



J. Anthony Cookson

Anticipated Entry and Entry Deterrence: Evidence from the American Casino Industry.

Aims: The aim of this study was to analyse the link between psychosocial factors in the neighbourhood and work environments, and psychosomatic health problems. **Methods:** The data were collected in the survey 'Life and Health', which was conducted in 2000 in six Swedish county councils. A total of 71,580 questionnaires were distributed to randomly selected individuals aged 18-79. A total of 46,636 respondents completed the questionnaire. This gives a response rate of around 65%. For the purpose of this study only gainfully employed individuals aged 18-64 are included, which gives a total of 22,164 individuals: 11,247 (50.7%) women and 10,917 (49.3%) men. Two scales were used to measure the psychosocial environments in the neighbourhood and at work. The link between these scales and psychosomatic health problems was analysed by using multinomial logistic regression. **Results:** The results show that both 'Psychosocial Neighbourhood Environment' (PNE) and 'Psychosocial Working Environment' (PWE), independently, are related to psychosomatic health problems. Hence, the health effects of social relations in the neighbourhood were not modified by the quality of social relations at work, or vice versa. The levels of psychosomatic health problems are highest for people experiencing a low degree of social solidarity in the neighbourhood and for those experiencing low degrees of supportive work relationships. **Conclusion:** The strong, but independent, effects of social factors related to the neighbourhood and to the workplace on psychosomatic health problems point to the importance of simultaneously considering social relations in different arenas in order to increase the knowledge of the connection between social relations and health.