



From Calton to Iraq and back?

Bruce Whyte

GCPH Symposium, Teacher Building, Glasgow, 28 February 2013

In Iraq, life expectancy is 67. Minutes from Glasgow city centre, it's 54

In deprived inner city area of Calton, the chance of surviving to old age is lowest in UK

Audrey Gillan

The Guardian, Saturday 21 January 2006 09.05 GMT

There are ghosts sitting in the Cottage bar in Glasgow's Calton area. The locals call them the missing generation, the men who died before their time. Sometimes the drinkers dip their heads or lift their pints to them. They may not see them but all the drinkers know they are there. Jimmy, Swifty, Davy and many more.

For here in this multi-deprived inner city area, the average life expectancy of a male is just 53.9 years. In Iraq, after 10 years of sanctions, a war and a continuing conflict, suicide bombs and insurgency, the average man has a good chance of making it into his 60s; the life expectancy of a male there is 67.49. In Iran it is 69.96, in North Korea, 71.37 and in the Gaza Strip it is 70.5.

26% of the population say their health is not good and 52% smoke, compared with 25% of Scotland's average population. Alcohol abuse admissions to hospital are way above the national average. Also eating away at Calton's life expectancy are cancer, heart attacks, diabetes, drug overdose and suicide. For here, deprivation bites into almost every home: 44% are on incapacity benefit, 37% live in a workless household and 30% of homes are occupied by a lone parent.

Such startling figures were seized upon by the Conservative leader, David Cameron, at the launch of his party's social justice policy. He attacked the chancellor, saying: "We desperately need new thinking if we're to tackle the problems of multiple deprivation ...

"Gordon Brown says that only the state can guarantee fairness. One look at his record exposes the hollowness of his claim. If life in Calton and Drumchapel is his definition of fairness I suggest he rethinks his guarantee."

- Let Glasgow Flourish

- Health Profil

- Miniature Gl



Key questions

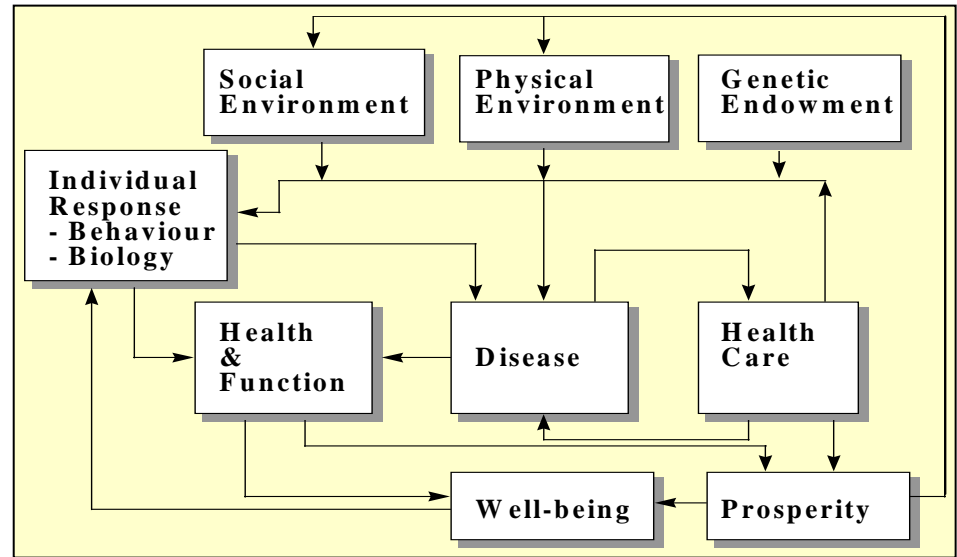
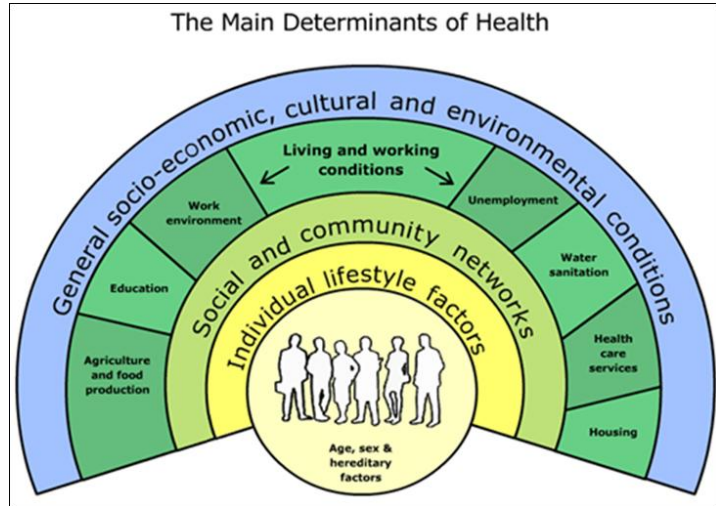
How have people used these resources?

How could they be used?

What has been learnt?

.... inequalities are an overarching theme

Underpinning – *models and data*



Dahlgren G, Whitehead M, 1991

Evans RG, Stoddart GL, 1994

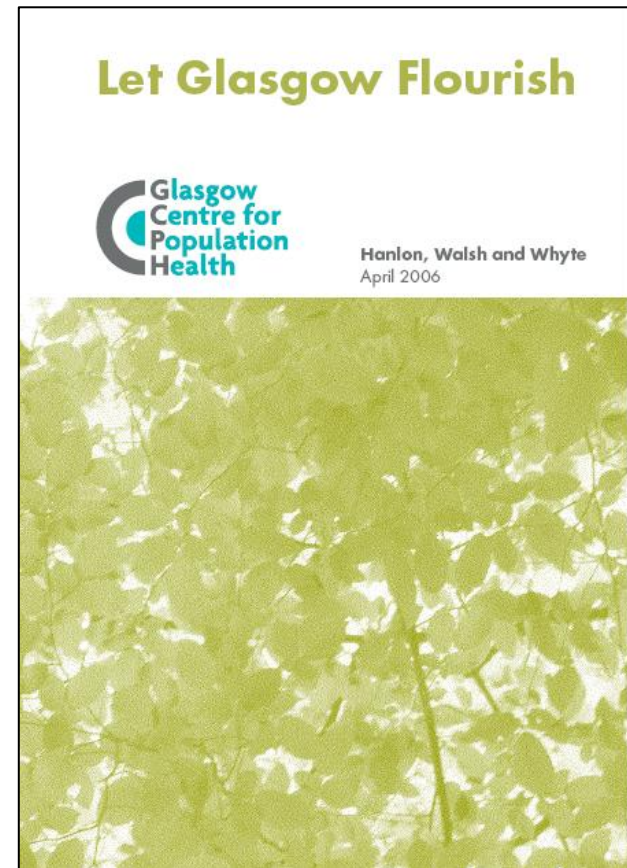
Twelve domains of the Glasgow Indicators

| Population | Poverty | Economic Participation |
|-------------------------|--------------------------|------------------------|
| Births | Access to a bank account | Economic inactivity |
| Deaths | Child poverty | Employment |
| Population estimates | Coping financially | Unemployment |
| Population projections | Deprivation | Vacancies |
| Households | Low income households | |
| Health | Lifestyle | Community Safety |
| Disability | Smoking | Overall Crime |
| Healthy life expectancy | Alcohol | Anti-social behaviour |
| Life expectancy | Drugs | Violence |
| | Diet | Unintentional injury |
| | Physical activity | Acquisitive crime |
| | Obesity | |

| Education | Environment | Transport |
|--|-----------------------------|-------------------------------|
| Destination of school leavers | Greenspace | Traffic Volume |
| Highest educational qualification | Proximity to derelict sites | Travel to work |
| Qualifications of work age adults | Housing | Travel to school |
| School attendance | Air quality | Road Casualties |
| Teenagers not in education, employment or training | Fuel poverty | Cycling |
| | Recycling | |
| Social Capital | Mindset | Cultural Vitality |
| Social Participation | Religion | Attendance at cultural events |
| Social networks and support | Politics | Sports participation |
| Reciprocity and trust | Newspaper readership | Presence |
| Civic participation | Satisfaction and happiness | Support |
| View of local area | Suicide | |
| | Community involvement | |
| | Trust | |
| | National identity | |

“Let Glasgow Flourish”

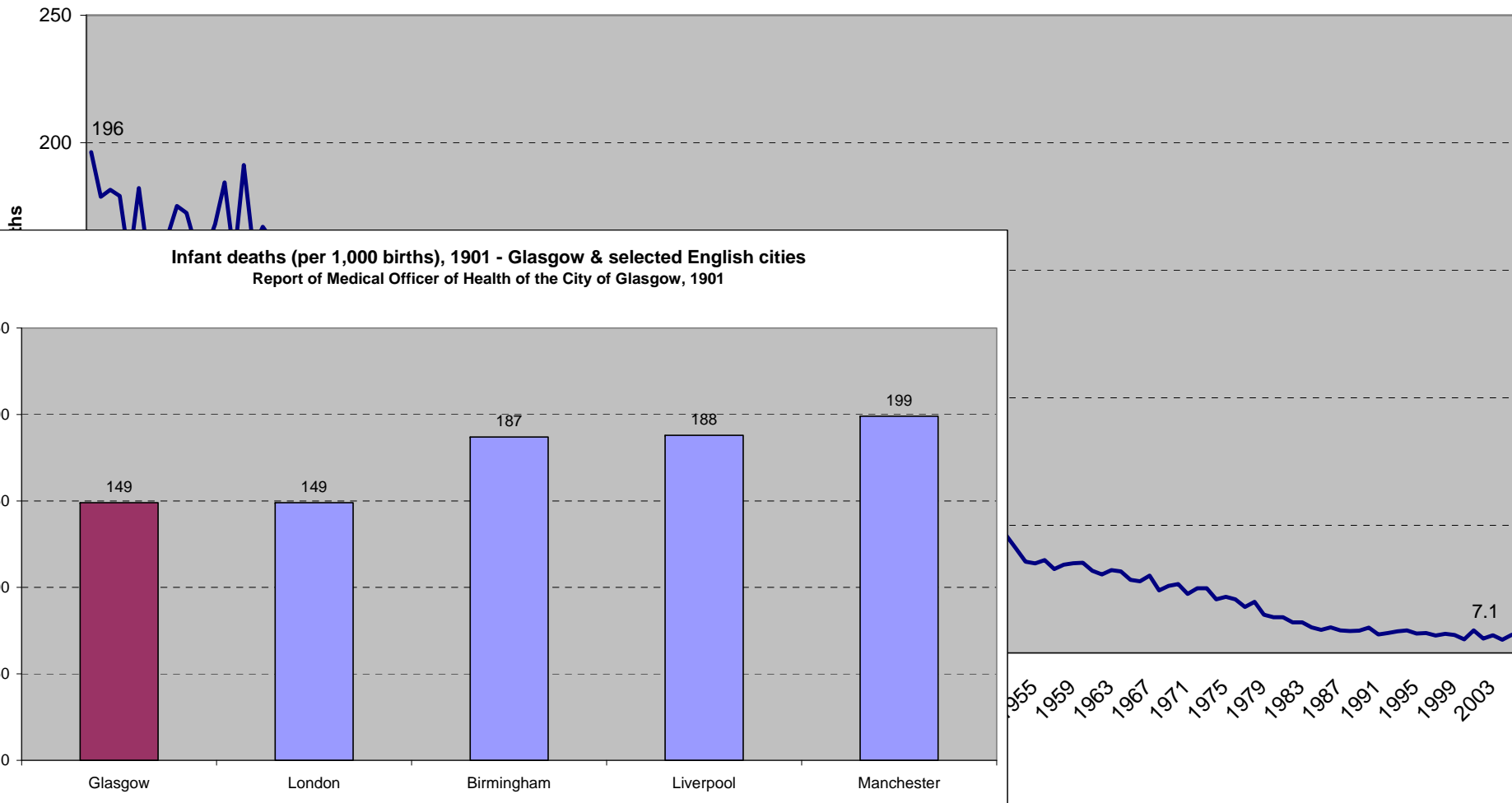
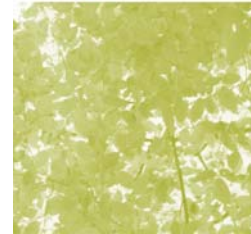
- Comprehensive report on the health & well-being of Glasgow/West of Scotland (April 2006)
- 13 chapters
- 300+ graphs



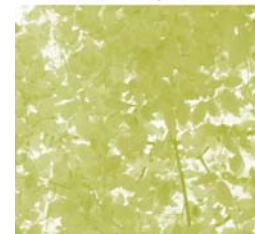
Infant deaths

Infant Deaths (under 1 year) per 1,000 births in Glasgow; 1855 - 2004

Source: Reports of Medical Officer of Health (1898, 1925, 1926, 1972);
Registrar General of Scotland's Annual Reports (1973-2004)



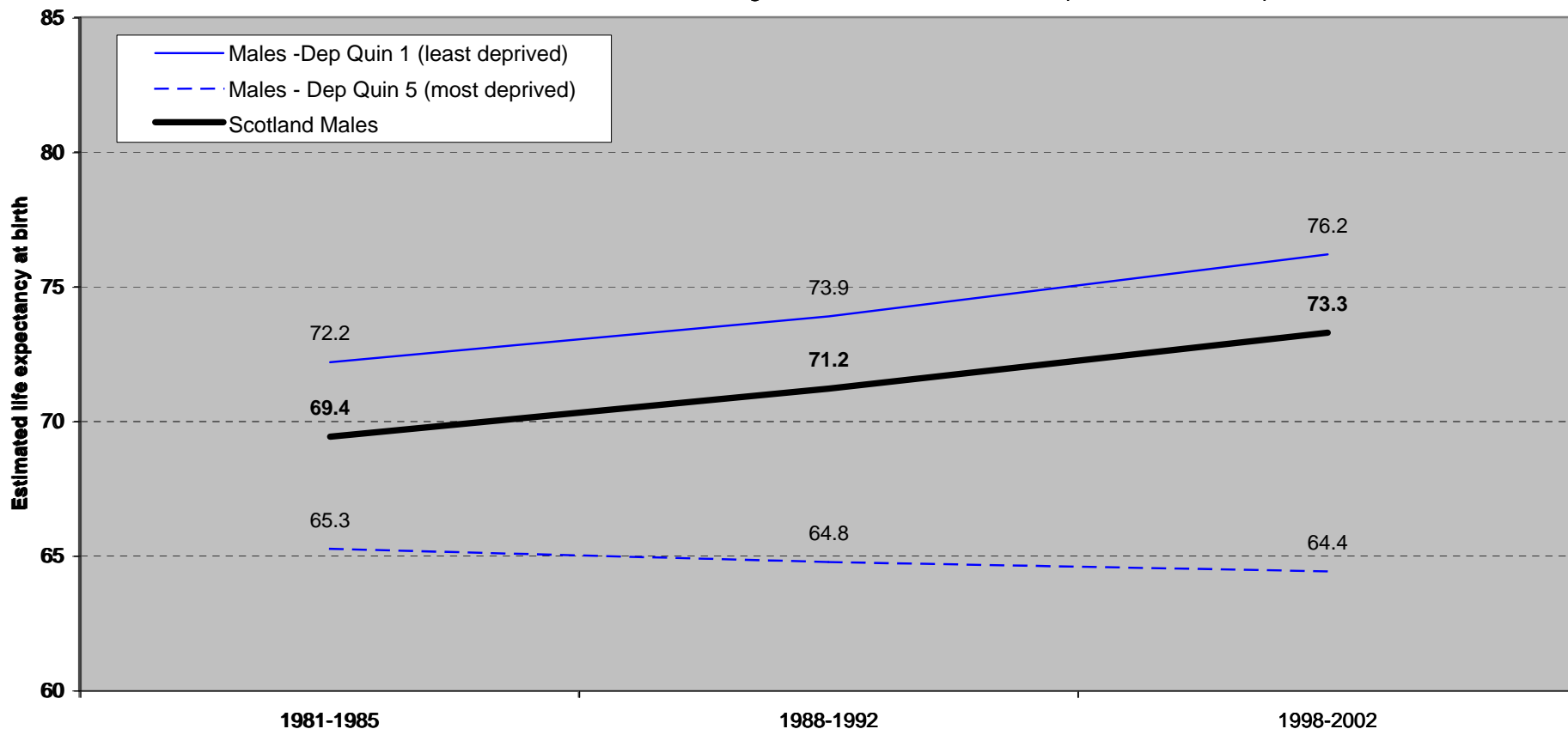
Life expectancy trend by deprivation

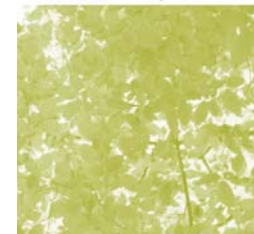


Estimates of male life expectancy, least and most deprived Carstairs quintiles, 1981/85 - 1998/2002 (areas fixed to their deprivation quintile in 1981)

Greater Glasgow

Source: calculated from GROS death registrations and Census data (1981, 1991, 2001)





TUESDAY APRIL 18, 2006

Bank's internet service crashes

CAMERON SIMPSON
and DAVID CLEGG

THOUSANDS of bank customers were hit over the Easter weekend after the Clydesdale's online service went down.

The service went offline on Friday evening preventing customers from logging into their

account or carrying out any transactions.

One customer told The Herald he had been trying to access the bank's online service for two days but had found it permanently "unavailable".

He said: "A hold screen on the site refers to 'essential maintenance' but a somewhat panic-stricken young man I

spoke to admitted not even CB's engineers could access anyone's account details and no-one had any idea when anybody might be able to carry on business. He was unable to give a response to my query as to whether the system had been hacked or whether any customers' personal information or funds were at risk."

