

# Health Assets Project 2008

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**Version 4.0:** 2009-11-04

**DOI:** <https://doi.org/10.5878/rhe6-j708>

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## Associated documentation

0870\_001eq.pdf (304.97 KB)

0870\_001q.pdf (424.29 KB)

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0870-001KB.pdf (559.66 KB)

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Teknisk rapport med bilagor.pdf (731.46 KB)

Teknisk rapport091124.pdf (2.92 MB)

## Citation

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### **Creator/Principal investigator(s)**

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### **Research principal**

[University of Gothenburg](#) - Department of Public Health and Community Medicine

### **Description**

The Health Assets Project is being carried out by the GendiQ research group at the Unit of Social Medicine. The project examines the individual, organisational and societal factors affecting the return to work of people on sick leave, and what factors contribute to people not becoming sick-listed at all. The Health Assets Project is a longitudinal cohort study, with initially two data collection periods. The first was conducted in the spring of 2008 and the second was due in the autumn of 2009. The data was collected through mailed questionnaires and registry data. In the spring of 2008, a survey was mailed out to a sample drawn from the registers held by SCB and Social Insurance, comprising both sick and healthy people registered in the county. The study population is based on three cohorts; the general population cohort, the sick-listed employer-reported cohort and the sick-listed self-reported cohort. In the first data collection in the spring of 2008, a total of 7 835 people participated, of which the population cohort comprised 4 027 people, the employer-reported cohort 3310 and the self-reported cohort 498. The proportion of women was higher than the men in all three cohorts, 55 % in the population cohort, 66 % in the employer-reported cohort and 65 % in the self-reported cohort.

Purpose:

The specific aims of the project are: 1) To examine the differences in self-reported health between a general population and incident sick-leave cohorts. 2) To examine the work-related factors that promote people returning to work after having been sick-listed. 3) To examine the living conditions, i.e. individual-related and psychosocial factors, that promote people returning to work after having been sick-listed. 4) To examine the factors that during the rehabilitation function as resources or barriers in the process from sick-leave to returning to work.

Dataset includes the 7835 individuals responding to the first questionnaire, in 2008.

### **Data contains personal data**

No

### **Language**

[English](#)

## [Swedish](#)

### **Unit of analysis**

[Individual](#)

### **Population**

Individuals aged 19-64 years (at 31/12 2008) registered in Västra Götaland at the time of the 2008 survey

### **Time Method**

[Longitudinal: Cohort/Event-based](#)

### **Sampling procedure**

[Probability: Simple random](#)

[Probability: Systematic random](#)

Målpopulationen var alla personer i åldern 19 - 64 år som vid mättilfället, 2008, var folkbokförda i Västra Götaland. Rampopulationen bildades med register över totalbefolkningen (RTB). I urvalet önskade man få med ett relativt stort antal personer som nyligen påbörjat en sjukskrivningsperiod som pågått i mer än 14 dagar. För detta användes uppgifter från Försäkringskassans register.

Statistiska Centralbyrån (SCB) identifierade befolkningsurvalet genom att göra ett obundet slumpmässigt urval (OSU) från registret över totalbefolkningen (RTB). Försäkringskassan identifierade de två sjukskrivningsurvalen genom att göra ett uttag från sina register över sjukskrivna.

Populationen delades in i tre stratum. I stratum 1 ingick arbetsgivaritmälda personer i åldern 19-64 år som Försäkringskassan tagit fram ur deras register, vilka motsvarade 49 % av samtliga som under den period Försäkringskassan gjorde sina uttag hade anmälts sjuka av arbetsgivare. Alla de arbetsgivaritmälda som Försäkringskassan tagit fram från registret ingick i studien. I stratum 2 ingick övriga personer i åldern 19-64 år, som själva hade anmält sig sjukskrivna, som Försäkringskassan tagit fram ur deras register. I stratum 2 drogs ett urval enligt metoden för obundet slumpmässigt urval (OSU). I stratum 3 ingick personer som Statistiska Centralbyrån (SCB) identifierade genom ett obundet slumpmässigt urval (OSU).

Den totala urvalsstorleken var 15 185 individer. Urvalet i stratum 1 var 6 165 personer, urvalet i stratum 2 var 1 000 personer och urvalet i stratum 3 var 8 020 personer.

