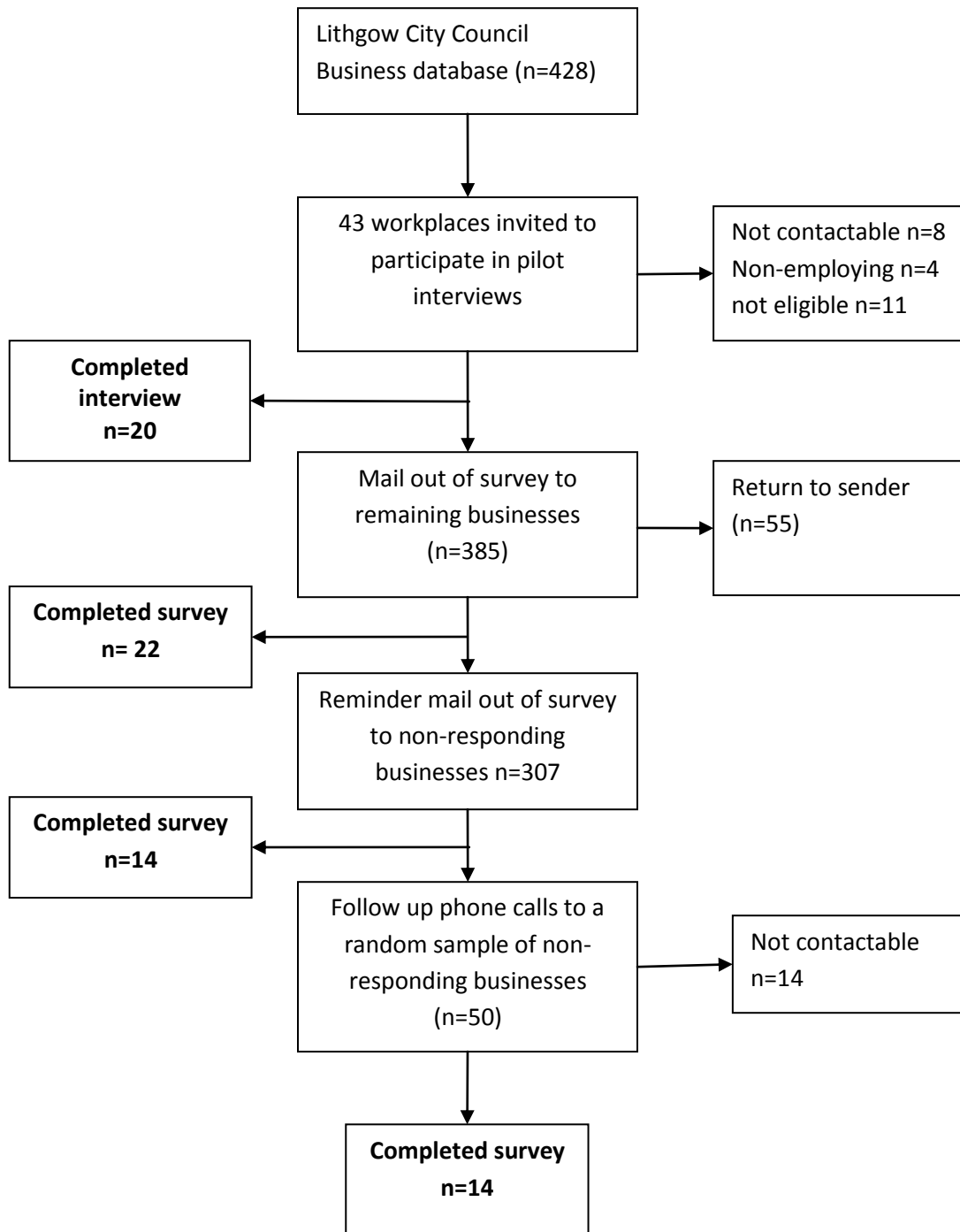
### Phase 2

The survey was mailed to remaining businesses (n=385) that did not participate in face-to-face administration of the survey. The survey was modified to make it shorter to reduce respondent burden, with detailed audit questions on WHP reduced to shorter items. Workplaces were mailed a letter of introduction, a participant information sheet, the survey and a reply paid envelope. Workplaces were provided with the option of completing the survey online. As an incentive to complete and return the survey, all workplaces were offered the opportunity to win a gift voucher from a local business. To further enhance the response rate follow up phone calls were administered to a random sample of 50 businesses (Figure 1).

## Analysis

For the analysis, the 17 ABS industry divisions were grouped, based on similarities in the nature of work and using analysis of ANZSIC description of activities<sup>16</sup>, into four key industry sectors for the purpose of broad level reporting. The four industry sectors were labelled 'Production', 'Service', 'Government and Community' and 'Technical' (see Appendix A). Due to the small number of large workplaces in the sample (n=4), medium and large workplaces were combined for analysis and reporting of results. Pearson's Chi-squared test was used to compare categorical data between groups.