Deaths set to double in 'epidemic' of drink abuse

Strategy failing Glasgow but health is improving

HELEN PUTTICK
HEALTH CORRESPONDENT
helen.puttick@theherald.co.uk

DEATHS linked to drinking

six deaths in Europe. It is the second worst European country for the disease, overall for women and third worst for men.

abuse epidemic be overcome, the answer is alcohol becomes less a feature of all our lives would need to have a whole population response. That

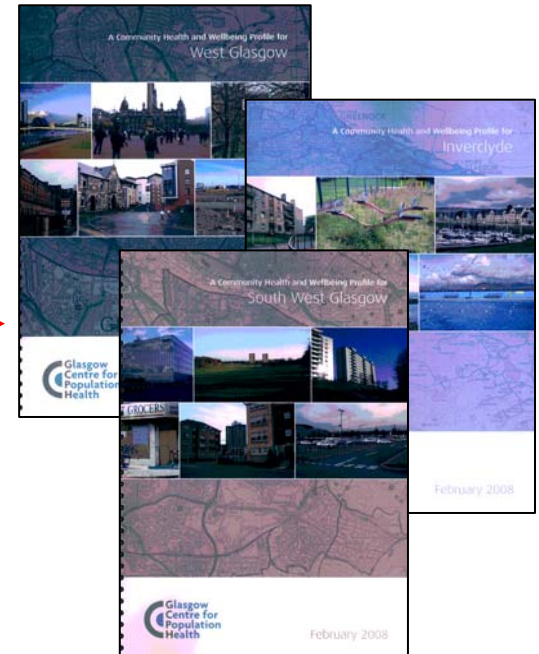
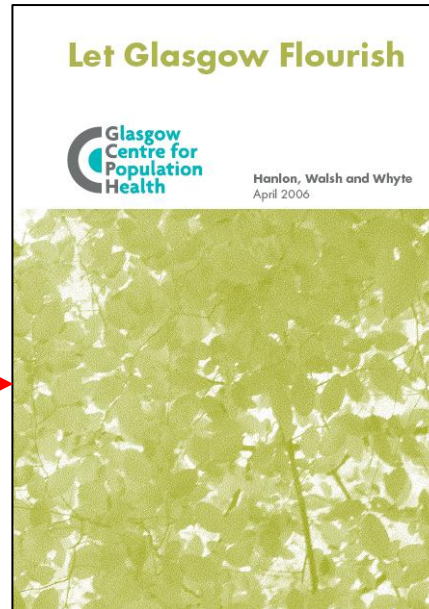
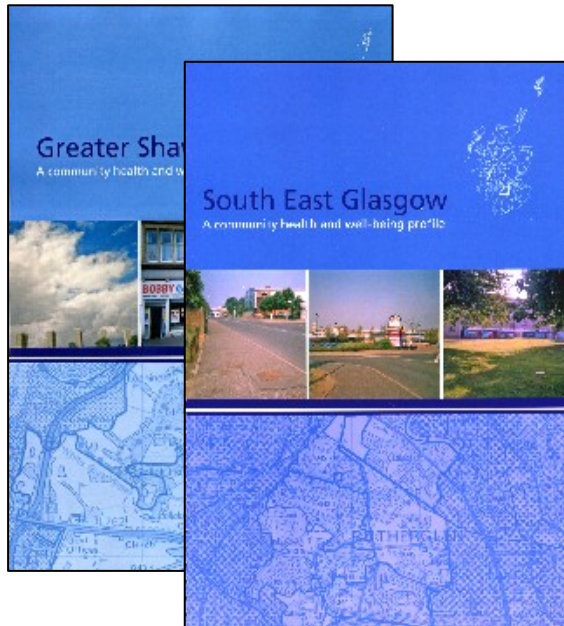
What did we say in conclusion?

“Past and current strategies have not worked/are not working”

“Glasgow needs a new approach”

“Report calls for a so-called ‘civic conversation’ to find a new approach”

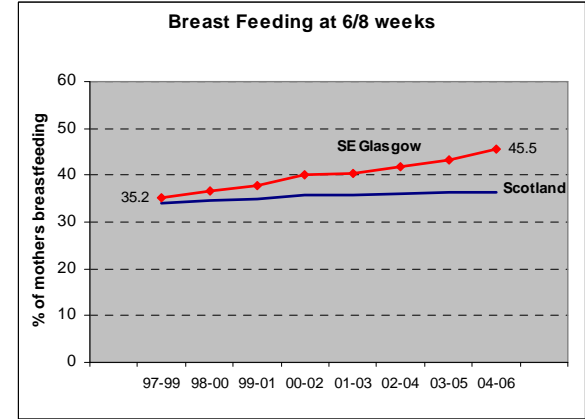
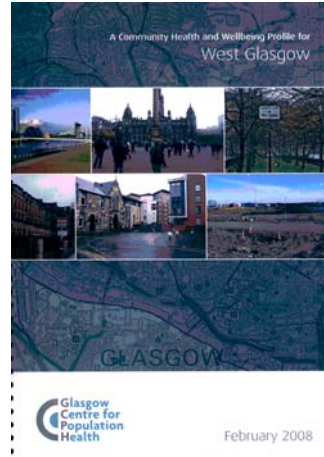
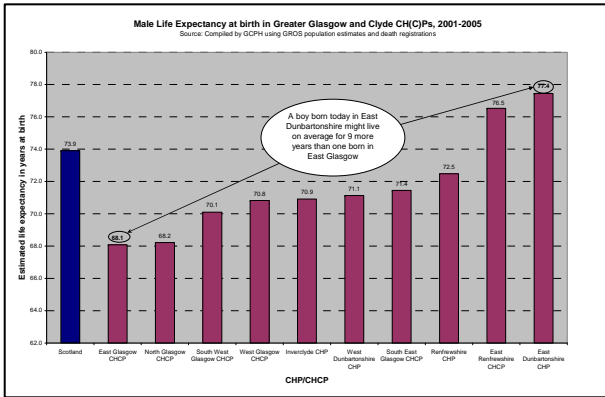
Community Health Profiles



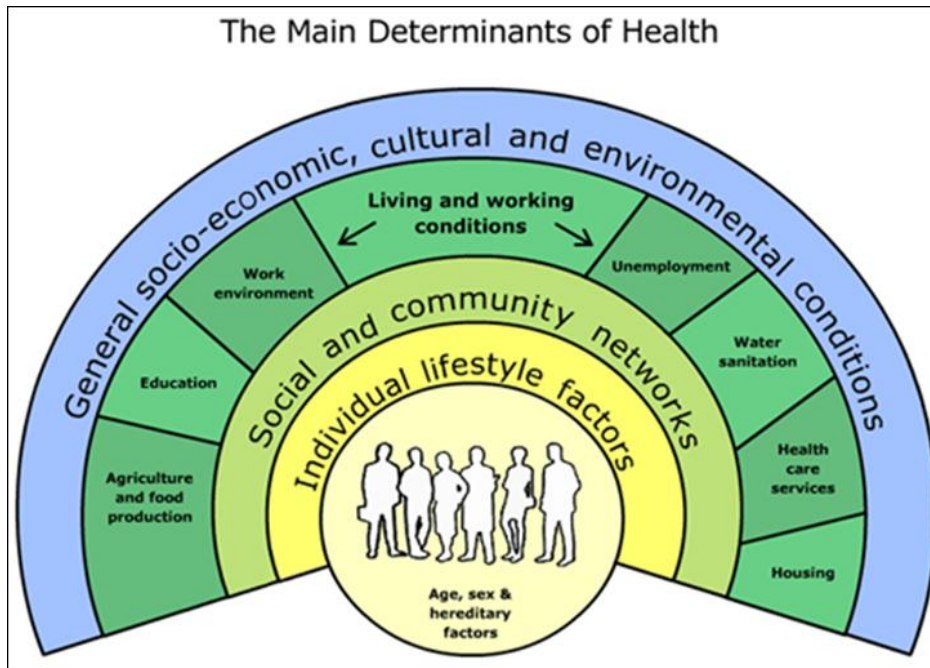
Provide CHP/CHCPs and communities with up-to-date and locally-relevant public health intelligence

Show trends in key indicators

Highlight health and social inequalities



Developing knowledge and understanding of the complexities around health and health inequalities



Provide local level information to aid priority-setting and the targeting of resource

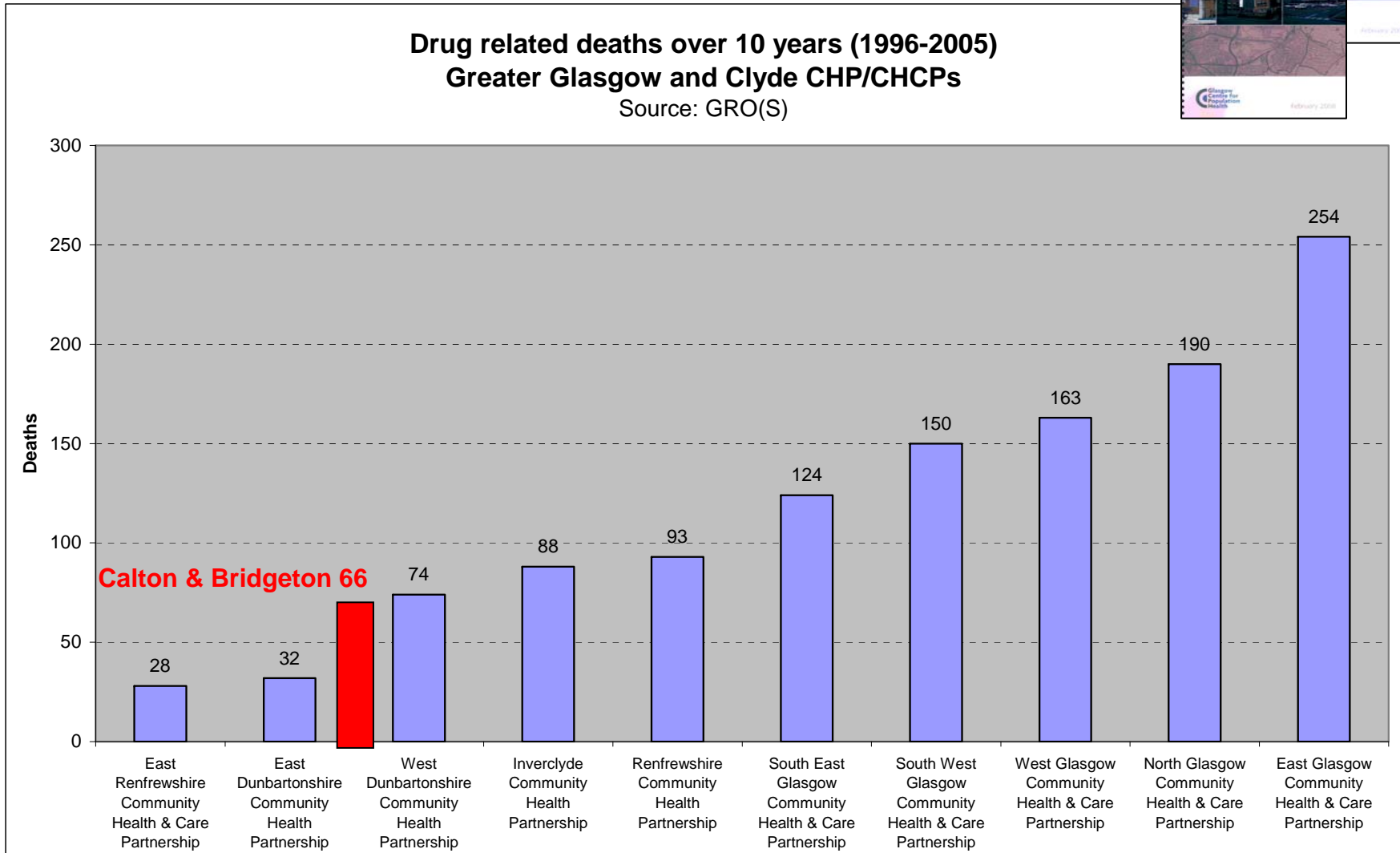
Inverclyde CHP

| Indicator | Number | Rate | Scottish Average (%) |
|---------------------------------|--------|------|----------------------|
| Age-standardized mortality rate | 10,740 | 100% | 100% |
| Unemployment | 10,740 | 100% | 100% |
| Housing | 10,740 | 100% | 100% |
| Health care services | 10,740 | 100% | 100% |
| Water sanitation | 10,740 | 100% | 100% |
| Education | 10,740 | 100% | 100% |
| Agriculture and food production | 10,740 | 100% | 100% |

Drug related deaths

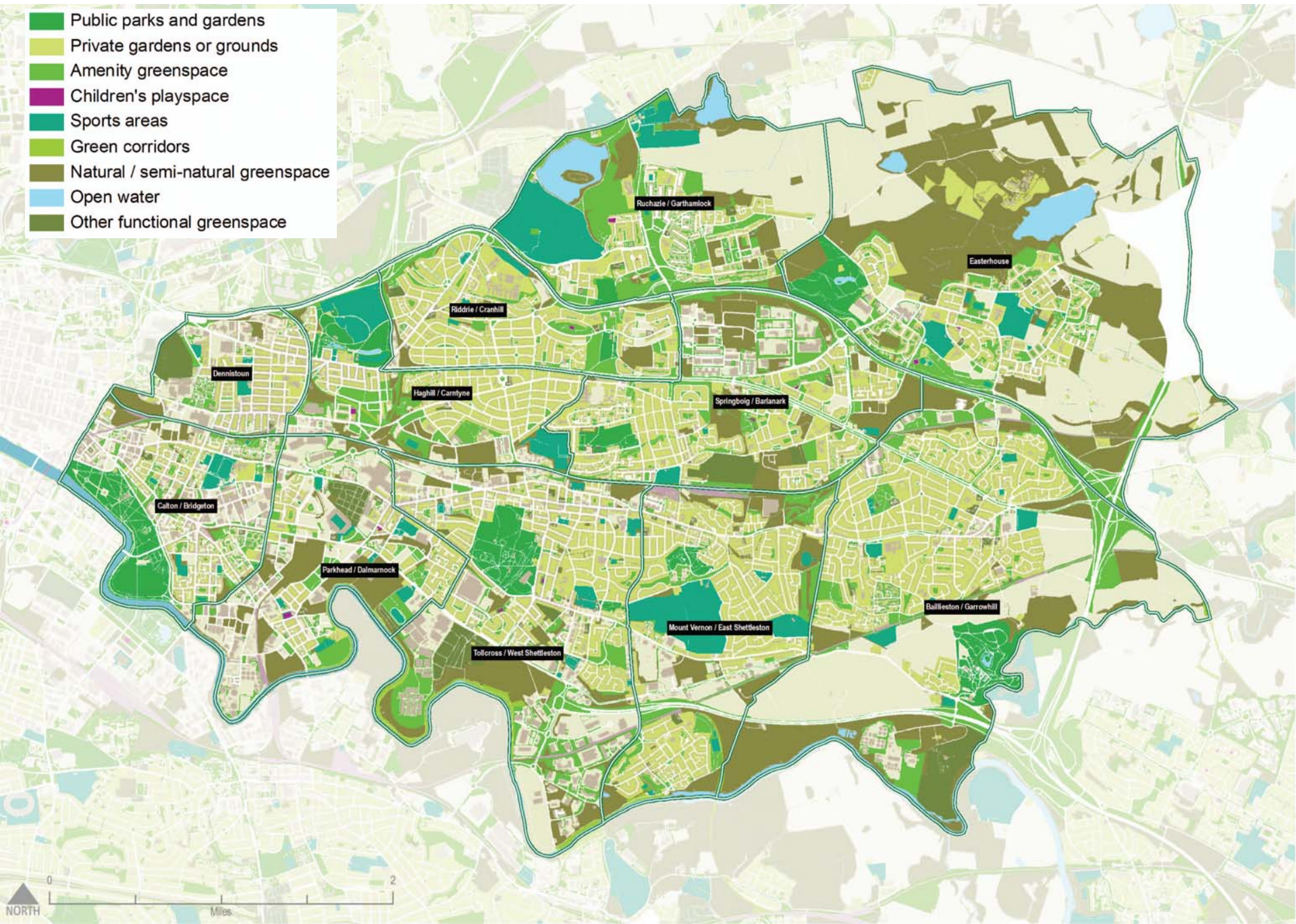


Drug related deaths over 10 years (1996-2005)
Greater Glasgow and Clyde CHP/CHCPs
 Source: GRO(S)



Greenspace map of East Glasgow

- Public parks and gardens
- Private gardens or grounds
- Amenity greenspace
- Children's playspace
- Sports areas
- Green corridors
- Natural / semi-natural greenspace
- Open water
- Other functional greenspace



Evaluation



- Confirmed that profiles are a valued resource
 - particularly as a source of **health intelligence for local Areas**
 - and to identify **neighbourhood priorities**
- Widely used as evidence in planning reports, for targeting resource, for prioritisation, etc.
- Format seen as accessible and easily understood.

Health and wellbeing profiling is well established now as a way of providing *health intelligence for communities*

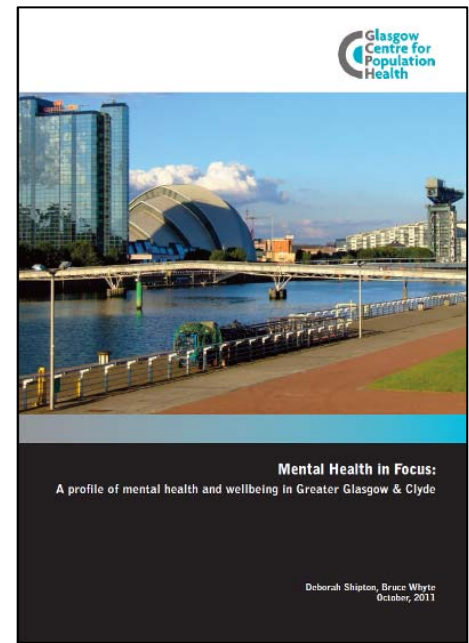
Evaluation

But, we also know there are issues that limit their use:

- Dissemination
- Information overload
- Currency of health intelligence
- Capacity and skills within PH workforce

Some solutions:

- Closer working between producers and users
- Support and dissemination



Miniature Glasgow

Glasgow has a diverse population with many new “Glaswegians.”

It has emerged from its industrial past to become a 21st century European City.

If the city of Glasgow was a village of 100 people, it would look something like this....





In Ibrox 12 are from an ethnic minority and 2 are asylum seekers



qualifications, university degree

In 1971 34 worked in jobs, by 2001



The hourly pay rate of the 10 best paid employees is 3 and a half times that of the 10 worst paid employees



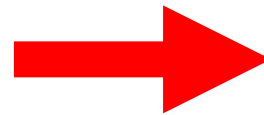
34 adults smoke

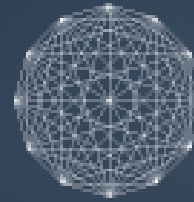


Feedback....

