

Sickness absence and Public Health – current knowledge base

Introduction: Sickness absence is often referred to both as a major public-health problem and an indicator of such problems and data on sickness absence are increasingly used in public-health research. However, in spite of the great consequences sickness absence has on individual, family, work place, and society the scientific knowledge base is small. There are also specific methodological problems regarding this research related to great variations in terminology, measures, and theories used, and that the sickness-absence systems vary between nations and over time.

Ill health leading to reduced work capacity is a universal phenomenon for human beings and sickness-absence insurance is an essential part of each modern welfare state. The relation between different types of such insurance systems and the public health is hardly at all studied, nor the large variations in sickness absence with social class, occupation, age, gender and ethnicity, both totally and with different diagnoses

The aim of this workshop is to begin a review on the current knowledge base on sickness absence and to discuss the relationship between sickness absence and ill health and social inequalities.

Chairman: Professor Sir **Michael Marmot**.

Presentations

1. Sickness absence as a measure of health status and functioning. Professor Sir Michael Marmot, Great Britain. This abstract is not ready yet.
2. The role of sickness certification for marginalisation of individuals? Niels K Rasmussen, Denmark
3. Social inequalities among long term sick-listed persons in Norway: who is in work, on disability benefits, or in an insecure situation after three years? Karen Therese Haugstvedt, Norway
4. Research on sickness absence: focus, research questions asked, methods used. Ass Prof, Kristina Alexanderson, Sweden

Discussion

1. What is the state of the current knowledge base? In which areas is more knowledge warranted?
2. What methodological aspects are in need of development?
3. Which areas are most urgent to focus on?
4. Can we agree on some measures of sickness absence that we all could focus on?
5. To what extent is sickness certification a motor in medicalisation of other problems in society? What are the consequences of this, for individuals and for public health?

Welcome!