Figure 1. Study Flow Diagram





## RESULTS

### Response Rates

#### Phase 1 – Interview administration

The overall response rate to the face-to-face interviews was 47% (20/43). A high proportion of workplaces were unable to be contacted by phone to invite the business to participate in the study, with 27% (8/30) not having a valid phone number (either provided or unable to be located).

#### Phase 2 – Mailed survey

The response rate for the mailed out survey was 13.4% (50/348). Nearly 15% (55/385) of mailed surveys were returned due to incorrect addresses. The correct postal details were located for 18 of these businesses. For the follow up, phone calls made to non-responders 28% (14/50) of businesses were not contactable due to incorrect phone numbers. Follow up phone calls to non-responders to the mailed survey did not enhance response rates.

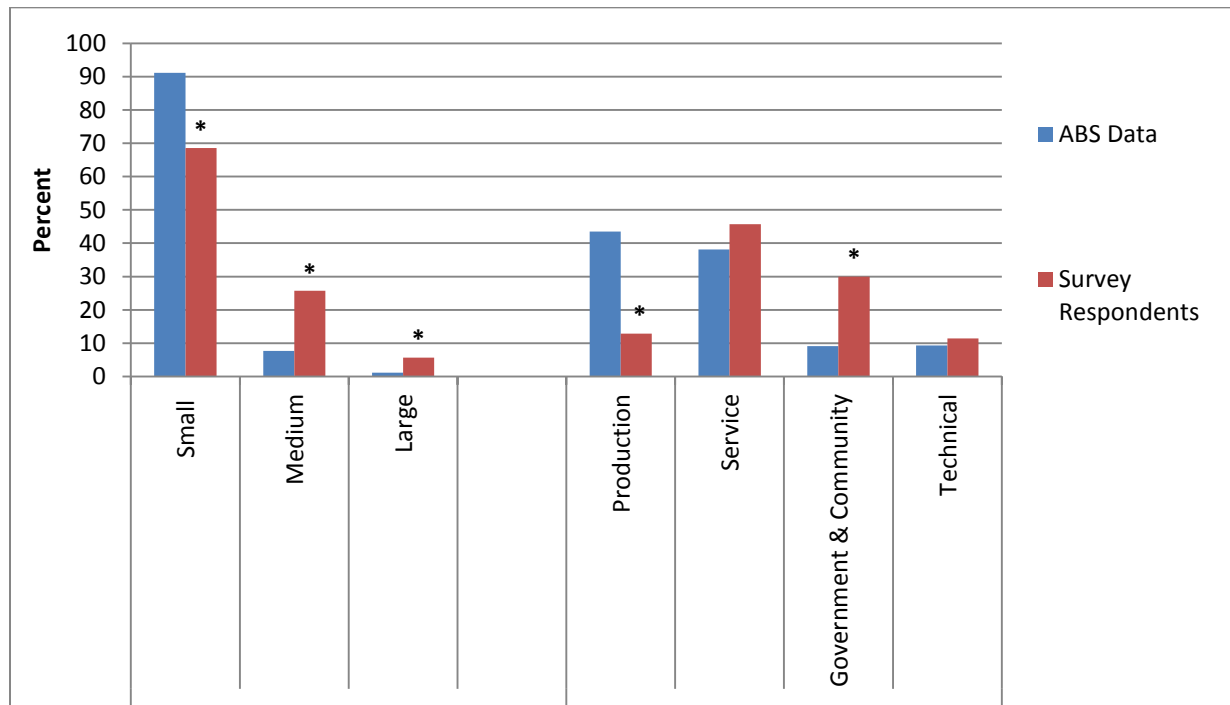
The combined response rate for the contactable workplaces in the two phases was 19% (70/428) (Figure 1).

### Description of the sample

The 70 respondents consisted of 48 small (69%), 18 medium (26%) and four large workplaces (5%), representing a total of 3,468 employees (Figure 2). The distribution of workplaces by size is reflective of ABS data for Lithgow; however, there were significant differences in the percentages of workplaces for small, medium and large compared to ABS data (Figure 2). The majority of workplaces were part of the private sector (70%), with the remainder from government (16%) or not-for-profit (14.3%) sectors. In this sample of participating businesses, the 'government and community' sector was over represented and the 'production' sector under represented (Figure 2).

In small workplaces, 46% of those completing the survey were business owners and 46% senior managers, which was in contrast to medium/large workplaces where survey respondents were either senior managers (96%) or employees (4%). Of those completing the survey, 74.3% (52/70) indicated they were responsible for employment in their workplace.