‘a first class tool in explaining the mix of Glasgow’s population in an easily understood manner to a disparate audience.’ *Service Director*

- ‘...even for those of us who like to think we have a good understanding of some of the issues in the city, it threw up a few surprises.’ *Policy and Research Manager, Culture and Sport Glasgow*
- ‘this is an impressive bit of work, very relevant to our current focus on inequalities and the crisis’ *Director, DG Sanco*
- ‘I have used it within my lectures on health inequalities and epidemiology with students and it has evaluated very well’ *Lecturer*

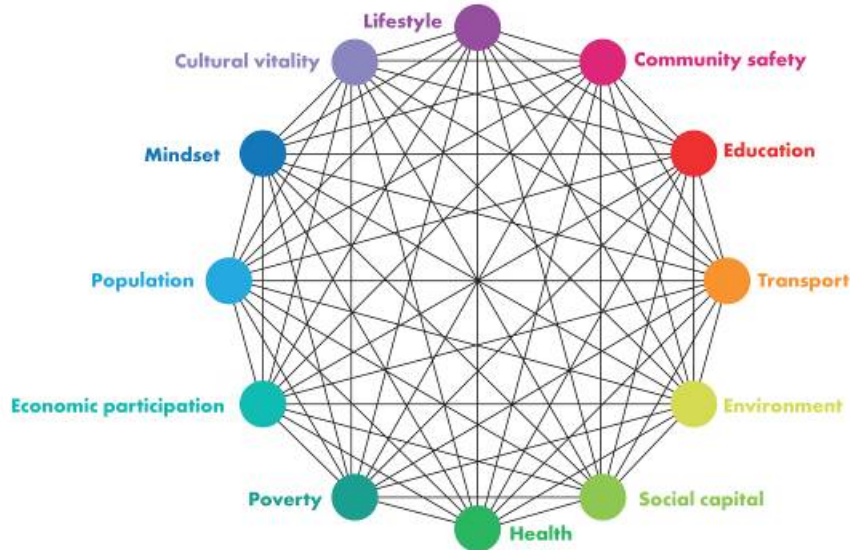




UNDERSTANDING GLASGOW

The Glasgow Indicators Project

Understanding Glasgow



www.understandingglasgow.com



Key Features

A ***basket of indicators***, rather than one index, representing a dynamic interlinked view of the city

Focus on **themes** that are clear priorities for the city

Providing a **strategic** overview

Trends to be monitored over time

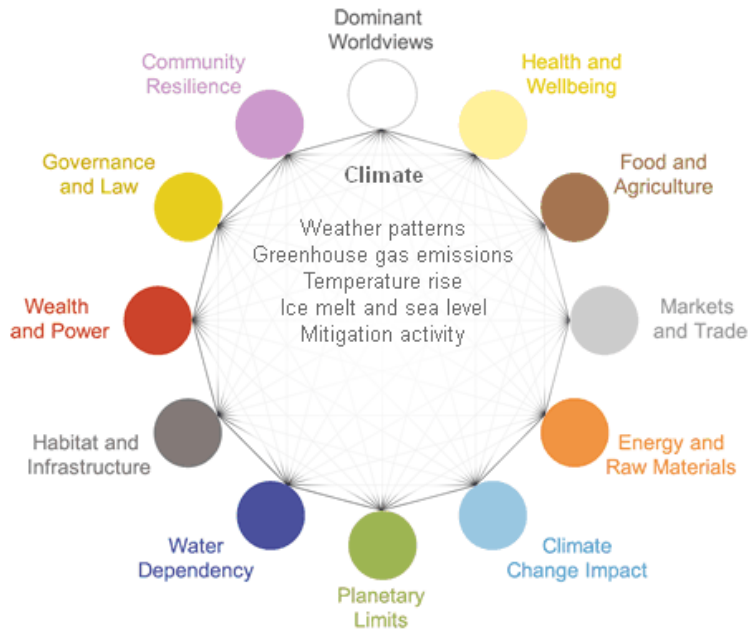
Inequality, or difference, within the city to be monitored

Comparisons to be made to other comparator **UK cities** and to **European cities** where possible

International Futures Forum

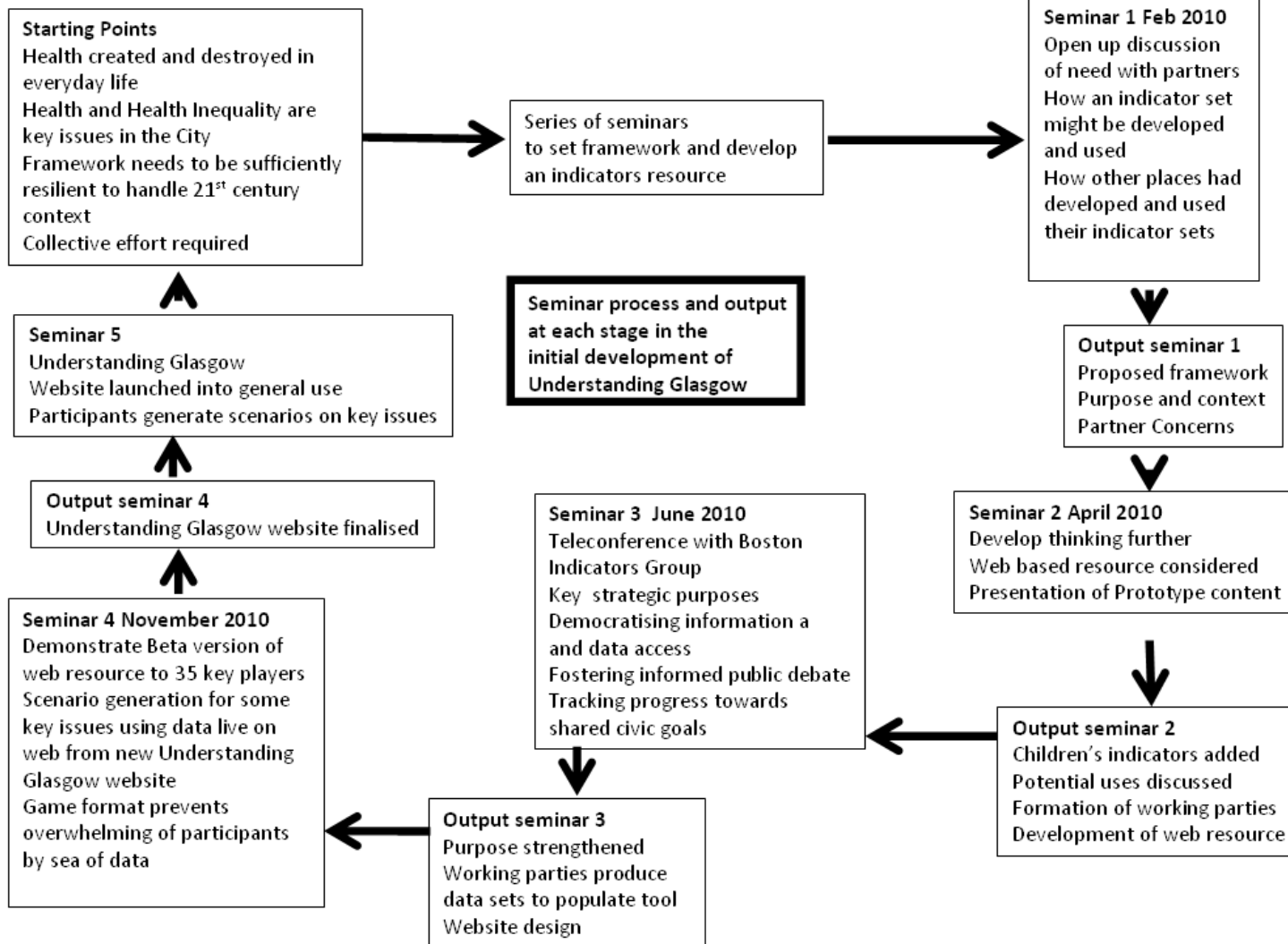
home | what | who | news | services | programme | pub

World Model



The screenshot shows the homepage of The Boston Indicators Project. At the top, there is a navigation bar with links for "Home", "About The Project", "Using This Site", "Contact Us", "Partners", and "Print". Below this is a secondary navigation bar with "Report Summary", "Civic Agenda", "Links & Resources", "Mapping Tool", and "Hub of Innovation". A search bar is located on the right side of this bar. The main navigation menu includes: "Civic Vitality", "Cultural Life & the Arts", "Economy", "Education", "Environment & Energy", "Health", "Housing", "Public Safety", "Technology", and "Transportation". Below the navigation is a large banner image of a harbor with sailboats and a wind turbine. Underneath the banner are three dropdown menus: "SECTOR CROSSCUTS", "PROFILES: PEOPLE & PLACES", and "FEATURES". The main content area features a green header for "The Boston Indicators Report 2009" and a blue header for "New @ Indicators:". The blue header contains a featured article titled "A Great Reckoning: Heading a Growing Divide" with a sub-headline "A Summary of the Boston Indicators Report 2009" and a "View video clips" link. To the right, there is a "NEW" section titled "Highlights from the Boston Indicators Report Release Event" with a video thumbnail.

Understanding Glasgow





Glasgow Indicators

- ▶ Population
- ▶ Economic participation
- ▶ Poverty
- ▶ Health
- ▶ Social capital
- ▶ Environment
- ▶ Transport
- ▶ Education
- ▶ Community safety
- ▶ Lifestyle
- ▶ Cultural vitality
- ▶ Mindset

Children's Indicators

- ▶ Health
- ▶ Learning
- ▶ Lifestyle
- ▶ Poverty
- ▶ Wellbeing
- ▶ Safety

Children's Poverty

- ▶ Overview
- ▶ Children in poverty
- ▶ Children in workless households
- ▶ Children living in a family with a disabled adult
- ▶ Children in households with financial difficulties
- ▶ Births to vulnerable groups
- ▶ **Targets and strategies**
- ▶ Resources
- ▶ Notes on data

Targets and strategies

Growing up in poverty can have a profound and lasting impact on children's outcomes. Children from disadvantaged backgrounds are more likely to have poorer levels of health, emotional difficulties, poorer educational attainment, difficult family and social relationships, lack of access to material goods, poorer quality/inadequate housing, and lack of access to leisure and out-of-school activities.

Glasgow is committed to doing all it can to address child poverty and reduce the inequalities that result from poverty and have included a commitment to reducing the proportion of children in poverty in its **Single Outcome Agreement**.

NHS Greater Glasgow and Clyde has established a Financial Inclusion Group and developed an action plan and has piloted a number of financial inclusion initiatives, one of which is the **Healthier, Wealthier Children Project**.

Scottish Government

The Scottish Government's **Child Poverty Strategy** sets out the measures being taken to tackle child poverty in Scotland. The main aims are to (a) reduce income poverty and material deprivation by maximising household resources and (b) improving children's wellbeing and life chances by tackling the underlying social and economic determinants of poverty and improving the circumstances in which children grow up. The three key policy frameworks to deliver these outcomes are :

Achieving Our Potential: A Framework to Tackle Poverty and Income Inequality in Scotland

The Early Years Framework

Glasgow Indicators

- ▶ Population
- ▶ Economic participation
- ▶ Poverty
- ▶ Health
- ▶ Social capital
- ▶ Environment
- ▶ **Transport**
- ▶ Education
- ▶ Community safety
- ▶ Lifestyle
- ▶ Cultural vitality
- ▶ Mindset

So what have we learnt..

- Local health intelligence, which is well-presented, relevant and from credible sources, will be used
- In an increasingly diverse digital age the methods we use to present, discuss and influence with our outputs need to continually evolve
- We need to be aware of:- potential for information overload, capacity issues, tailoring/summarising our findings for users with users

in relation to Understanding Glasgow (the Glasgow Indicators project):

- ...has been described as an initiative for '**democratising information**' and '**a one-stop shop**' for information
- The collaborative process of creating the UG indicators has facilitated their adoption and use

BUT

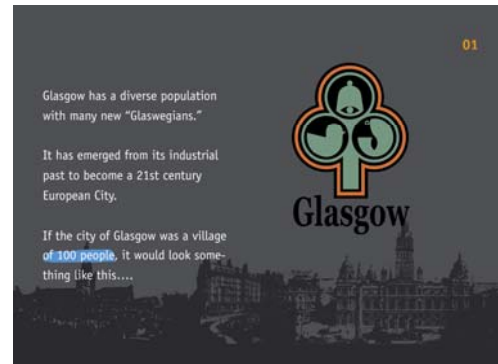
- The Glasgow Indicators project is still at an early stage and the challenge now is:
 - to develop this resource
 - to embed use of the Glasgow Indicators as a focus for engagement and debate

Films for Understanding Glasgow

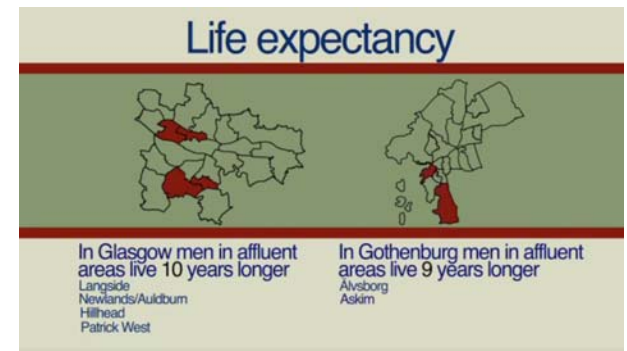
Views of Health in Glasgow - Video



Miniature Glasgow



Miniature Cities - Glasgow and Gothenburg



Glasgow Voices: A *series* of short films, through which we hope to reflect the voices, views and lived experiences of Glaswegians

Coming soon: Working men, Sense of Place and Young mothers



GCPH Symposium

‘From early understandings to new perspectives’

Thursday 28th February 2013 – The Teacher Building



Seeking to understand 'excess' mortality in Glasgow and West Central Scotland

David Walsh

GCPH

2004 - 2013

(er, and beyond...)

Telling a story...

- What we knew then
 - Including what we thought we knew
- What we did
- What we know now
- What we still need to know

- (Answer to all of the above: “a lot”)



we knew then

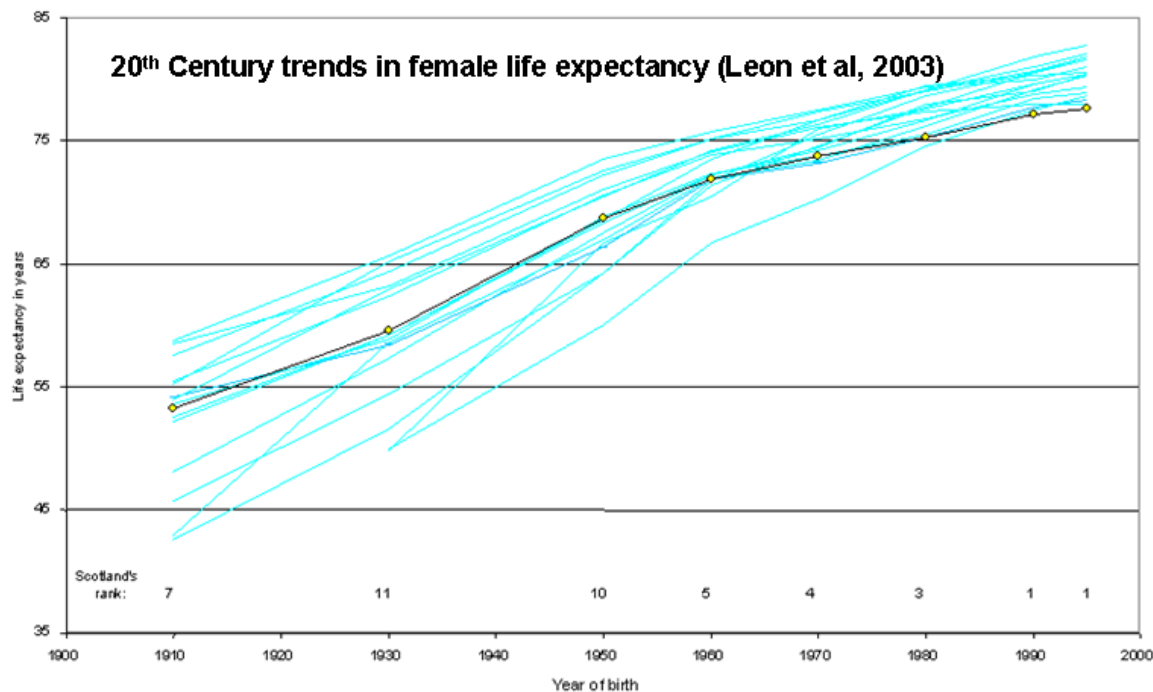
Male life expectancy, 2002-2004, Western European Countries

Source: WHO;ONS



Understanding the Health of Scotland's Population in an International Context

20th Century trends in female life expectancy (Leon et al, 2003)



Scotland's...
st...
sic...
of B...

Medication...
thousands...
dramatically...
dying from...

Young Tory st...
into the lion's...

George Osborne, at 32...
star of the Conservatives...
made new shadow chief...
Michael Howard, with...
taking on Gordon Brown...

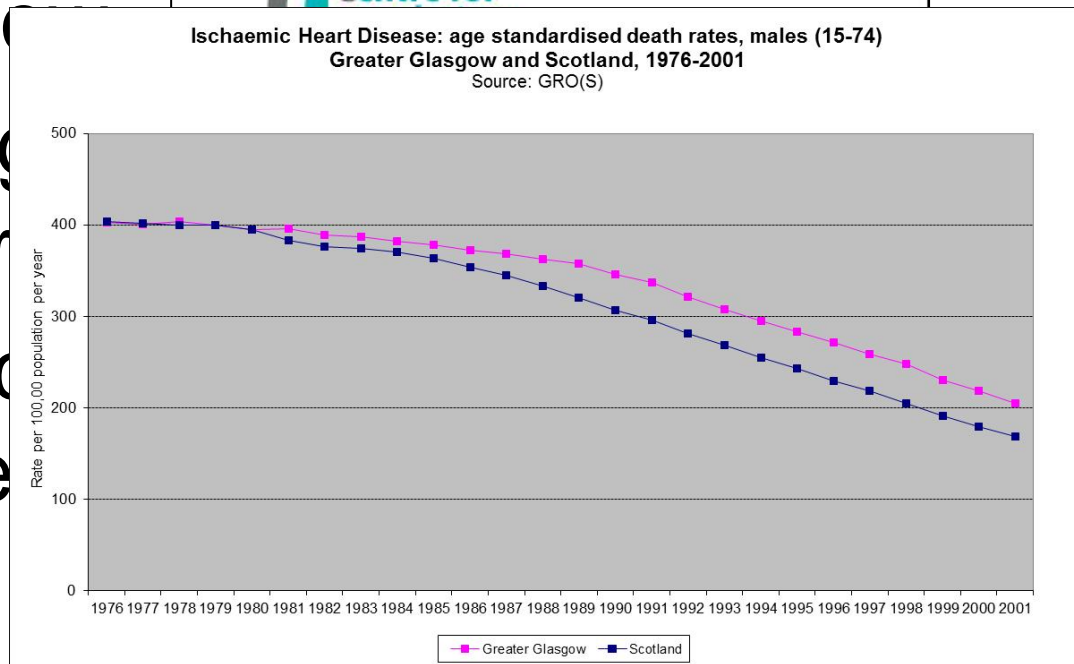
What we knew then

- High Scottish death rates in West Central Glasgow
- Driving rates in other countries
- ...and of course, the Glasgow Centre