För ytterligare beskrivning av urvalet finns följande dokument att ta del av: 'Teknisk rapport 0870-001' samt 'Fördröjningsanalys från Försäkringskassan'.

Urvalet för 2009 års undersökning utgjordes av svarsängden i 2008 års undersökning.

### **Time period(s) investigated**

2008-04-15 - 2008-06-30

### **Variables**

400

### **Number of individuals/objects**

7835

## **Weighting**

See the section '7. Viktberäkning' in the technical report from Statistics Sweden.

## **Response rate/participation rate**

51.8%

## **Data format / data structure**

Numeric

## **Data collection 1**

- Time period(s) for data collection: 2008 – 2008
- Data collector: Statistics Sweden
- Source of the data: Registers/Records/Accounts, Population group

## **Data collection 2**

- Mode of collection: Self-administered questionnaire: paper
- Time period(s) for data collection: 2008-04-15 – 2008-06-30
- Data collector: Statistics Sweden
- Source of the data: Registers/Records/Accounts, Population group

## **Geographic spread**

Geographic location: [Sweden](#)

Geographic description: Västra Götaland

## **Lowest geographic unit**

Municipality

## **Highest geographic unit**

County (NUTS 3)

## **Responsible department/unit**

Department of Public Health and Community Medicine

## **Ethics Review**

Gothenburg - Ref. 039-08

## **Research area**

[Working conditions](#) (CESSDA Topic Classification)

[Cultural activities and participation](#) (CESSDA Topic Classification)

[Medical and health sciences](#) (Standard för svensk indelning av forskningsämnen 2011)

[Health sciences](#) (Standard för svensk indelning av forskningsämnen 2011)

[Public health, global health, social medicine and epidemiology](#) (Standard för svensk indelning av forskningsämnen 2011)

[Social welfare systems/structures](#) (CESSDA Topic Classification)

[Health](#) (CESSDA Topic Classification)

[General health and well-being](#) (CESSDA Topic Classification)

[Family life and marriage](#) (CESSDA Topic Classification)

## **Keywords**

[Culture](#), [Leisure time](#), [Children](#), [Housework](#), [Job satisfaction](#), [Family life](#), [Friends](#), [Drinking behaviour](#), [Ill health](#), [Diseases](#), [Smoking](#), [Labour and employment](#), [Civil status](#), [Sex](#), [Life events](#), [Workplace](#), [Sick leave](#), [Symptoms](#), [Repetitive work](#), [Longitudinal studies](#), [Prospective studies](#), [Exercise](#), [Public health](#), [Health](#), [Mental health](#), [Sick leave](#), [Social support](#), [Working conditions](#), [Leisure time activities](#), [Private health services](#), [State health services](#)

## **Publications**

Jonsson R. Psychosocial Working Conditions - The Demand-Control-Support model as predictor of sickness absence among citizens in Västra Götalands county 2008. Master thesis in statistics. The University of Gothenburg, 2010.

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Löve J, Holmgren K, Torén K, Hensing G. Can Work ability explain the distributional differences of sickness absence over socioeconomic groups? BMC Public Health 2012;12:163.

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[Swepub | Institutional Repository](#)

**DOI:** <https://doi.org/10.1186/1471-244x-13-259>

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Carlsson S, Warmenius F. Life change events among a group of sick-listed and a group of working women and men in the region of Västra Götaland. Bachelor thesis in Occupational therapy. The University of Gothenburg, 2011.

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## **Accessibility level**

Access to data through SND  
Access to data is restricted

## **Use of data**

[Things to consider when using data shared through SND](#)

## **Versions**

[Version 6.0](#). 2013-12-13

[Version 5.2](#). 2013-12-06

[Version 5.1](#). 2010-10-11

[Version 5.0](#). 2010-10-11

[Version 4.2](#). 2010-05-27

[Version 4.1](#). 2009-06-22

[Version 4.0](#). 2009-11-04

[Version 3.0](#). 2009-07-01

[Version 2.1](#). 2008-11-21

[Version 2.0](#). 2008-11-18

Version 1.1. 2008-10-27

[Version 1.0](#). 2008-08-25

## **Homepage**

[The study homepage](#)

## **Related research data in SND's catalogue**

[Health Assets Project 2009](#)

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