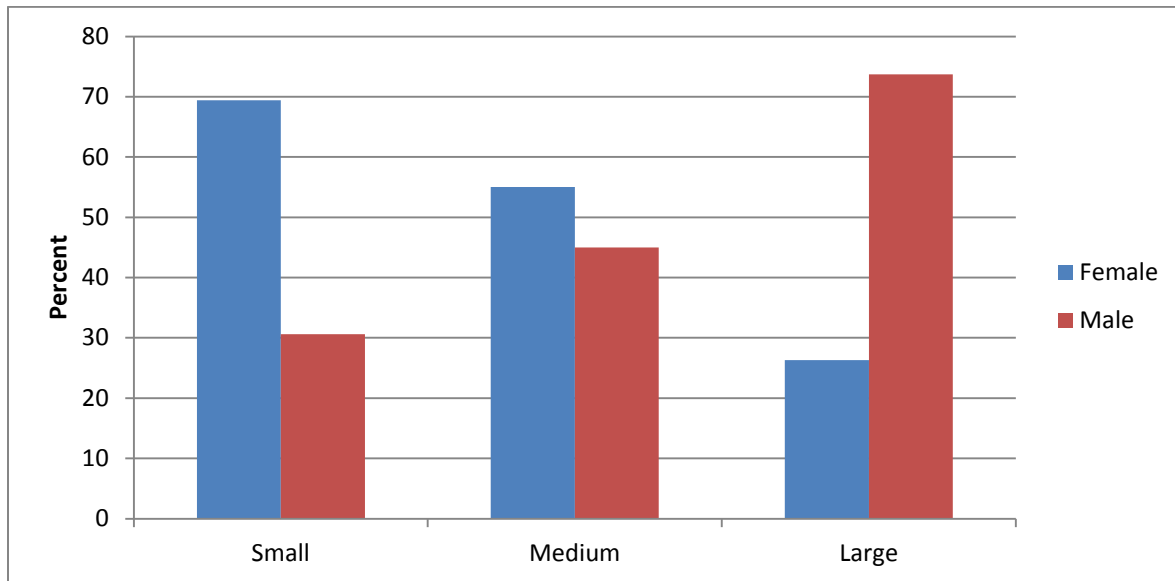
**Figure 2. Comparison of sample and ABS data on workplace size and industry for Lithgow LGA**



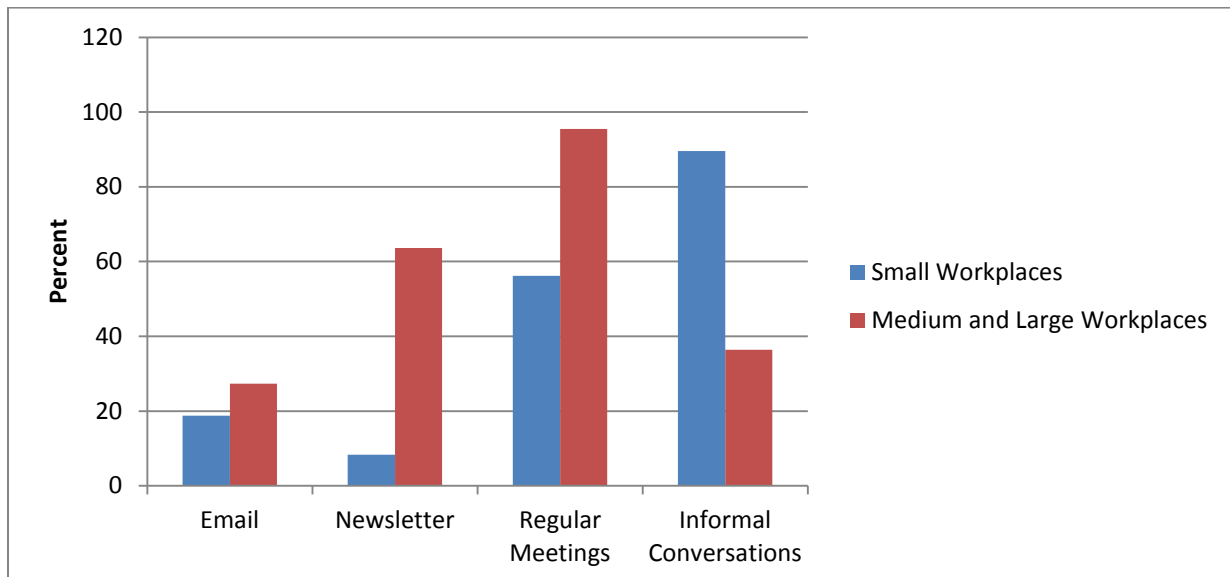
Although less than a third of respondents were medium and large workplaces (31.4%), these businesses represented the largest proportion of employees (91%, n=3145), which is similar to state level data<sup>17</sup>. The majority of employees across all businesses were full-time (73%, n=2268), with 16% employed part-time and 10% on a casual basis. Of the 3,468 employees, there was an even proportion of males (n=1911; 56%) and females (n=1488; 44%), which is reflective of NSW data<sup>17</sup>. There was a significant difference in the proportion of males and females employed in small, medium and large workplaces, with males more likely to be employed in medium/large workplaces and females in small workplaces (Figure 3).