Let Glasgow Flourish



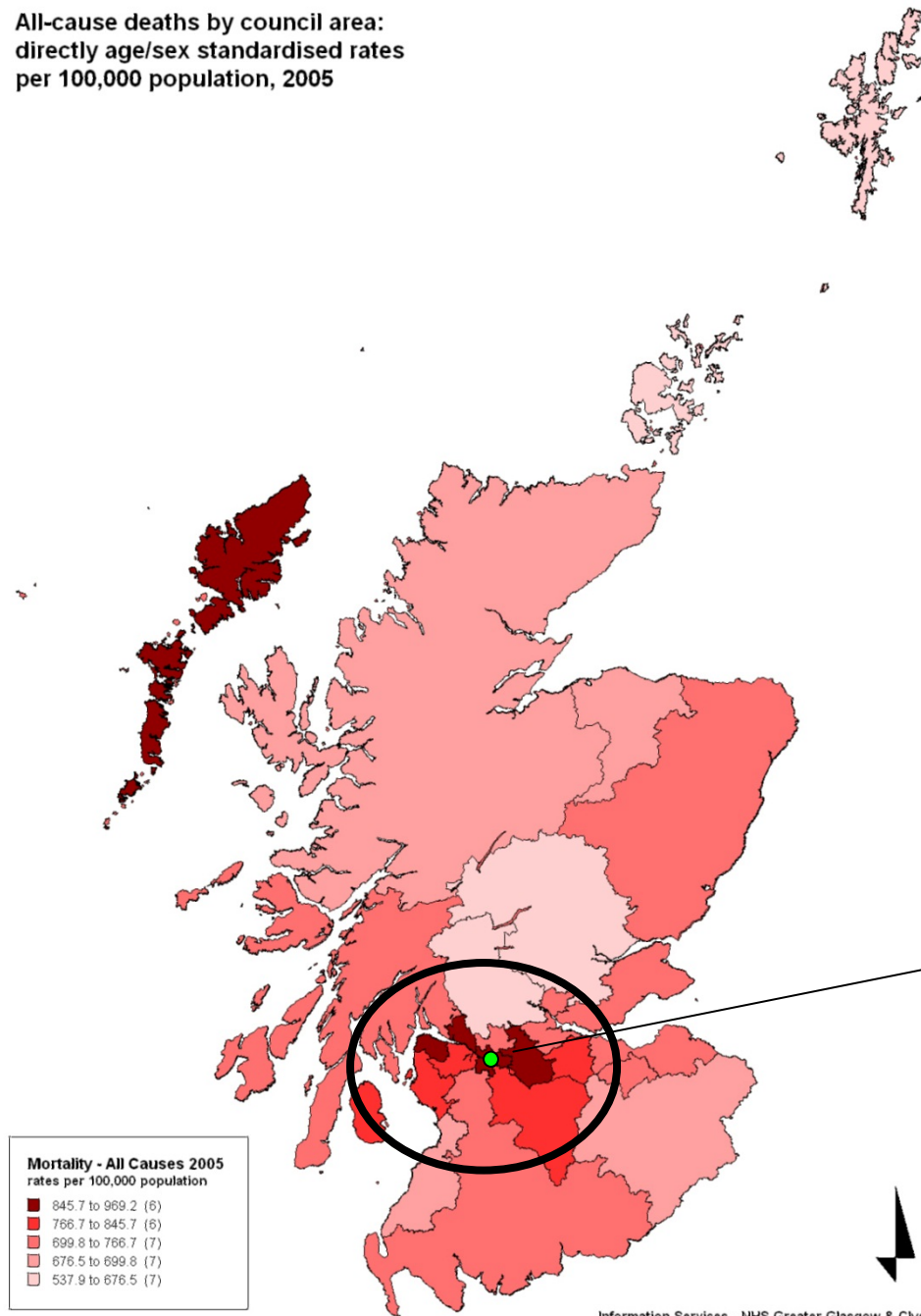
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All-cause deaths by council area:
directly age/sex standardised rates
per 100,000 population, 2005



Glasgow

Mortality - All Causes 2005
rates per 100,000 population

- 845.7 to 969.2 (6)
- 766.7 to 845.7 (6)
- 699.8 to 766.7 (7)
- 676.5 to 699.8 (7)
- 537.9 to 676.5 (7)

What we thought we knew then

- Traditional explanation for Scotland's high mortality: socio-economic deprivation (underpinned by effects of post-industrial decline)

..but some complications

Scottish
Council
Foundation

independent thinking

The Scottish Effect?

Healthy Public Policy Network

Occasional Paper

November 1998

Journal of Public Health
doi:10.1093/pubmed/idd002

Vol. 27, No. 2, pp. 199-204
Advance Access Publication 17 March 2005

Why is mortality higher in Scotland than in England and Wales? Decreasing influence of socioeconomic deprivation between 1981 and 2001 supports the existence of a 'Scottish Effect'

P. Hanlon, R. S. Lawder, D. Buchanan, A. Redpath, D. Walsh, R. Wood, M. Bain, D. H. Brewster and J. Chalmers

Abstract

Objectives To determine the degree to which changing patterns of deprivation in Scotland and the rest of Great Britain between 1981 and 2001 explain Scotland's higher mortality rates over that period.

Design Cross-sectional analyses using population and mortality data from around the 1981, 1991 and 2001 censuses.

Setting Great Britain (GB).

Participants Populations of Great Britain enumerated in the 1981, 1991 and 2001 censuses.

Main outcome measures Contains deprivation scores derived for wards (England and Wales) and postcodes sectors (Scotland). Mortality rates adjusted for age, sex and deprivation decile.

Results Between 1981 and 2001 Scotland became less deprived relative to the rest of Great Britain. Age and sex standardized all-cause mortality rates decreased by approximately 25% across Great Britain, including Scotland but mortality rates were on average 12% higher in Scotland in 1981 rising to 15% higher in 2001. While over 60% of the excess mortality in 1981 could be explained by differences in deprivation profile, less than half the excess could be explained in 1991 and 2001. After adjusting for age, sex and deprivation, excess mortality in Scotland rose from 4.7% (95% CI: 3.8% to 5.4%) in 1981 to 7.5% (95% CI: 7.2% to 8.7%) in 1991 and 8.2% (95% CI: 7.4% to 9.0%) in 2001. All deprivation deciles showed excess indicating that populations in Scotland living in areas of comparable deprivation to populations in the rest of Great Britain always had higher mortality rates. By 2001 the largest excesses were found in the most deprived areas in Scotland with a 17% higher mortality rate in the most deprived decile compared to similarly deprived areas in England and Wales. Excess mortality in Scotland has increased most among males aged <65 years.

Conclusions Scotland's relative mortality disadvantage compared to the rest of Great Britain, after allowing for deprivation, is worsening. By 1991 measures of deprivation no longer explained most of the excess mortality in Scotland and the unexplained excess has persisted during the 1990s. More research is required to understand what is causing this 'Scottish effect'.

Keywords: deprivation, inequalities in health, mortality

Introduction

The stimulus for this study was the observation that standardized mortality ratios for Scotland relative to England and Wales had risen during the 1980s and that the rise was particularly large for middle-aged men.¹ Since life expectancy was improving in both populations, this widening gap represented a relative rather than absolute decline for the Scottish population but its size and speed of change suggested the need for further investigation. Historically, Scotland's poorer health has been attributed to higher levels of deprivation² but more recent analysis³ appeared to show that, by the early 1990s, deprivation was accounting for less of Scotland's excess mortality, a phenomenon that was called the 'Scottish Effect'.⁴ The purpose of this study is, therefore, to determine the degree to which changing patterns of deprivation in Scotland and the rest of Great Britain between 1981 and 2001 explain Scotland's higher mortality rates over this period.

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David H. Brewster,² Director, Scottish Cancer Registry

James Chalmers,² Consultant in Public Health Medicine

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E-mail: p.hanlon@llybank.gla.ac.uk

..but some complications

**Understanding the Health of
Scotland's Population
in an International Context**

**A review of current approaches, knowledge
and
recommendations for new research directions**

David A. Leon
Susan Morton
Suzanne Cannegieter
Martin McKee

PART I

A report by the London School of Hygiene & Tropical Medicine
Commissioned and funded by the Public Health Institute of Scotland



February 2003 (2nd revision)

ISBN: 1-904196-11-X

- National comparisons problematic?
- Suggested more meaningful comparisons could be made with other post-industrial areas of Europe

What we did



The Aftershock of Deindustrialisation
Trends in mortality in Scotland and other parts of
post-industrial Europe

April 2008

David Walsh, Martin Taulbut and Phil Hanlon

A joint report by the Glasgow Centre for Population Health
and NHS Health Scotland



The Glasgow Centre for Population Health is a partnership between NHS Greater Glasgow and
Clyde, Glasgow City Council and the University of Glasgow, supported by the Scottish
Government.



**Health and its determinants in
Scotland and other parts of
post-industrial Europe:**

**The Aftershock of
Deindustrialisation
Study phase two**



Case Study

Health and its determinants in
West Central Scotland compared to
the Ruhr area in Germany



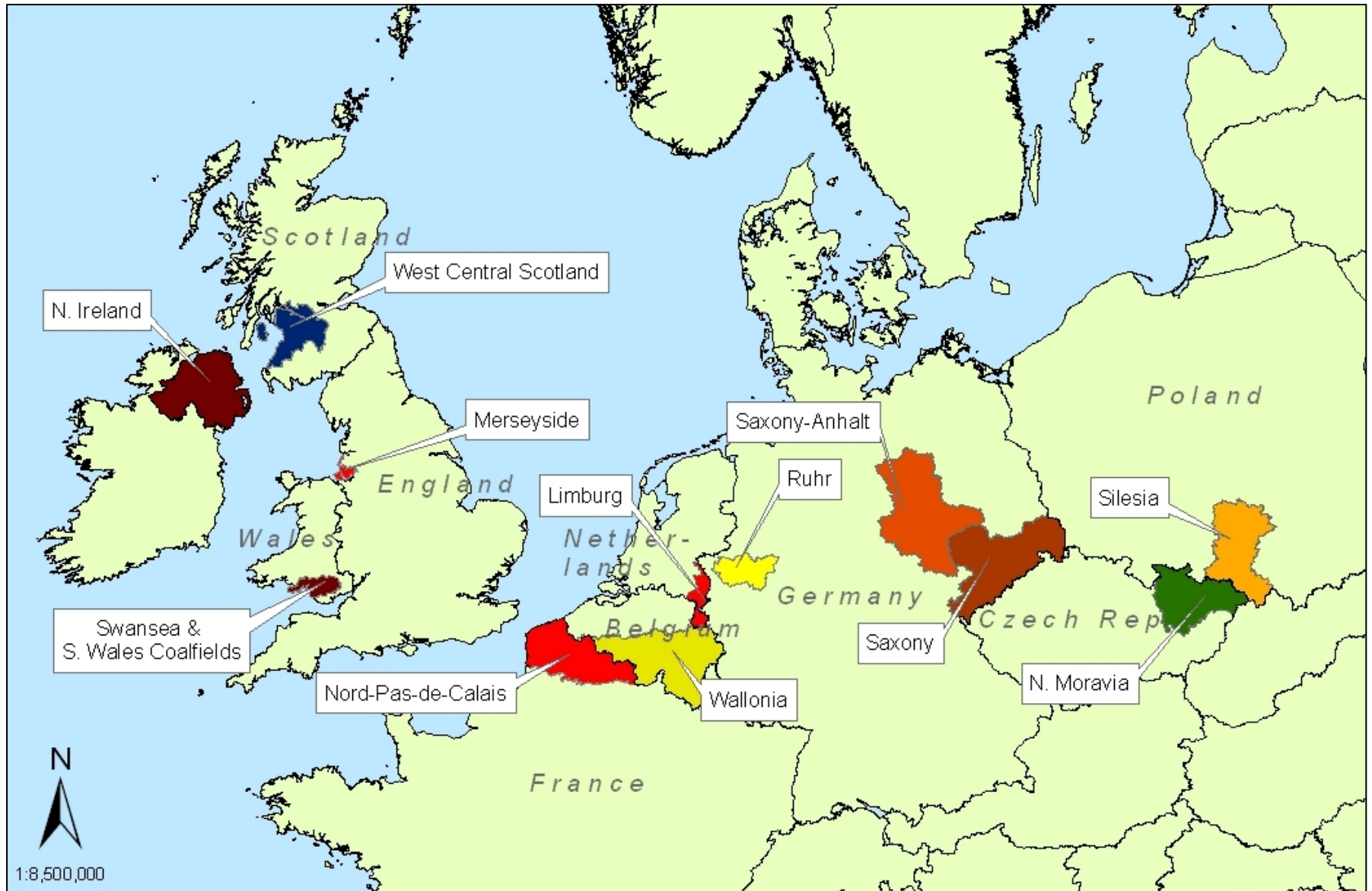
What we did

- First phase:
 - Quantified West Central Scotland's levels of deindustrialisation
 - Identified comparably deindustrialised regions across eastern and western Europe
 - Undertook very detailed analyses of mortality experiences across all regions
- Second phase:
 - Sought to understand findings through collection and analyses of health determinant data
 - Compared economic, political, historical contexts in key regions

Post-industrial decline

- Major loss of industrial employment in West Central Scotland (WCS) in recent decades:
 - 62% decrease between 1971 and 2005
 - Equating to the loss of 310,000 jobs
- Similar processes occurred elsewhere...

European post-industrial regions



Merseyside

A historical black and white photograph of the Liverpool waterfront. In the foreground, a large crowd of people is gathered on a pier or quay. A long, low building with a corrugated metal roof runs along the waterfront. In the background, several large, ornate buildings with domes and spires are visible, including the Royal Liver Building. The scene is busy and captures a moment of industrial activity.

- 63% decrease in industrial employment between 1971 and 2005
- Represents loss of 200,000 industrial jobs

Nord-Pas-de-Calais



43% decrease in industrial employment between 1970 and 2005

Represents loss of >300,000 industrial jobs

Ruhr area

An aerial photograph of the Ruhr area in Germany, showing a dense industrial landscape with numerous large buildings, parking lots, and infrastructure. In the foreground, a prominent cylindrical structure, likely a water tower or industrial tank, is visible. The structure has a blue and white graphic on its side, featuring the text 'Die Presse- und Verlagsgruppe' and a circular logo. The background shows a mix of industrial buildings and green spaces, with a river or canal winding through the area.

- 55% decrease in industrial employment between 1970 and 2005
- Represents loss of 700,000 industrial jobs



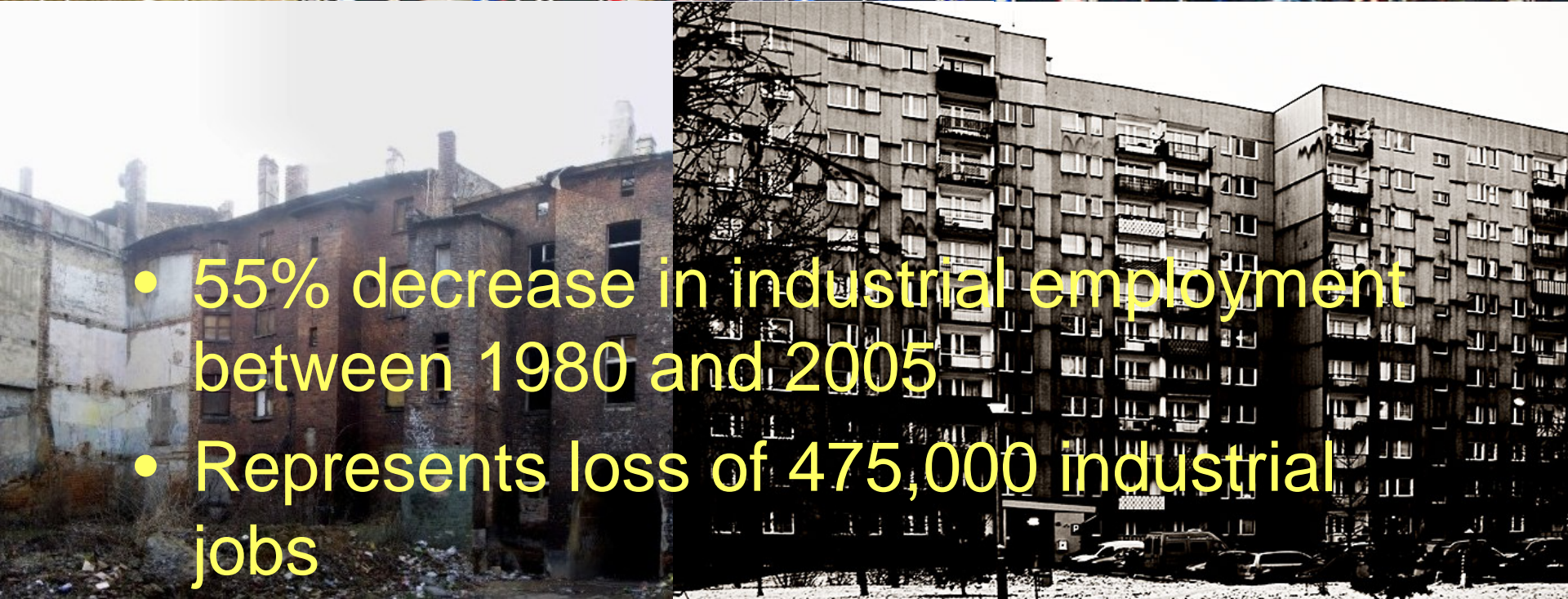
Saxony-Anhalt



- 45% decrease in industrial employment between 1991 and 2005
- Represents loss of 270,000 industrial jobs



Katowice (Silesia)

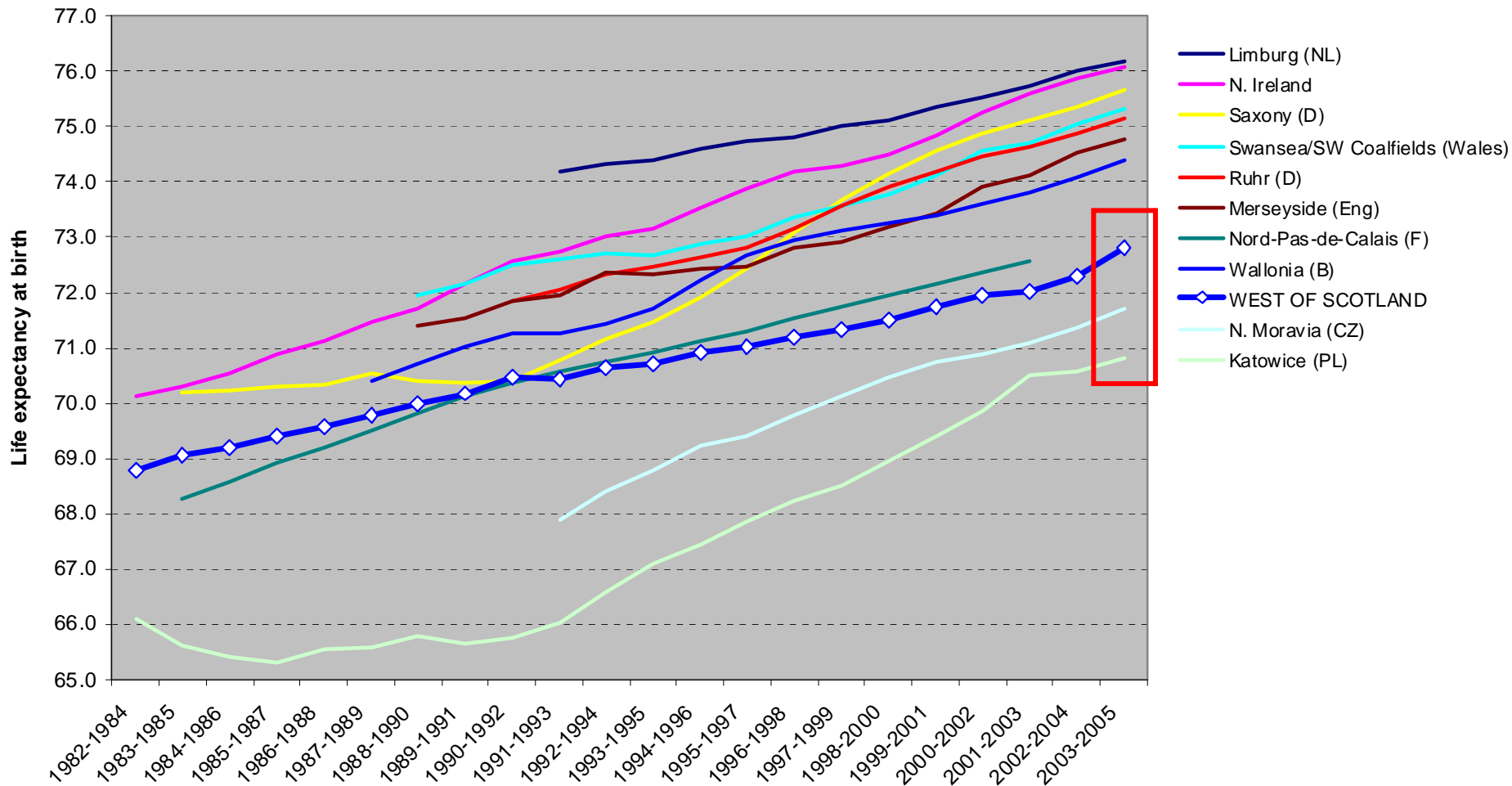


- 55% decrease in industrial employment between 1980 and 2005
- Represents loss of 475,000 industrial jobs

What we know now

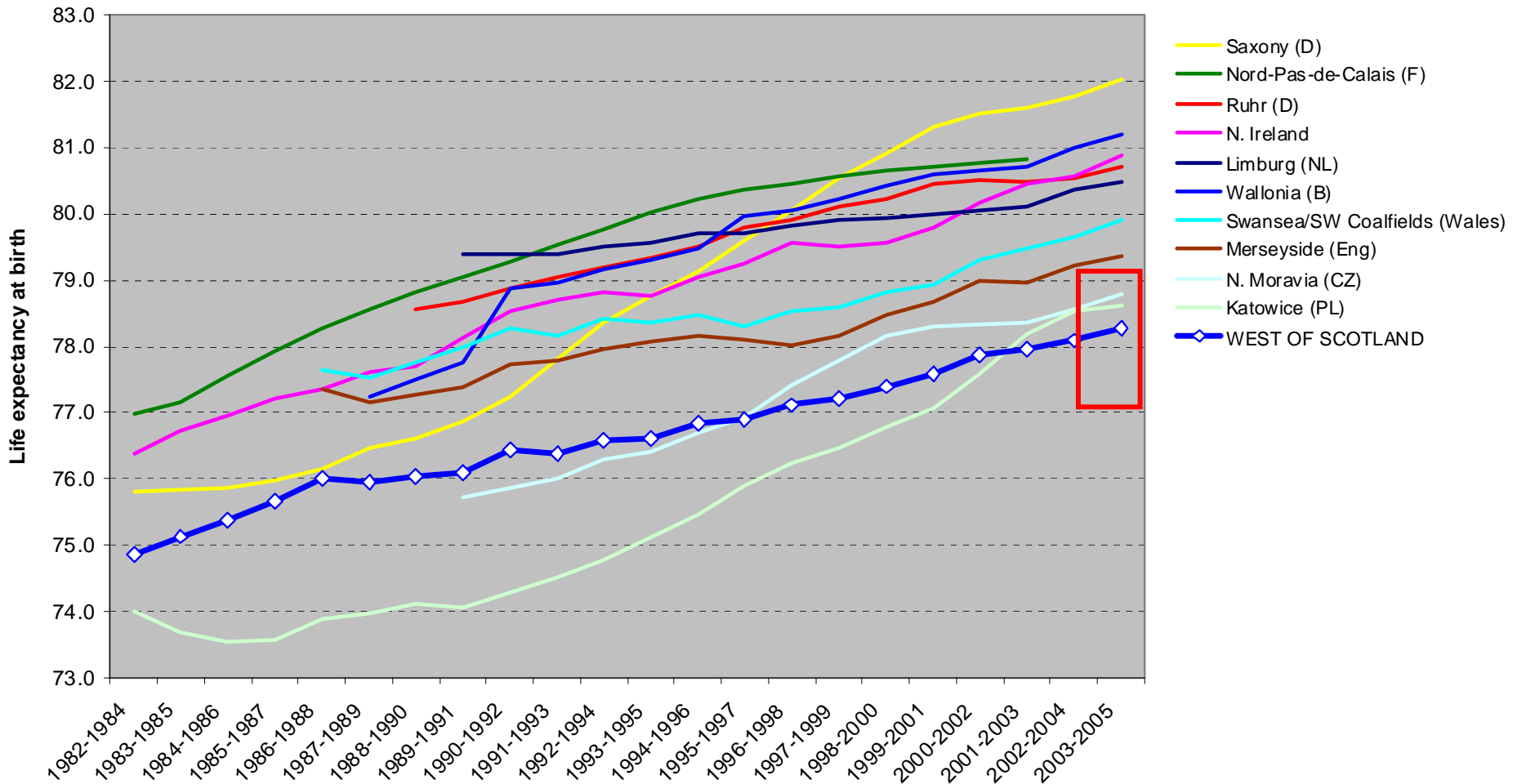
Male life expectancy at birth, West of Scotland and ten post-industrial regions

Calculated from original source mortality and population data

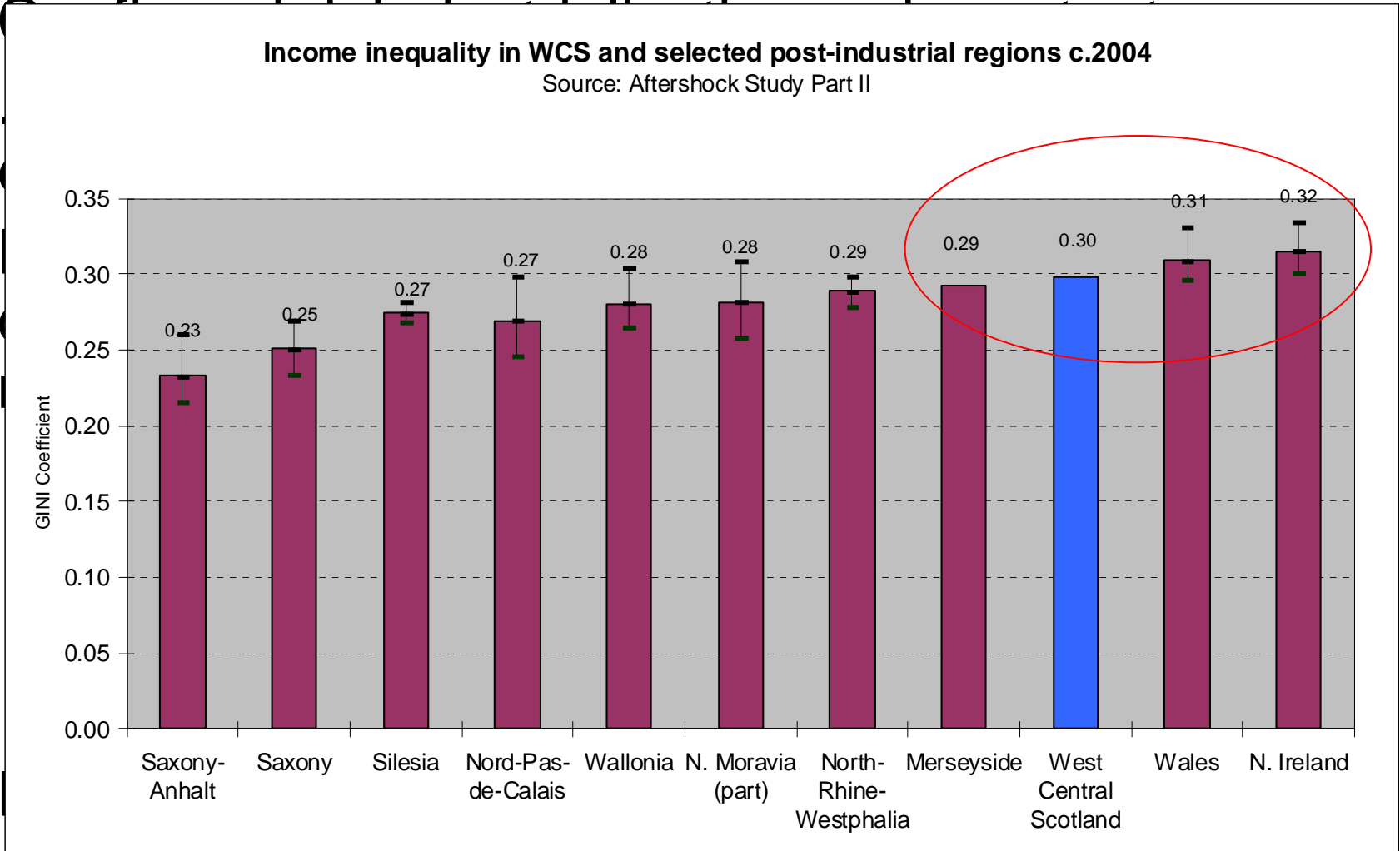


What we know now

Female life expectancy at birth, West of Scotland and ten post-industrial regions
Calculated from original source mortality and population data - see Appendix 4 of report for details



What we know now



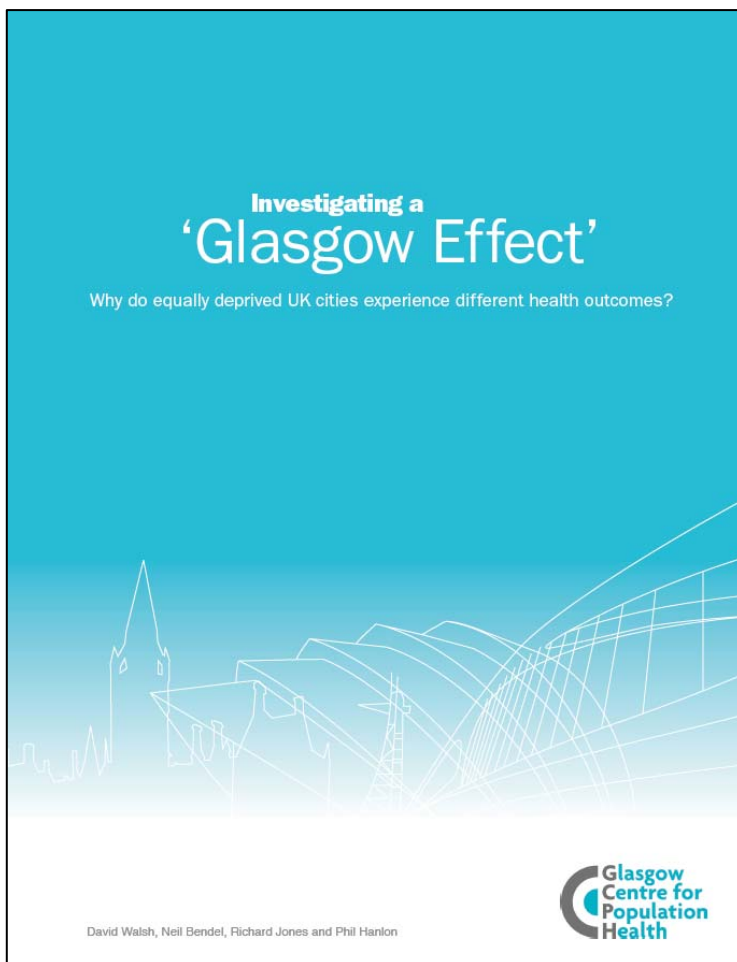
What we thought we knew then

- Traditional explanation: socio-economic deprivation (underpinned by effects of post-industrial decline)

What we thought we knew then

- Traditional explanation: **socio-economic deprivation** (underpinned by effects of post-industrial decline)

What we did



PUBLIC HEALTH 124 (2010) 487–495

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Original Research

It's not 'just deprivation': Why do equally deprived UK cities experience different health outcomes?

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^cLiverpool Primary Care Trust, Liverpool, UK
^dUniversity of Glasgow, Glasgow, UK

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SUMMARY

Background: The link between deprivation and health is well established. However, recent research has highlighted the existence of a 'Scottish effect', a term used to describe the higher levels of poor health experienced in Scotland over and above that explained by socio-economic circumstances. Evidence of this 'excess' being concentrated in West Central Scotland has led to discussion of a more specific 'Glasgow effect'. However, within the UK, Glasgow is not alone in experiencing relatively high levels of poor health and deprivation; Liverpool and Manchester are two other cities which also stand out in this regard. Previous analyses of this 'effect' were also constrained by limitations of data and geography.

Objective: To establish whether there is evidence of a so-called 'Glasgow effect': (1) even when compared with its two most similar and comparable UK cities; and (2) when based on a more robust and spatially sensitive measure of deprivation than was previously available to researchers.

Study design and methods: Rates of 'income deprivation' (a measure very highly correlated with the main UK indices of multiple deprivation) were calculated for small areas (average population size: 3600) in Glasgow, Liverpool and Manchester. All-cause and cause-specific standardized mortality ratios were calculated for Glasgow relative to Liverpool and Manchester, standardizing for age, gender and income deprivation decile. In addition, a range of historical census and mortality data were analysed.

Results: The deprivation profiles of Glasgow, Liverpool and Manchester are almost identical. Despite this, premature deaths in Glasgow are more than 30% higher, with all deaths approximately 15% higher. This 'excess' mortality is seen across virtually the entire population: all ages (except the very young), both males and females, in deprived and non-deprived neighbourhoods. For premature mortality, standardized mortality ratios tended to be higher for the more deprived areas (particularly among males), and approximately half of 'excess' deaths under 65 years of age were directly related to alcohol and drugs. Analyses of historical data suggest that it is unlikely that the deprivation profile of Glasgow has changed significantly relative to Liverpool and Manchester in recent decades; however,

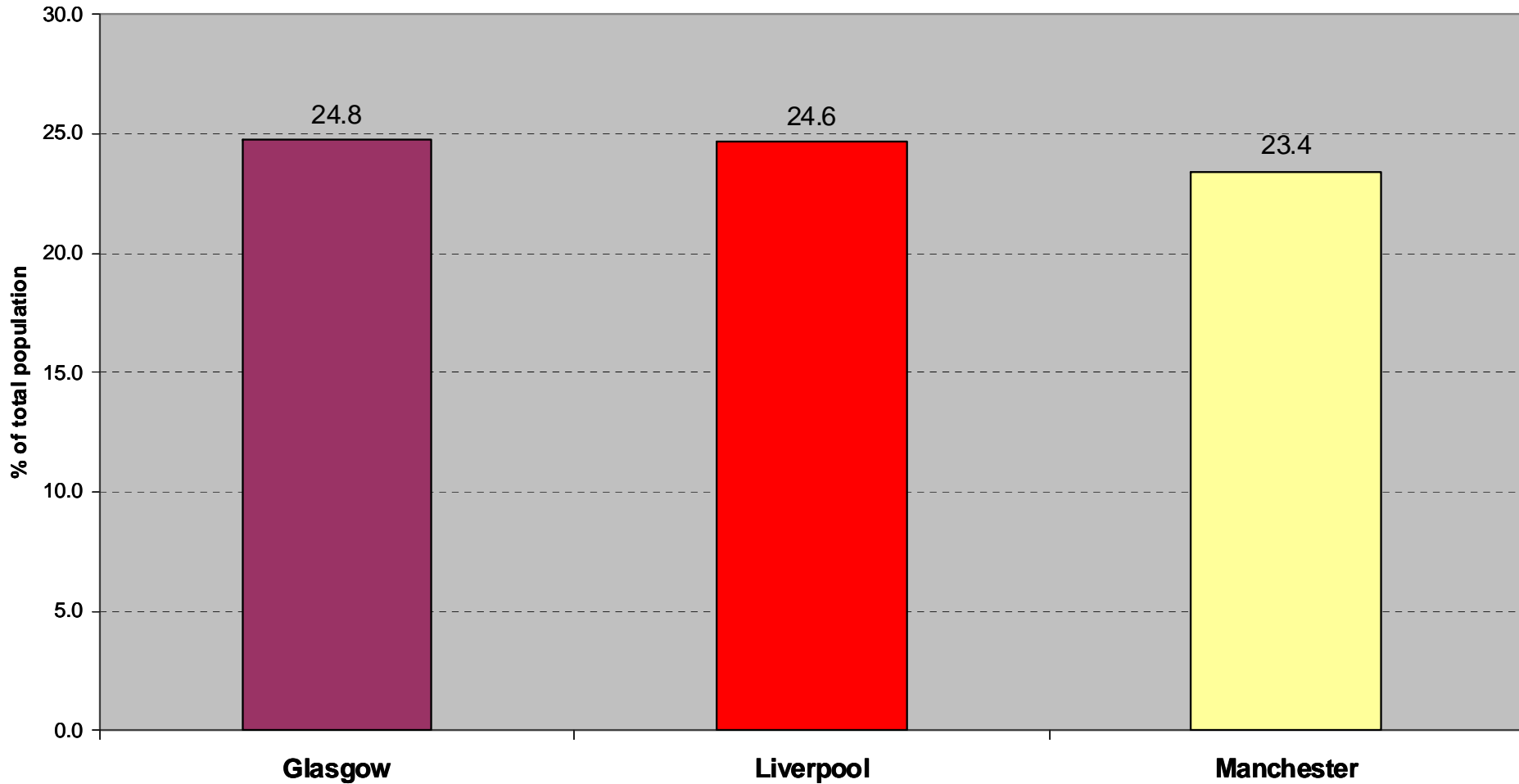
* Corresponding author. Tel.: +44 141 287 6742; fax: +44 141 287 6955.
 E-mail address: david.walsh@dm.glasgow.gov.uk (D. Walsh).
 0033-3506/\$ – see front matter © 2010 Published by Elsevier Ltd on behalf of The Royal Society for Public Health.
 doi:10.1016/j.puhe.2010.02.006

What we did

- Undertook very detailed analyses of deprivation and mortality in Glasgow and its most similar UK cities..
- Liverpool, Manchester (and Belfast)

Income deprivation in Glasgow, Liverpool & Manchester

% population classed as 'income deprived', 2005
Source: GCPH, based on SIMD/DWP data