Medium/large businesses were significantly more likely to be part of a larger organisation, have their organisational head office located elsewhere, and to have been operating for longer. Medium/large businesses were also more likely to have employees who were contractors or shift-workers (Table 2). The majority of small businesses were in the ‘service’ industry sector (58.3%), while the majority of medium/large businesses (54.5%) were in the ‘government and community’ sector. Figure 4 shows the methods of communication within organisations by workplace size.

**Figure 3. Employee gender by workplace size**



**Figure 4. Methods of communication between managers and employees by workplace size**



**Mail-out specific results**

In the mailed version of the survey sent to businesses, 72.0% of respondents (36/50) reported they were either a member of an industry association (55.1%) or aware of an organisation representing the interests of businesses in their local area (36.0%).

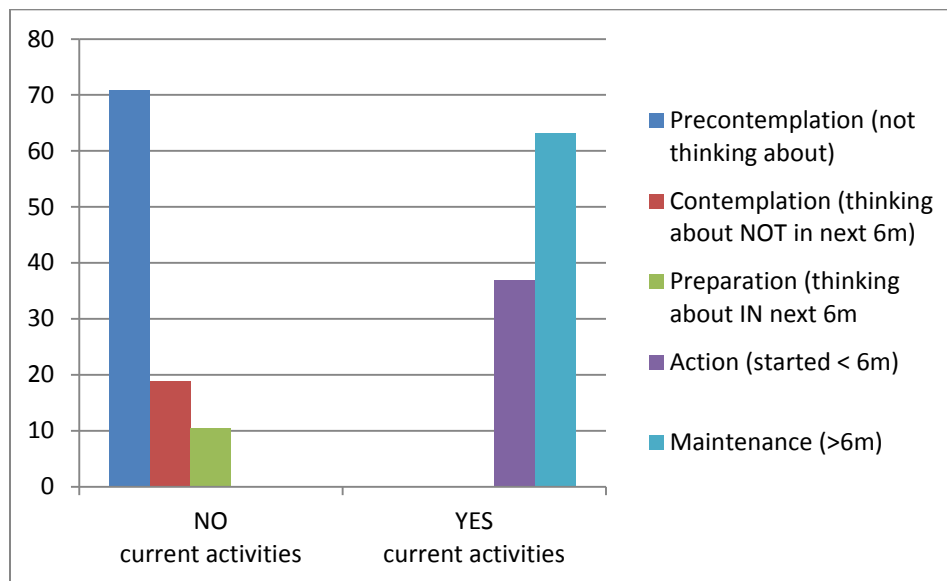
**Table 2. Characteristics of Workplaces participating in the survey**

Sample	Valid Responses (N)	Total		Small N=48		Medium & Large N=22		P-value
<b>Part of larger organisation</b>		<b>70</b>						
Yes		27	38.6	9	18.8	18	81.8	
No		43	61.4	39	81.2	4	18.2	.000*
<b>Administrative head office</b>		<b>68</b>						
Current Location		38	61.3	30	75.0	8	36.4	
Elsewhere		24	38.7	10	25.0	14	63.6	.003*
<b>Sector</b>		<b>70</b>						
Private		49	70.0	38	79.2	11	50.0	
Government		11	15.7	2	4.2	9	40.9	
Not for profit		10	14.3	8	16.7	2	9.1	.000*
<b>Industry</b>		<b>70</b>						
Production		9	12.9	4	8.3	5	22.7	
Service		32	45.7	28	58.3	4	18.2	
Govt & Community		21	30.0	9	18.8	12	54.5	
Technical & Professional		8	11.4	7	14.6	1	4.5	.001*
<b>Years of operation</b>		<b>68</b>						
< 10		16	23.5	14	30.4	2	9.1	
10-19		10	14.7	8	17.4	2	9.1	
20 < 49		18	26.5	13	28.3	5	22.7	
50+		24	35.3	11	23.9	13	59.1	.030*
<b>Employ contract Staff</b>		<b>62</b>						
Yes		21	33.9	9	21.4	12	60.0	
No		41	66.1	33	78.6	8	40.0	.003*
<b>Employees work shifts</b>		<b>67</b>						
Yes		24	35.8	10	22.2	14	63.6	
No		43	64.2	35	77.8	8	36.4	.001*
<b>Ownership change &lt;10 years</b>		<b>66</b>						
Yes		11	16.7	7	15.9	4	18.2	
No		55	83.3	37	84.1	18	81.8	.815
<b>Employees changes &lt;12 mths</b>		<b>67</b>						
Employ more		22	32.8	13	27.7	9	40.9	
Employ same		36	53.7	26	55.3	10	45.5	
Employ less		10	14.9	7	14.9	3	13.6	.662