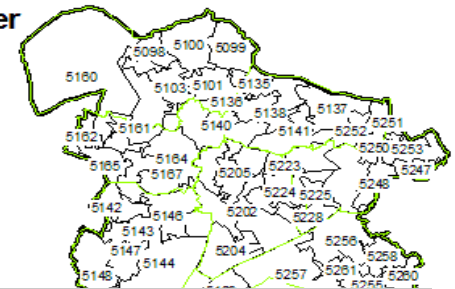


Liverpool – 290 LSOAs

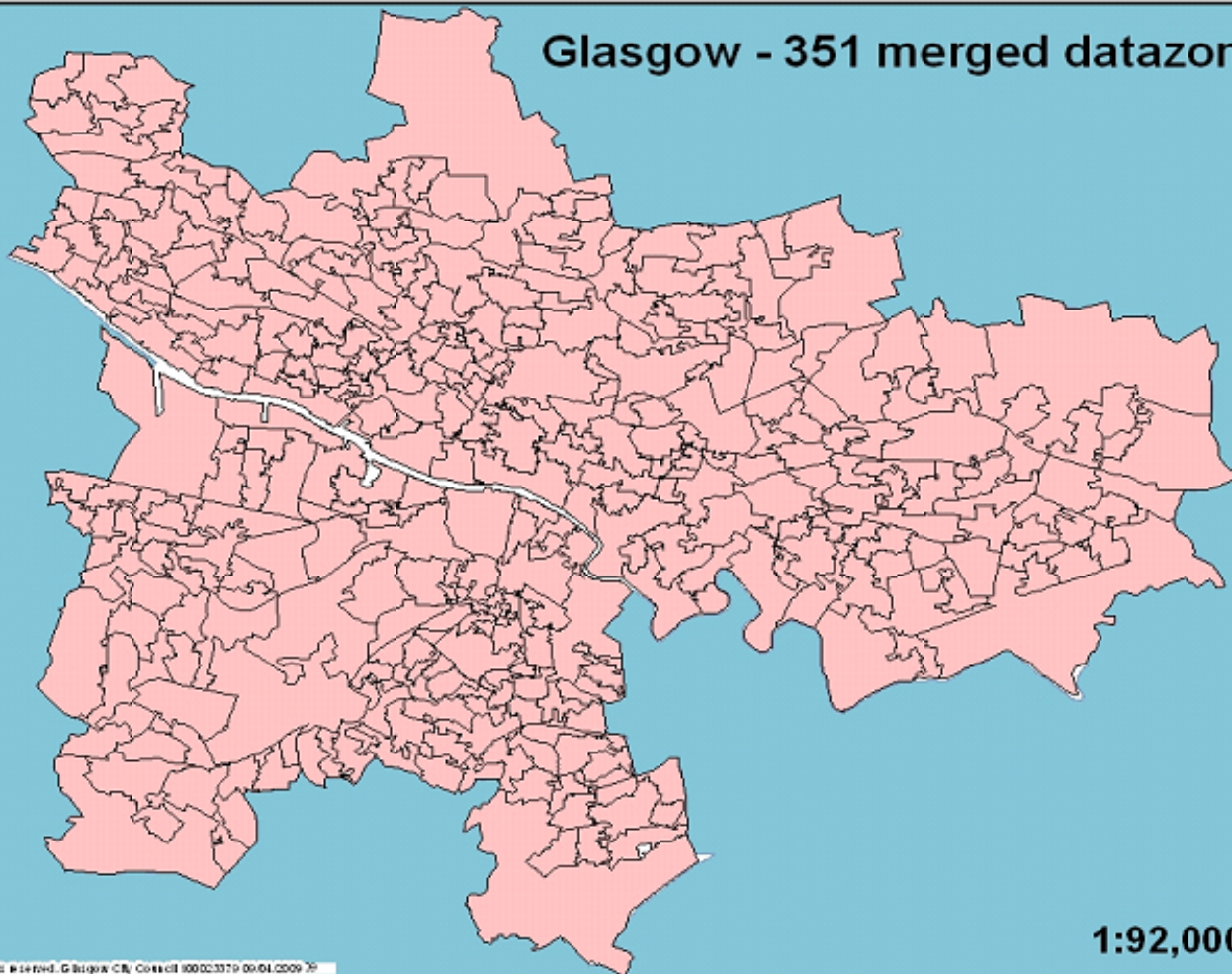


Manchester – 260 LSOAs

Lower Super Output Areas and wards in Manchester



Glasgow - 351 merged datazones



Liverpool

Information and First Floor, 1 Art
This map is reproduced on behalf of the council. reproduction intrinsig

5110
5107
5102
5103

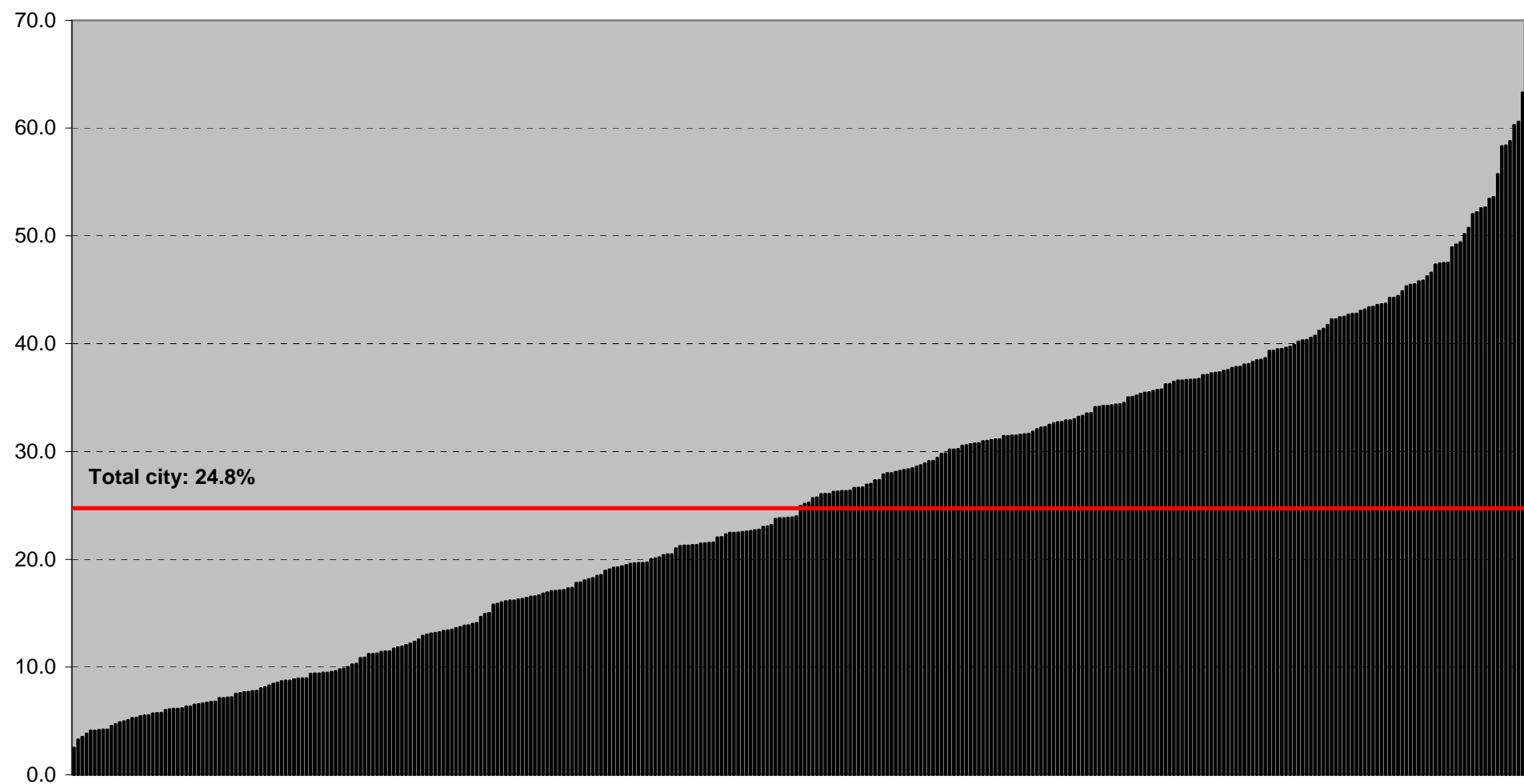
1:92,000



% deprived - Glasgow

Glasgow merged DZs: income deprivation distribution

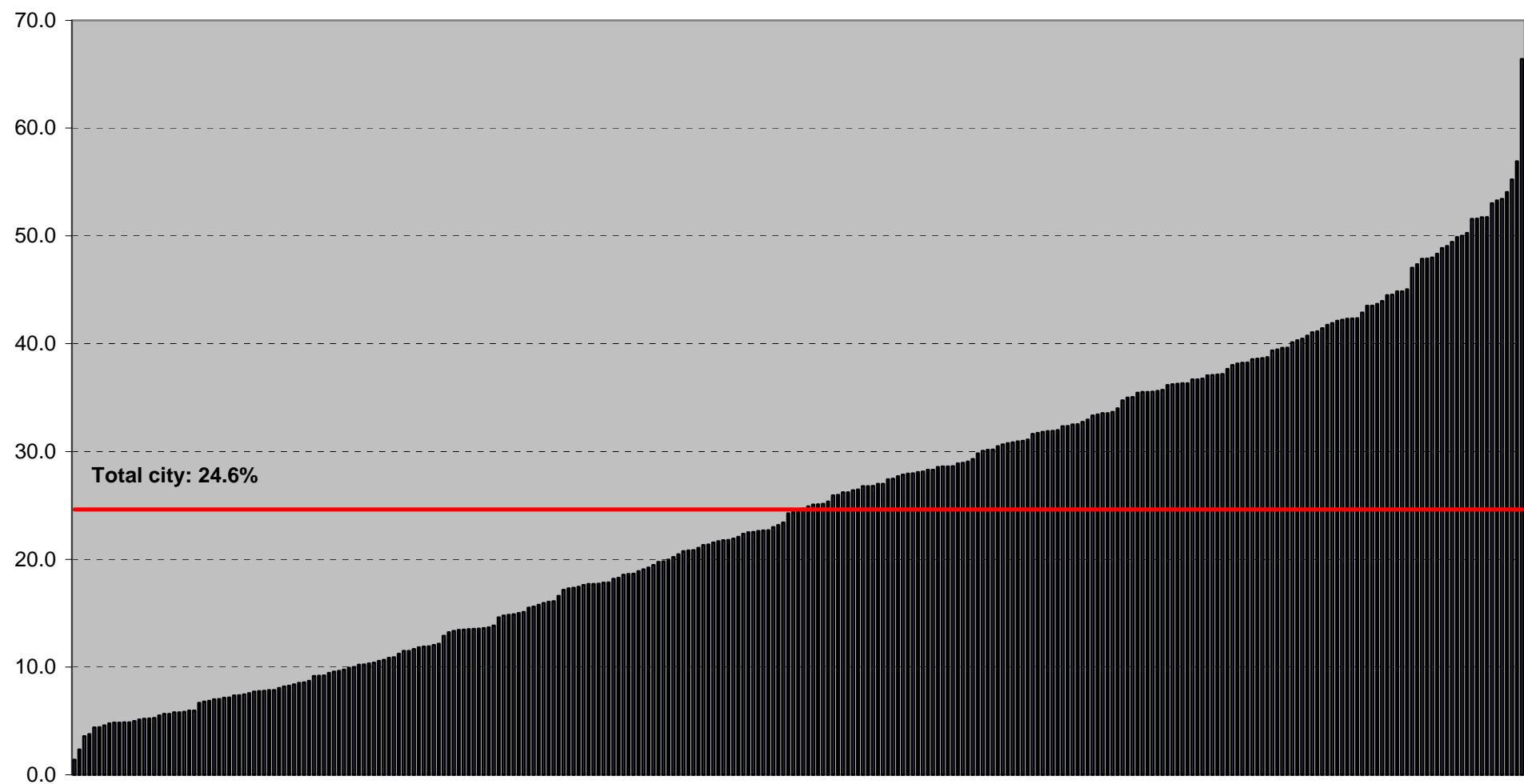
Source: GCPH, based on SIMD/DWP data



% deprived - Liverpool

Liverpool LSOAs: income deprivation distribution

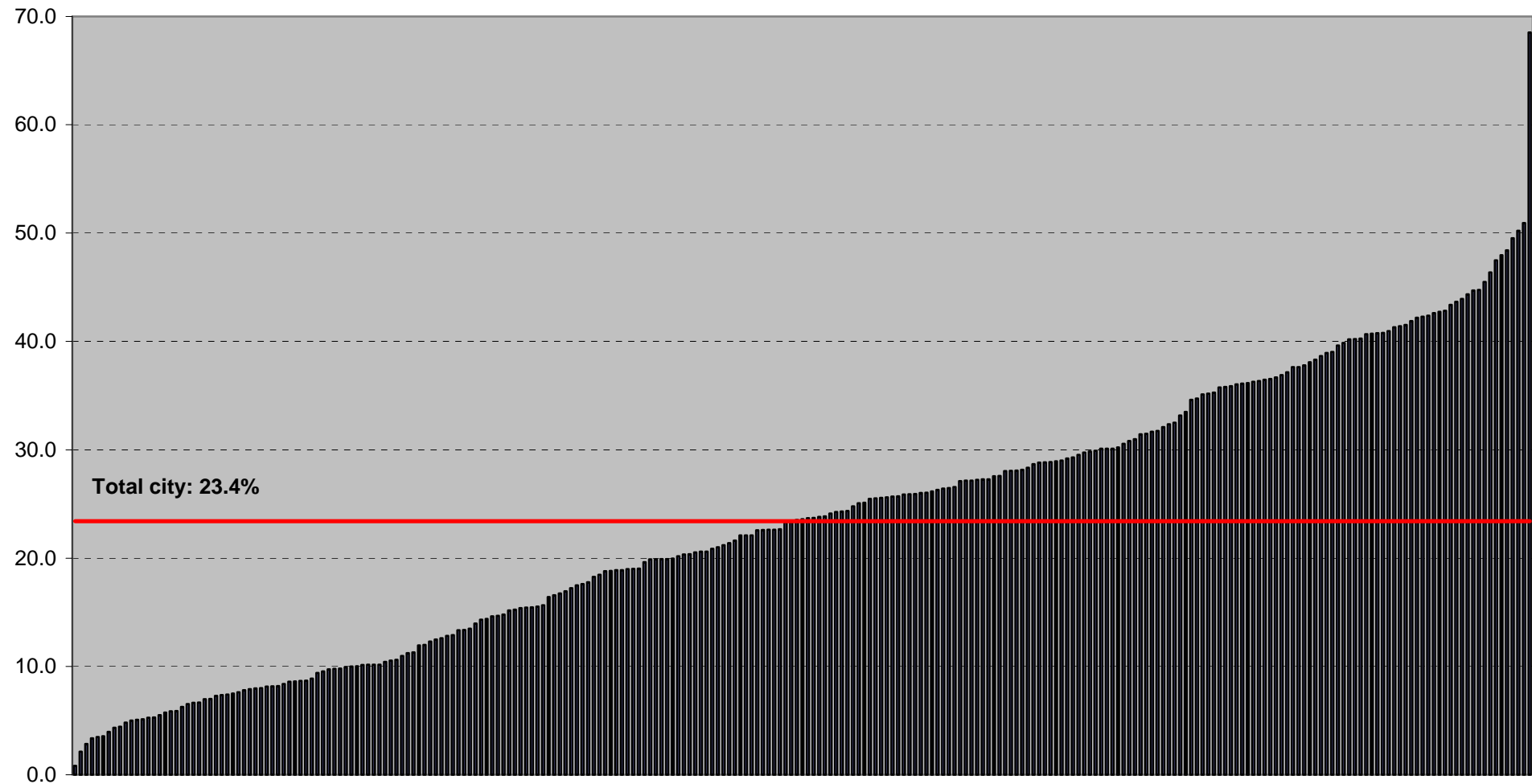
Source: DWP



% deprived - Manchester

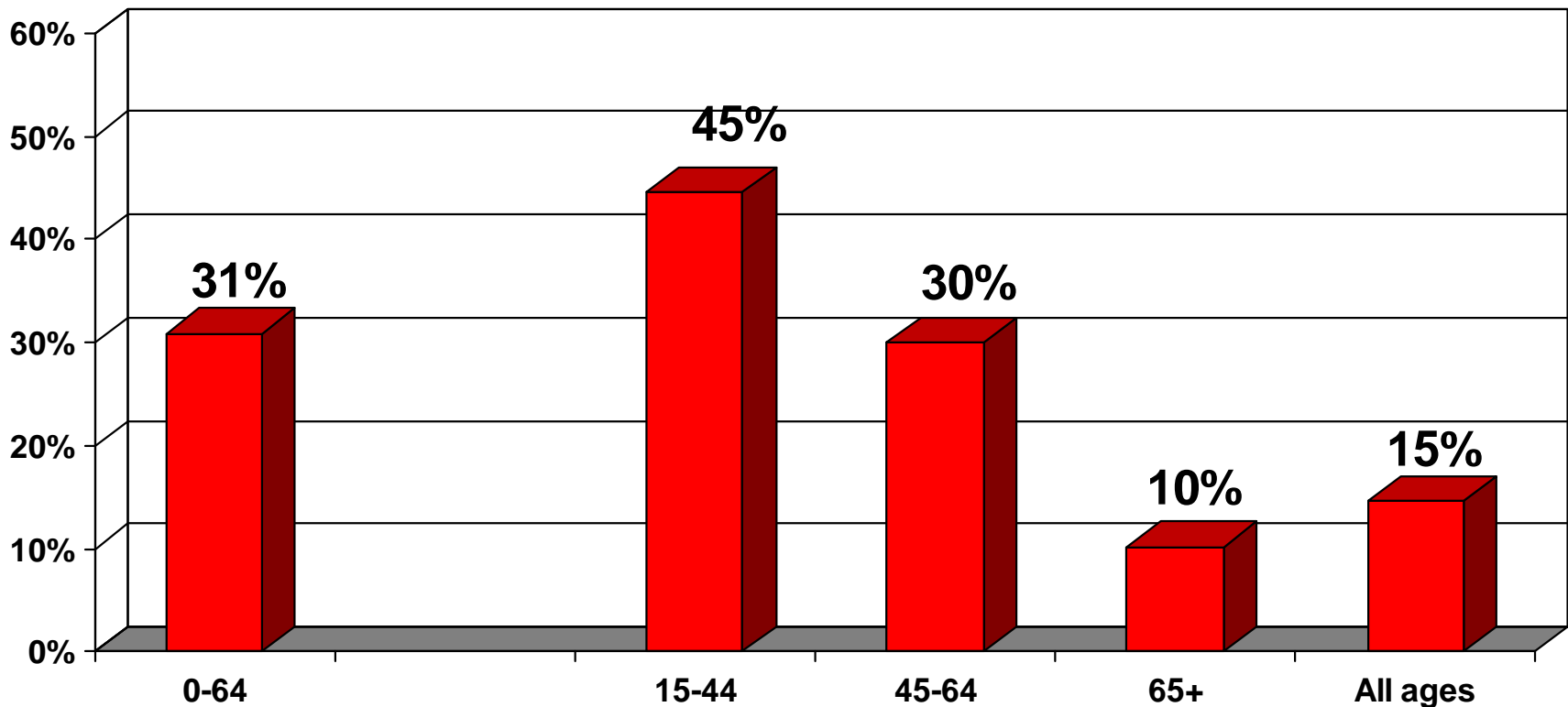
Manchester LSOAs: income deprivation distribution

Source: DWP



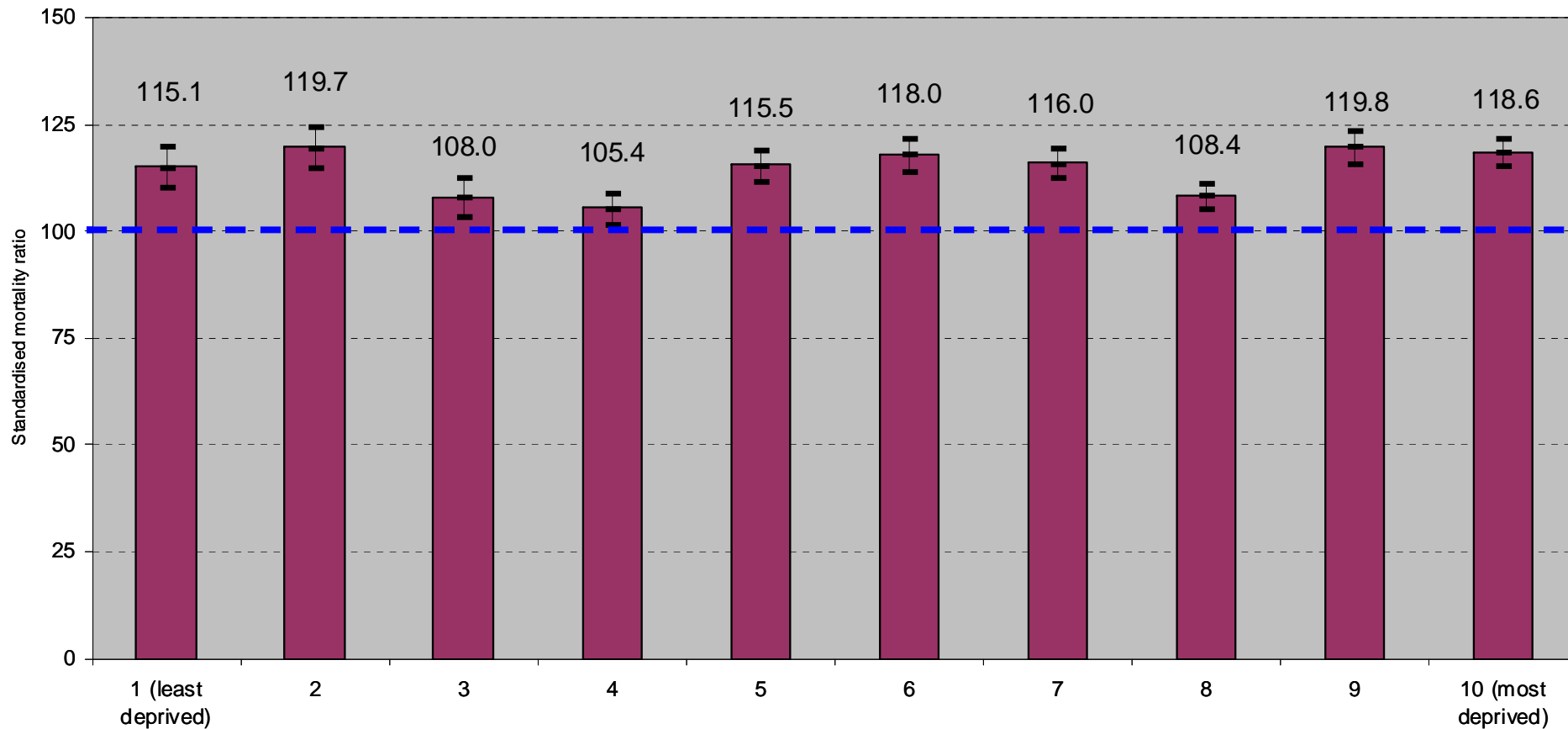
Excess mortality, Glasgow relative to Liverpool & Manchester

Excess mortality in Glasgow, standardised by age, sex and
3-city deprivation decile, 2003-07



By deprivation decile – all ages

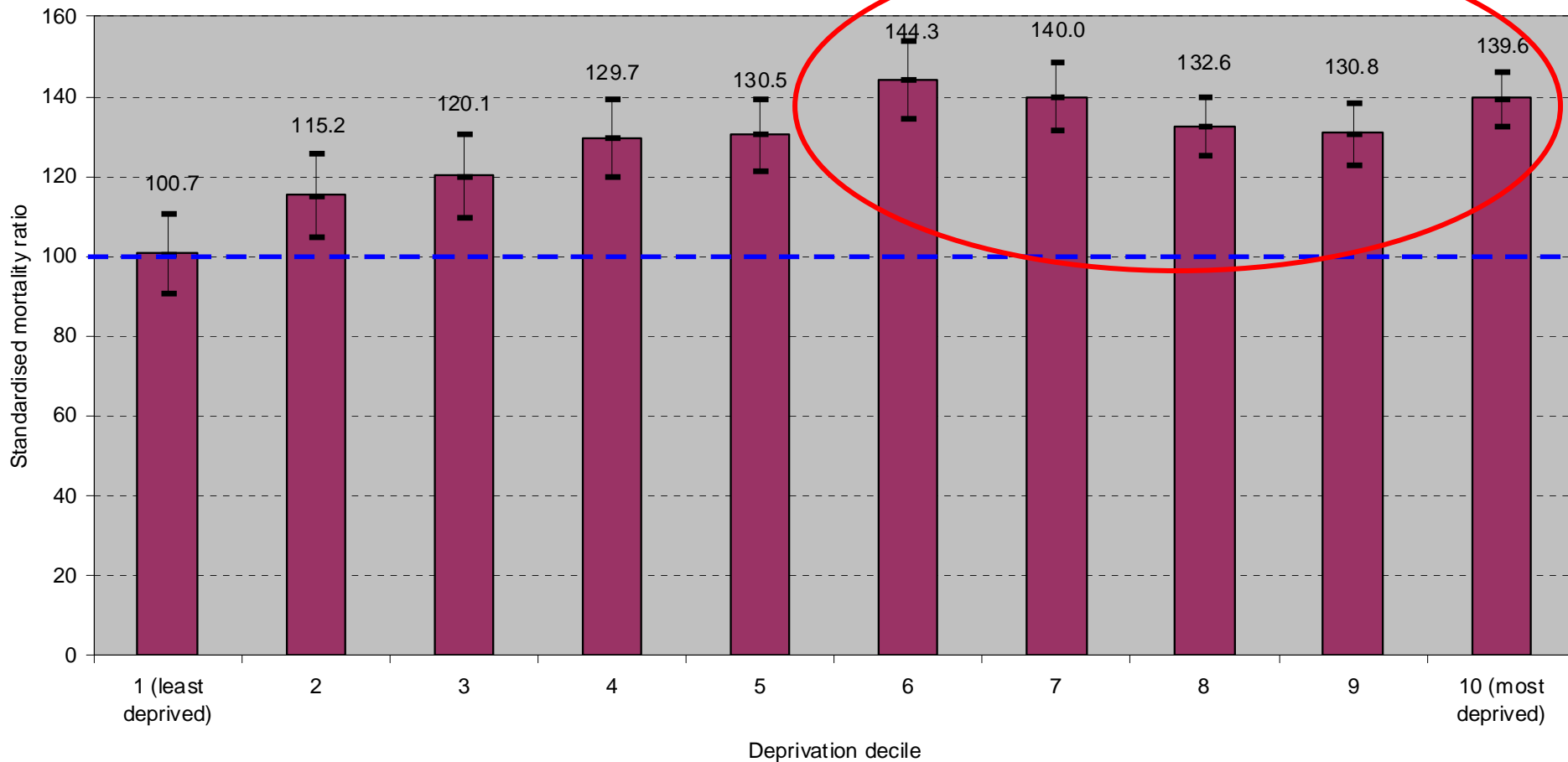
Age/sex standardised mortality ratios (all-cause deaths 2003-07),
Glasgow relative to Liverpool & Manchester, by 3-city deprivation decile
Calculated from various sources



By deprivation decile, 0-64

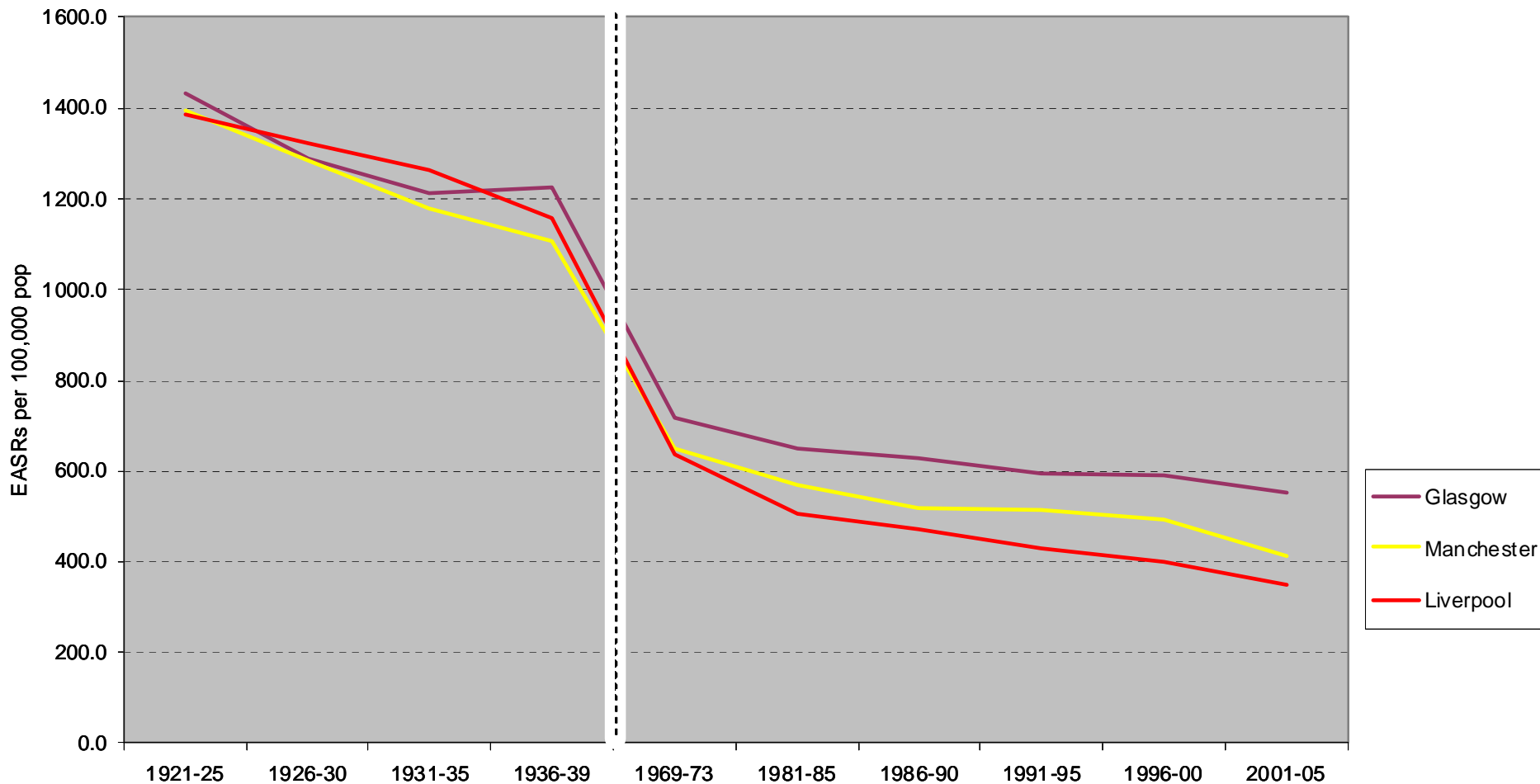
**Age 0-64: age/sex standardised mortality ratios (all-cause deaths 2003-07),
Glasgow relative to Liverpool & Manchester, by 3-city deprivation decile**

Calculated from various sources



Has there always been an 'excess'?

Male premature (<65) mortality: age-standardised mortality rates, 1921/25 - 2001/05
Source: calculated from SASI Research Group Death and Population Data, 1921-2005



What we know now:

Glasgow, Liverpool and Manchester

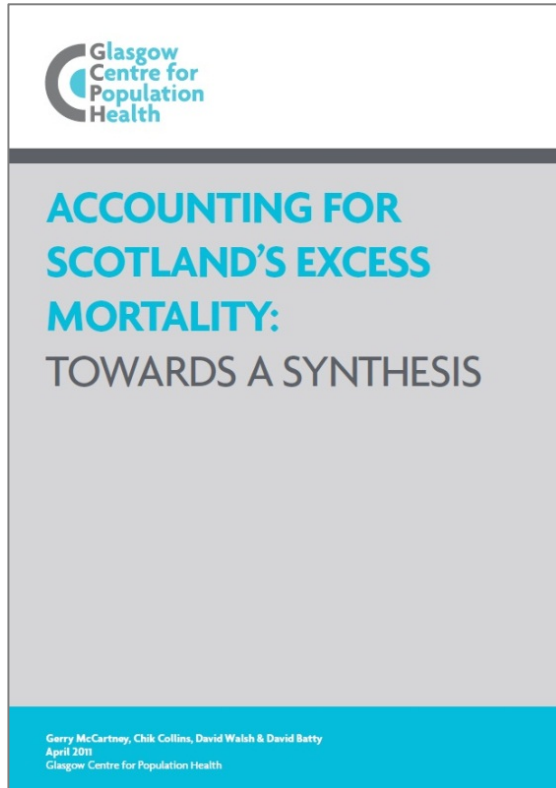
- Identical levels and patterns of deprivation
- But premature deaths 30% higher in Glasgow (15% higher for deaths at all ages)
- This 'excess' Glasgow mortality seen in (almost) all age bands, both genders, deprived and non-deprived neighbourhoods
- Not explained by historical changes in deprivation
- Not explained by differences in population composition of cities
- Data show quite remarkable similarities between the cities (especially Glasgow and Liverpool) in all aspects...
except mortality

What no-one knows...

... (but it doesn't stop them guessing)

- Artefact
- Culture
- Genetics
- Greater 'vulnerability' in Glasgow
- Migration
- Psychological outlook
- Substance misuse cultures
- Social capital
- Spatial patterning of deprivation
- Family/parenting
- Gender
- Political attack
- Social mobility
- Sectarianism
- The weather...

What we did



- Summarised, and assessed all the many theories in terms of plausibility...

Hypotheses

- Artefactual (deprivation, migration)

'Upstream':

- inequalities
- deindustrialisation
- political attack/
effects
- climate

'Midstream':

- social capital
- deprivation
patterning
- sectarianism
- social mobility
- 'anomie'
- early years
experiences
- health service
- substance misuse
'culture'

'Downstream':

- health behaviours
- individual values
(e.g.
psychological
outlook)
- sense of
coherence

- Also - genetics

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Other factors..

- Also - genetics

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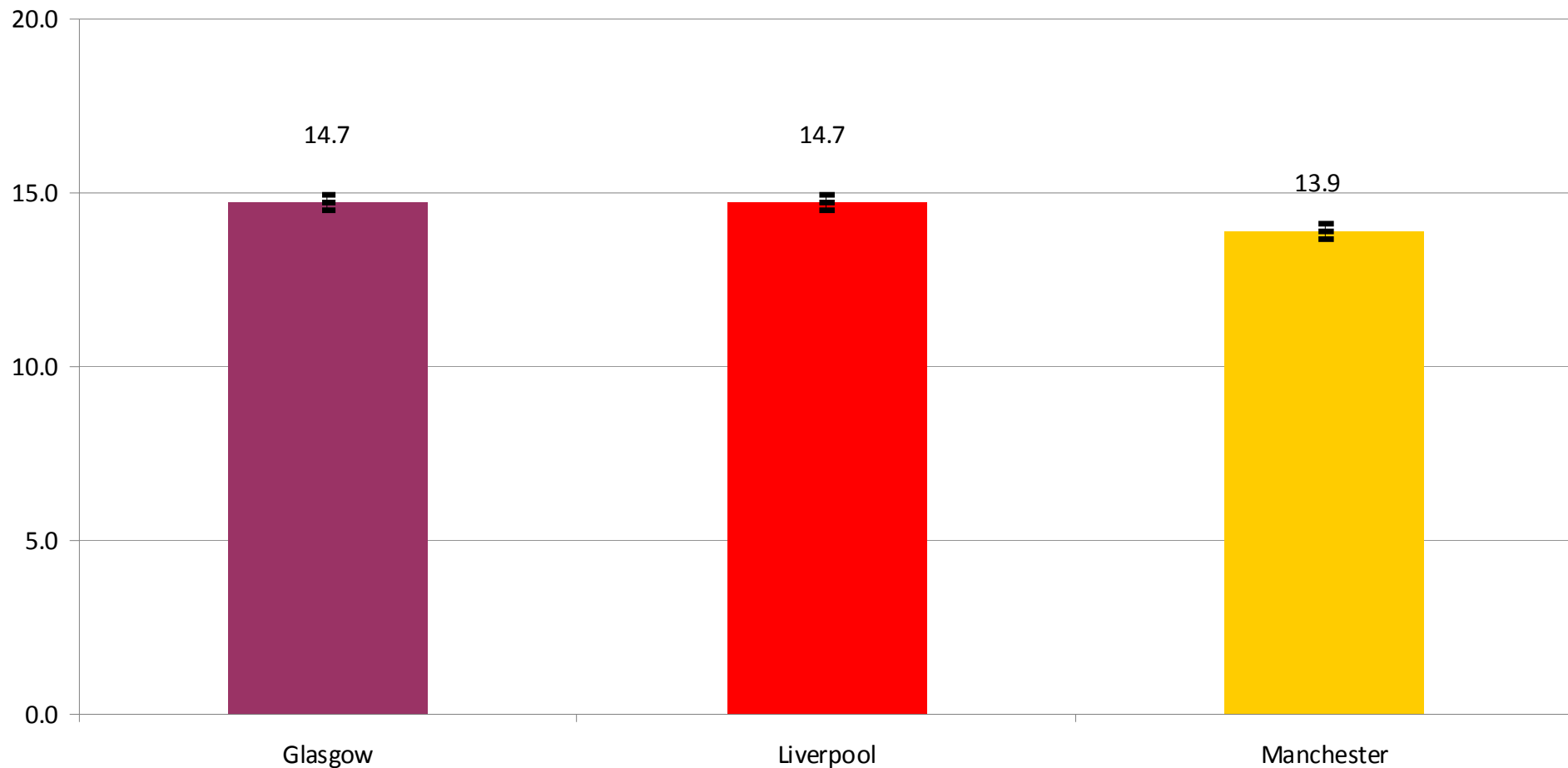
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Optimism

Life Orientation Test (revised) (LOT-R): mean overall optimism score (0-24)