### Current workplace health promotion activities

A total of 28.4% (19/67) of respondents were currently undertaking workplace health promotion activities. Significantly more medium/large workplaces were undertaking WHP activities (50.0%), compared to small workplaces (17.8%,  $p=.006$ ). Of those workplaces not undertaking WHP activities (71.6%), the majority were not considering implementing WHP activities (70.8%), (Figure 5). Of the workplaces reporting they were undertaking WHP activities, 63.2% had been doing so for 6 months or longer and 36.8% for less than 6 months (Figure 5).

**Figure 5. Stage of Change – Workplace Health Promotion**



Phase 1 interviews with larger businesses (greater than 50 employees,  $n=13$ ) located in Lithgow included a more detailed audit to determine the extent and nature of WHP activities (Table 3). Ten of the 13 workplaces reported undertaking WHP activities; of these less than half had a goal or mission statement related to the health and wellness of employees or policies that promoted and supported a healthy lifestyle. However, 60-70% of these workplaces had a budget for health promotion activities, a health and wellness committee (or regular agenda item), an employee responsible for health and wellness activities, and provided incentives for participation.

Flu vaccination was the most commonly reported activity (80%) by these businesses, with 50% or less implementing other common workplace health activities, such as subsidies for gym/exercise, health risk assessments, free/subsidised fruit, or a walking group. Almost all of these workplaces had implemented education sessions targeting individual behaviours, which included diet and physical activity, but only 40% reported providing infrastructure (such as bike racks) to support change, while 80% had a soft drink vending machine onsite.

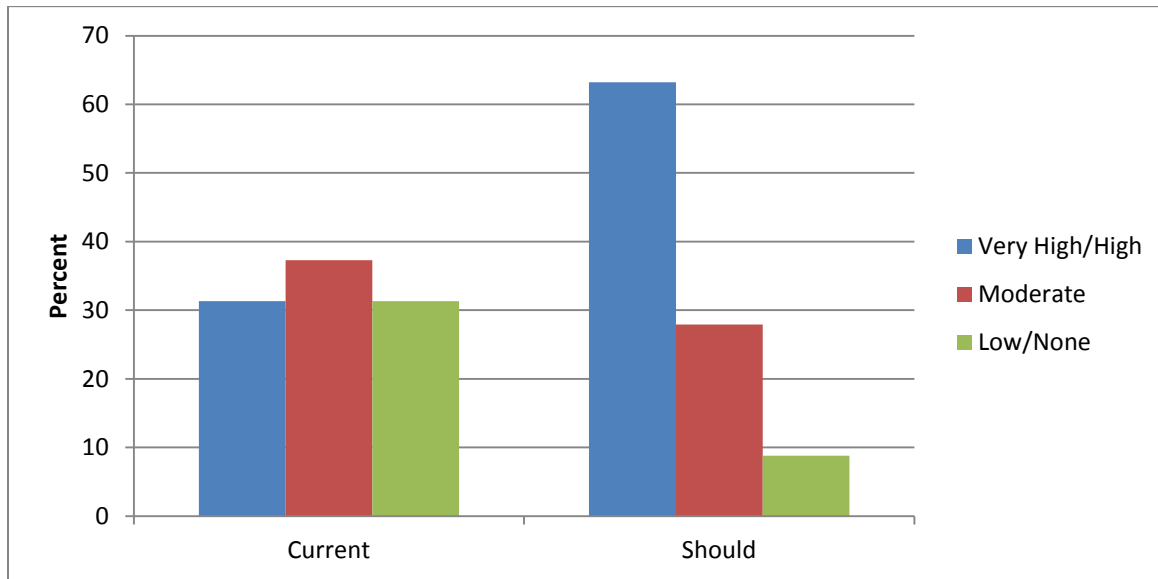
**Table 3. WHP Activities for 10/13 medium/large workplaces undertaking activities to support a healthy lifestyle**