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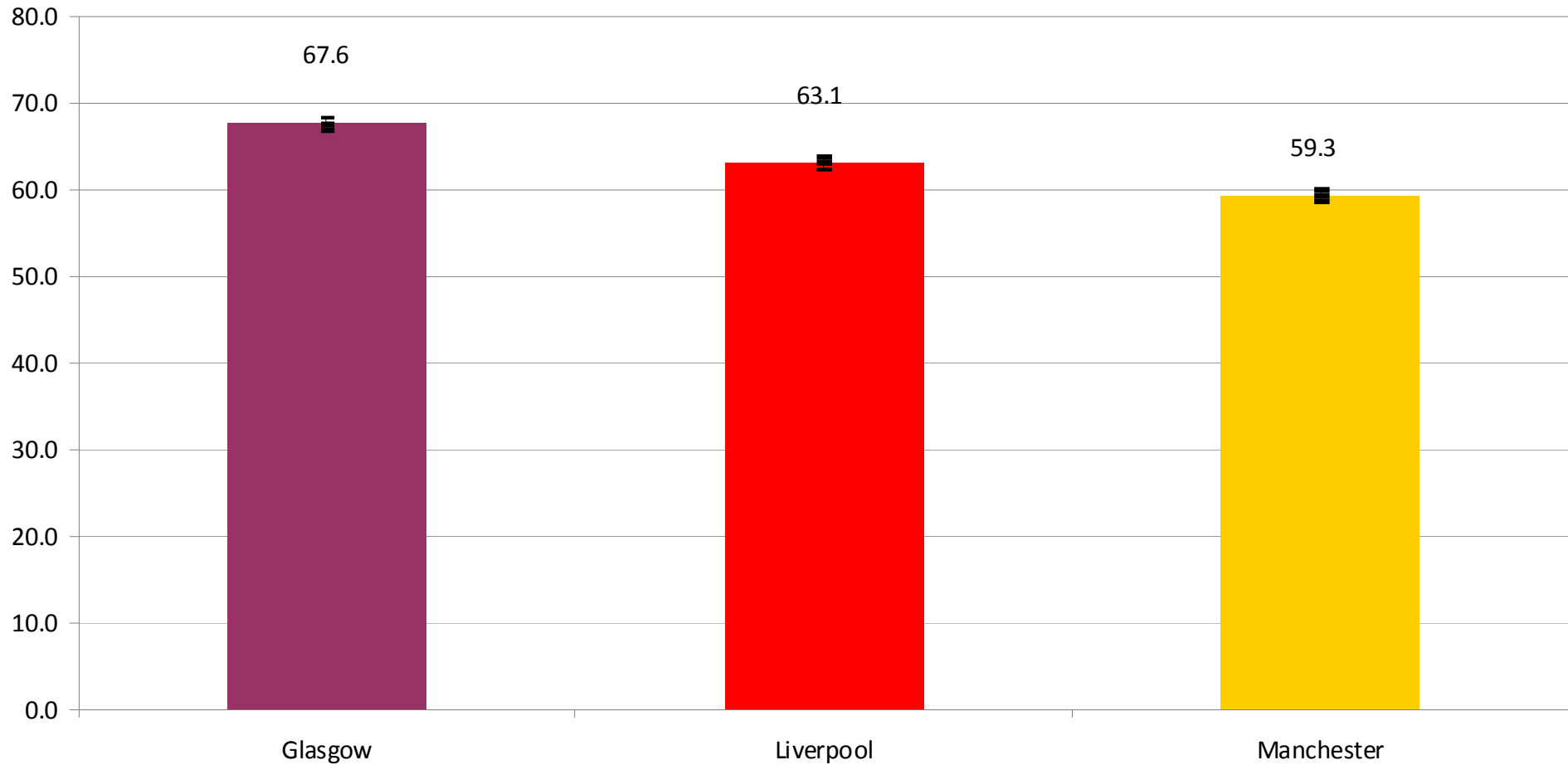
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Sense of coherence

Mean Sense of Coherence (soc-13) score (13-91)



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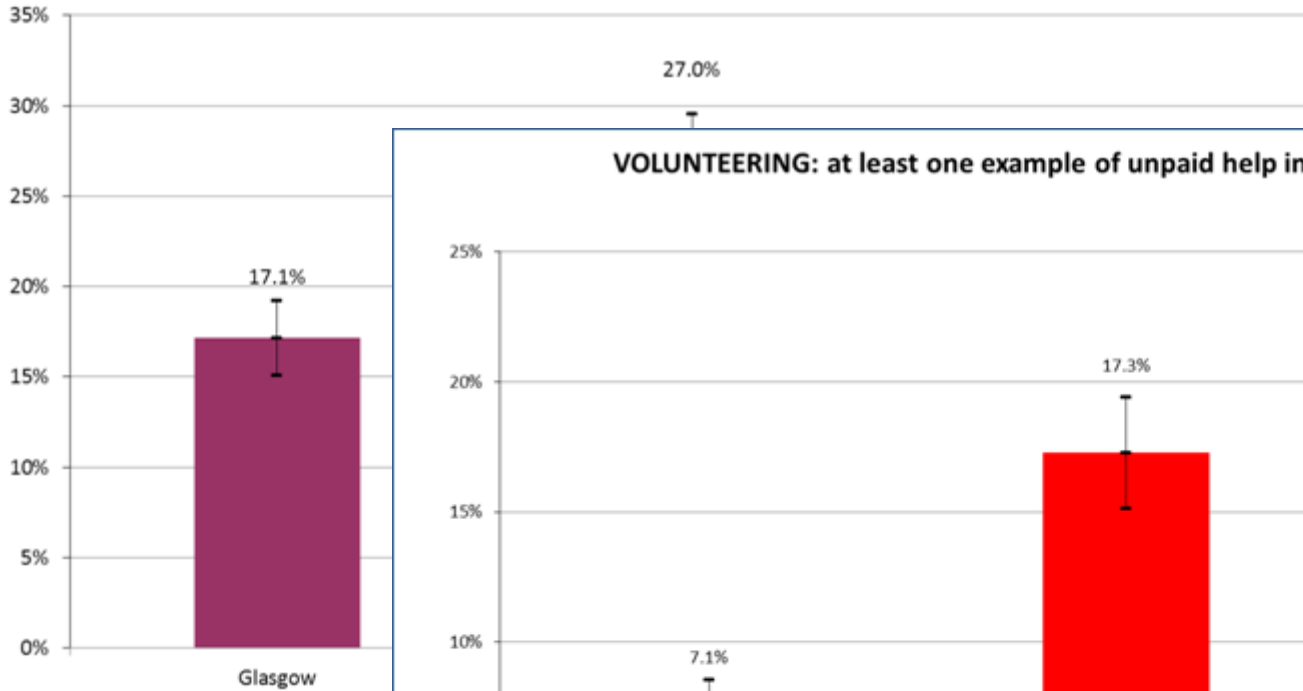
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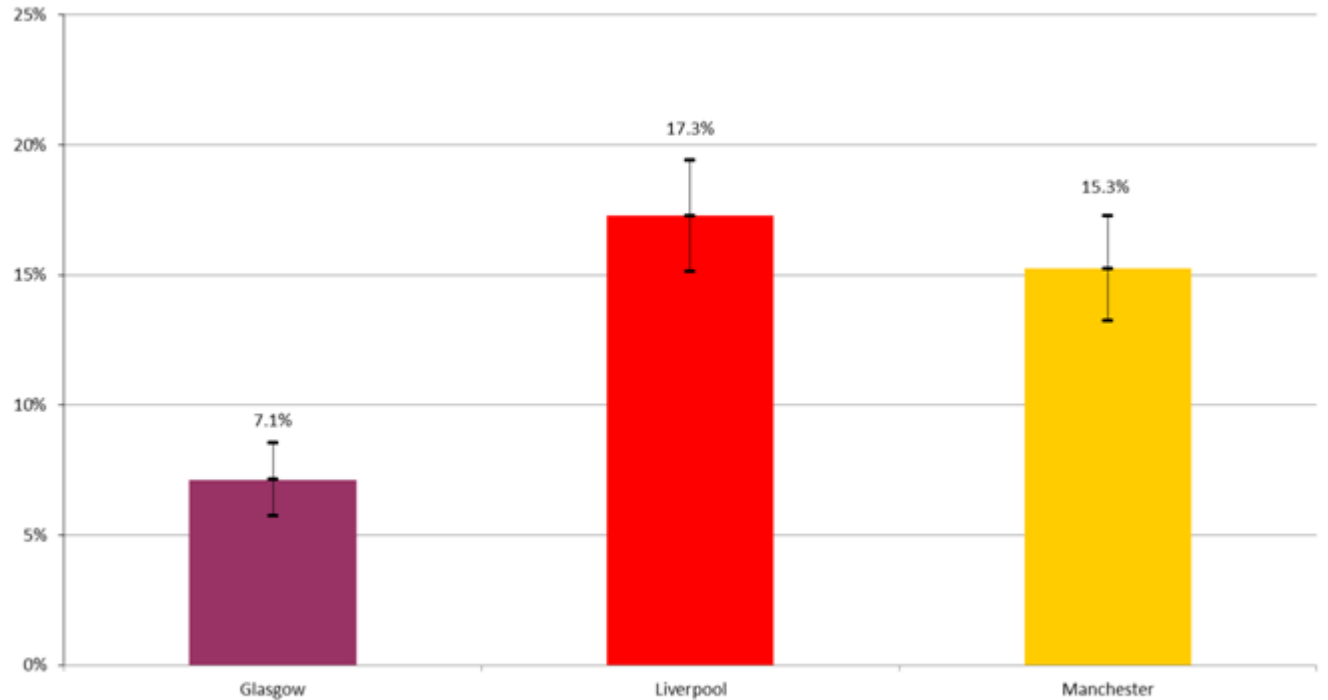
- Also - genetics

Social capital

TRUST: % saying most people in neighbourhood can be trusted



VOLUNTEERING: at least one example of unpaid help in previous 12 months



Hypotheses


- Artefactual (deprivation, migration)

'Upstream':

Women and children last?
Comparing early-years experiences in
Scotland, England and three city-
regions

Martin Taulbut and David Walsh

Glasgow Centre for Population Health
March 2013



'Midstream':

social capital
deprivation
patterning
sectarianism
social mobility
'anomie'
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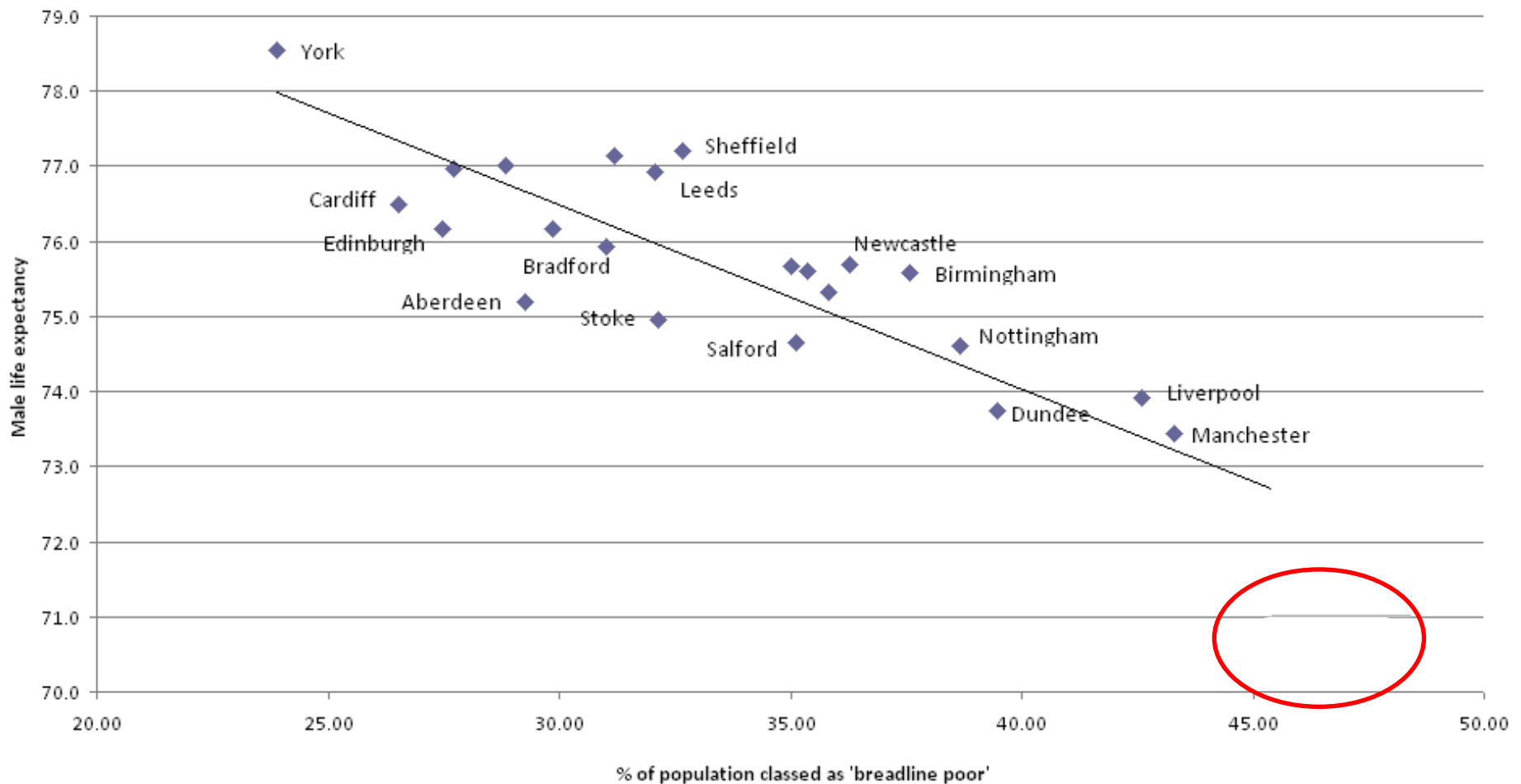
- Also - genetics

What we need to remember

- Seeking an understanding of the ‘excess’ isn’t an excuse to ignore the non-‘excess’...

Male life expectancy 2005-07 by % of population classed as 'breadline poor' 2000, major British cities

Source: SASI Breadline Britain data; ONS



And finally....

Mystery of Glasgow's health problems

Glasgow has a reputation for ill health, but that alone can't explain Scotland's largest city's shocking mortality rates

Ali Muriel
The Guardian, Tuesday 6 November 2012 17:00 GMT
Jump to comments (252)



Sighthill housing estate, now partially demolished. Many of Glasgow's social problems are no worse than those of other UK cities, yet mortality rates remain high. Photograph: Christopher Furlong/Getty Images

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UTENRIKS

Skottene lever seks år kortere enn engelskmenn. Ingen vet hvorfor.

GLASGOW (VG) Skottene lever i snitt lever til de er 72 år. Engelskmenn blir 78. Kan forklaringen være frityrstekt Mars-sjokolade?

Det tok VG få minutter å finne godbiten på menyen i et gatekjøkken midt i Glasgow.

– Jeg selger en full kartong eller to i løpet av en uke. Opp mot hundre sjokolader, forteller Ilur Bajrami.

Han står bak disken i gatekjøkkenet Blue Lagoon i West Nile Street og viser hvordan han tilbereder frityrstekt Mars-sjokolade. Først dypes sjokoladen flere ganger i en flytende blanding av mel og smør for den frityrstokes i tre til fire minutter. Resultatet er en innbakt, smeltet sjokolade til 1,95 pund som særlig frister ungdommer og turister.



– Det er godt, men hvis du er oppvakt av vekten din så bør du ikke prøve, smiler gatekjøkkenekken. Myten om den frityrstekte sjokoladen nådde det medisinske tidsskriftet Lancet for flere år siden. De sjekket flere hundre gatekjøkken i Skottland. En av fem solgte «elike».

Leter etter svar
– Jeg har aldri spist frityrstekt Mars-sjokolade og kjenner ingen som har spist det, sier foreleser David Walsh ved Universitetet i Glasgow. Han rister oppgitt på hodet.

Kosthold er viktig. Kosthold er dårligere i fattige områder, men vi har ikke bevis for at kost-

holdet i Skottland er annerledes enn i England, sier Walsh. Han leder studien ved Glasgow Centre for Population Health som skal prøve å finne svaret på hvorfor skottene lever kortest av alle i Vest-Europa.

Befolkningen i de fattige områdene rundt Glasgow har høyest dødelighet, men selv skottene i høylandet og skotter som bor i utlandet lever i høyere kortere enn andre, forteller Walsh. De eneste unntakene finnes i de rike områdene i Edinburgh.

Like historier

For å forstå hvorfor skottene har kortere forventet levetid har Walsh og hans kolleger sammenlignet levekårene i Glasgow, Manchester og Liverpool. De tre byene har like historier. De var store, industribyer som de siste tiårene har opplevd nedleggelse av tungindustri, jernverk og skipsverft. Sammenligningen viste at befolkningen i Glasgow er like fattige, har like mange arbeidstidsplasser, de røyker ikke mer, drikker seg ikke mer fulle og spiser ikke mer usunt enn befolkningen i Manchester og Liverpool. Likevel dør 30 prosent flere for fylte 65 år i Glasgow, enn i Liverpool og Manchester.

Tallene viser at de dør langt oftere av lungesykdom, hjerte- og karsykdommer, drap, selvmord, alkohol og narkotika, enn engelskmennene.



DEN SKOTSKE MYSTERIET: Forsker David Walsh jobber med å finne ut hvorfor skottene har lavest forventet levetid i Vest-Europa, selv om forskning ikke tyder på at de lever mer usunt enn engelskmennene.

– Resultatet av hvordan folk lever er mer dramatisk her enn i Liverpool og Manchester, sier Walsh. – Vi kaller det Skottland-effekten, men vi vet ikke hva det er.

Gena Mahir som bor i Drumchapel, et av Glasgows mange fattige sosiale boligområder, den har ingen bugnende ferskvarerbutikk. Utfor veddemåblikken Ladbrokes henger manifolkene og lar seg en røyk. En mager eldre mann hoster og harker på vei mot bussen.

– Jeg må reise i 20 minutter for å finne butikk med fersk mat, forteller Gena.

– Komplisert

David Walsh og kollegene har plukket fra hverandre en mengde forklaringer for å finne svaret på det

skotske mysteriet, som påstander om mangel på vitamin D på grunn av været, manglende tre på fremtiden, miljøet skottene vokser opp i med dårlige og billige etterkrigsboliger, utflytting og dårlig helse som følge av fattigdom. Ingen av dem er sterke nok til å forklare den høye dødeligheten, sier Walsh.

– Det er ikke en forklaring, det må skyldes en kompleks virkning av mange faktorer over mange år, sier Walsh. – Om ni måneder er forskningsarbeidet ferdig. Da er de kanskje nærmere svaret.

I gatekjøkkenet Blue Lagoon strømmer folk inn for å kjøpe frityrstekt lunj. To solide bygningsarbeidere rister på hodet på spørsmål om de har spist frityrstekt Mars-sjokolade.

– Vi kjøper King Rib til lunj. Det er veldig godt, dere burde prøve, smiler de på vei ut.
King Rib er frityrstekt svinekjøttmasse, som selges med pommes frites.

E-post: annelise.vonderlehr@vg.no



FRITYRSTEKT MARS-SJOKOLADE



1 DYPPE: Ilur Bajrami dypes sjokoladen i mel og smørblendingen før steking. Noen kunder velger Snickers Istedentor Mars.



2 NED I FETTET: Sjokoladen er klar for steking.



3 KLISSETE OG SØT: Frityrstekt Mars-sjokolade smaker søtere enn den mer velkjente, uoppvarmede varianten.



FRITYRSTEKT: Den skotske bygningsarbeideren lar seg ikke friste av frityrstekt Mars-sjokolade, men velger frityrstekt svinekjøttmasse og pommes frites til lunj.