<b>Organisational support for WHP</b>	
Employees have access to an EAP service	80%
Employee responsible for health & wellness activities	70%
Health & Wellness committee	70%
Structured health & wellness program	60%
Budget for health promotion activities	60%
Incentives for participation	60%
Policies promoting and supporting healthy lifestyle choices	40%
Goal and/or mission statement related to health & wellness of employees	30%
<b>Education programs in the previous 12 months</b>	
Smoking	90%
Nutrition	70%
Physical Activity	70%
Weight	60%
Stress	60%
Alcohol	50%
<b>Activities</b>	
Flu Vaccination	80%
Subsidies for gym/exercise	50%
Encourage active transport	50%
HRAs	40%
Free or subsidized fruit	30%
Sports team	30%
Walking group	20%
<b>Facilities/Environment</b>	
Showers	90%
Drink vending machine	80%
Snack vending machine	60%
Bike Racks	40%
On-site gym	30%
Canteen	20%

### Attitudes to workplace health promotion

Respondents were asked what priority their workplace “currently” placed on promoting the general health and well-being of employees and then asked what priority they felt it “should” have. The proportion of workplaces indicating it should have a very high/high priority (63.2%) was double the proportion that considered it currently had a very high/high priority (31.3%,  $p=.001$ ) (Figure 6). This pattern was similar across workplaces sizes.

**Figure 6. Priority of workplace health promotion**

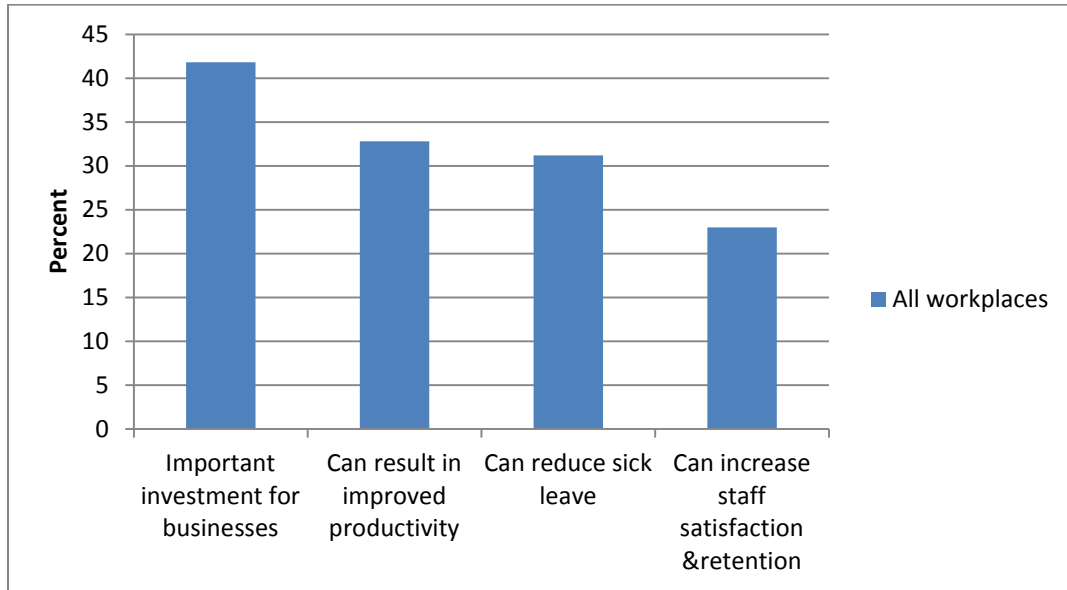


The health issue identified as being “very important” by the highest number of workplaces was stress (69.4%), followed by smoking (59.0%), physical activity (46.8%), healthy eating (45.2%), and weight management (43.5%). There was a significant difference according to workplace size (Figure 8).

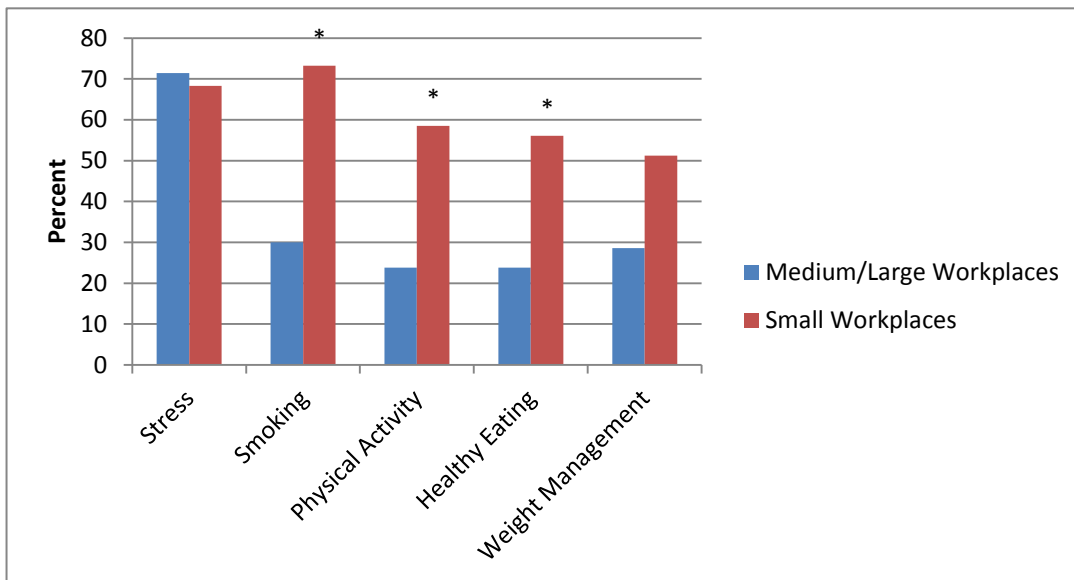
Figure 7 shows the proportion of workplaces that indicated they strongly agreed with a range of benefits of workplace health promotion. Overall, the proportion of workplaces that strongly agreed with the benefits of workplace health was low (< 42%) and there were no differences by size (Figure 7).

There was no difference in the proportion of small (62.2%) versus medium/large workplaces (72.7%) that strongly agreed or agreed that businesses have a responsibility to undertake activities to support the health and wellbeing of employees. However, small workplaces were more likely to strongly agree or agree that in their workplace the health and wellbeing of employees is considered a matter of personal responsibility (86.4% vs 59.1%:  $p<.05$ ).

**Figure 7. Value of workplace health promotion (Strongly agree)**



**Figure 8. Priority of health issues**

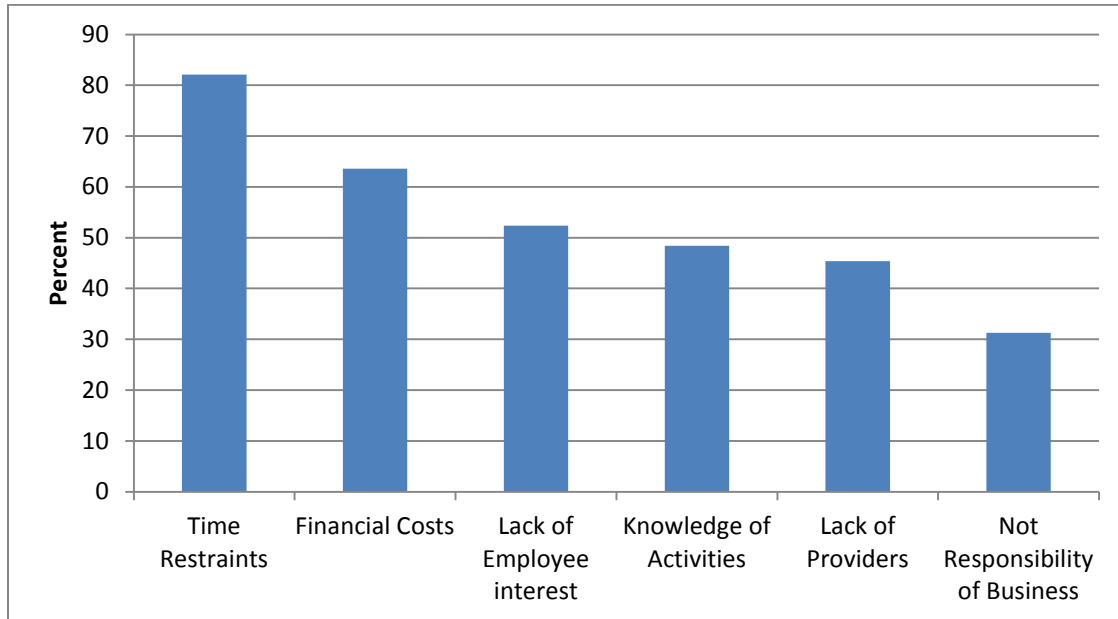


**Barriers and enablers**

Workplaces were asked to indicate perceived barriers for their organisation when considering the implementation of workplace health promotion activities (Figure 9). The barriers reported by over 50% of workplaces were time restraints (82.1%), financial costs (63.2%), and lack of employee interest (52.4%). A large proportion of workplaces (61%) reported 3 or more barriers.

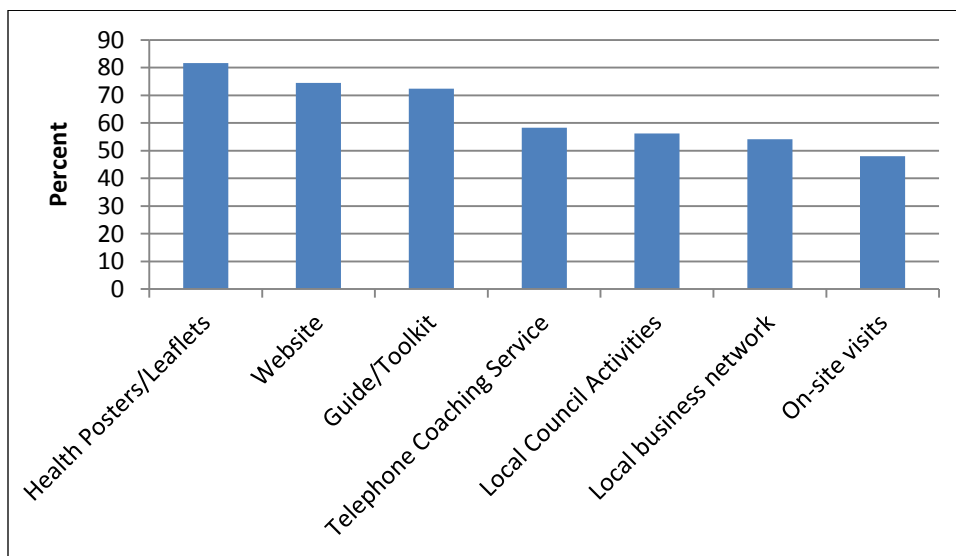


**Figure 9. Barriers to undertaking workplace health promotion activities (Yes/No)**



Almost all medium/large workplaces (90.5%) indicated that workplace health promotion was possible for their organisation to implement, compared to 63.6% ( $p < .05$ ) of small workplaces. Less than half of respondents (41.2%) indicated they were interested in receiving assistance to undertake activities to support the health and wellbeing of their employees. Figure 10 shows the types of assistance and resources workplaces indicated would be very or somewhat useful, whether or not they were considering implementing WHP activities.

**Figure 10. Types of Assistance**



## DISCUSSION

The Workplace Health Promotion Employer Survey in Lithgow was undertaken due to the lack of information in Australia on workplace health promotion activity and the need for a suitable measurement tool to assess the impact of current government initiatives targeting workplaces. This study allowed for the development and testing of a workplace health promotion survey that is suitable for large scale use and for all business sizes and types.

The survey was useful in profiling workplaces at a local level with respect to industry, workplace size and workforce, and to link this to information on current workplace health promotion activity and the attitudes of employers to WHP. It has a number of strengths, including suitability for a range of administration methods and for implementation in workplaces of all sizes.

The question on stage of change provided useful information for those planning activities. Understanding the stage of change at which organisations are can assist in tailoring approaches at a local or industry level.

A high proportion of participants thought that promoting the health and well-being of employees should have a higher priority than it currently has. This suggests opportunities for engaging with workplaces and providing intervention and support. The proportion of workplaces that 'strongly agreed' that workplace health promotion had benefits, such as improved productivity, impact on sick leave and staff retention and satisfaction, for businesses were generally low (23.0-41.8%). Raising awareness of these benefits may be an appropriate strategy for workplaces in this area and may assist in moving the high proportion of workplaces (51%) who were in 'pre-contemplation', (not considering implementing workplace health promotion activities) to a stage where they would consider undertaking activities.

Time restraints, financial costs, lack of employee interest and knowledge of activities to undertake were barriers to implementing workplace health promotion. Workplaces require advice on practical low-cost, low-resource activities they can undertake, along with ideas for promoting and engaging employees. Again, businesses would benefit from a greater awareness of the diversity of WHP activities and the need to address the organisational structure and workplace environment, in addition to providing activities that relate to individual behaviours.

Overall, this study provided useful information on the extent of workplace health promotion activity, factors associated with undertaking WHP, and business attitudes regarding WHP in a sample of businesses in Lithgow. The study demonstrated the feasibility of implementing a workplace survey on workplace health promotion across a range of industries and sizes.

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## APPENDIX A:

**Table A1: Allocation of Australian Bureau of Statistics (ABS) Industry Divisions to Four Industry Sectors**

Australia and New Zealand Industry Code 2006 Division	SECTOR
A Agriculture, Forestry and Fishing	Production
B Mining	Production
C Manufacturing	Production
D Electricity, Gas, Water and Waste Services	Production
E Construction	Production
F Wholesale Trade	Production
G Retail Trade	Service
H Accommodation and Food Services	Service
I Transport, Postal and Warehousing	Production
J Information Media and Telecommunications	Technical
K Financial and Insurance Services	Technical
L Rental, Hiring and Real Estate Services	Service
M Professional, Scientific and Technical Services	Technical
N Administrative and Support Services	Service
O Public Administration and Safety	Government & Community
P Education and Training	Government & Community
Q Health Care and Social Assistance	Government & Community
R Arts and Recreation Services	Service
S Other Services	Service

\*number of adults(aged 15-65 years) in National Health Survey dataset by industry division