How do Glasgow and (West of) Scotland compare with European cities and regions?

David Walsh

Glasgow Centre for Population Health

HFF7, May 2008

Glasgow Centre for Population Health

Content

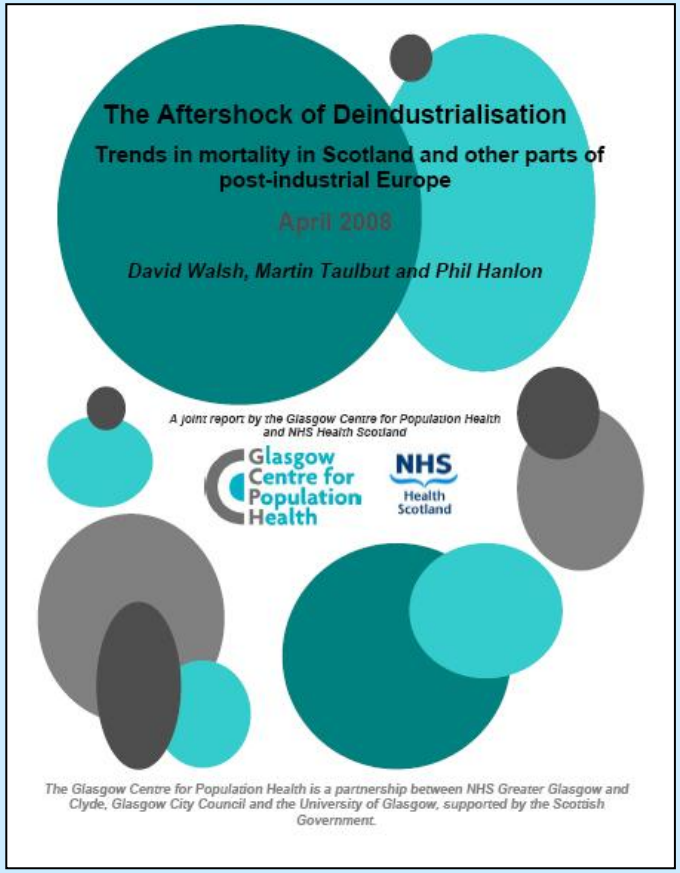
- Two separate projects, published as…
- Two separate reports, and thus…
- Two separate presentations
- All in 20 minutes
- But may feel longer…

Two projects/reports

- The Aftershock of Deindustrialisation - trends in mortality in Scotland and other parts of post-industrial Europe
- David Walsh, Martin Taulbut, Phil Hanlon
- Collaboration between GCPH and NHS Health Scotland

Two projects/reports

- Comparisons of health-related behaviours and health measures in Greater Glasgow with other regional areas in Europe
- Linsay Gray, MRC Social & Public Health Sciences Unit, University of Glasgow



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

April 2008

Background

- Post-industrial decline (and associated factors) promoted as one of major reasons behind Scotland/WoS's poor health profile
- Begs question: how have other similarly deindustrialised regions fared?

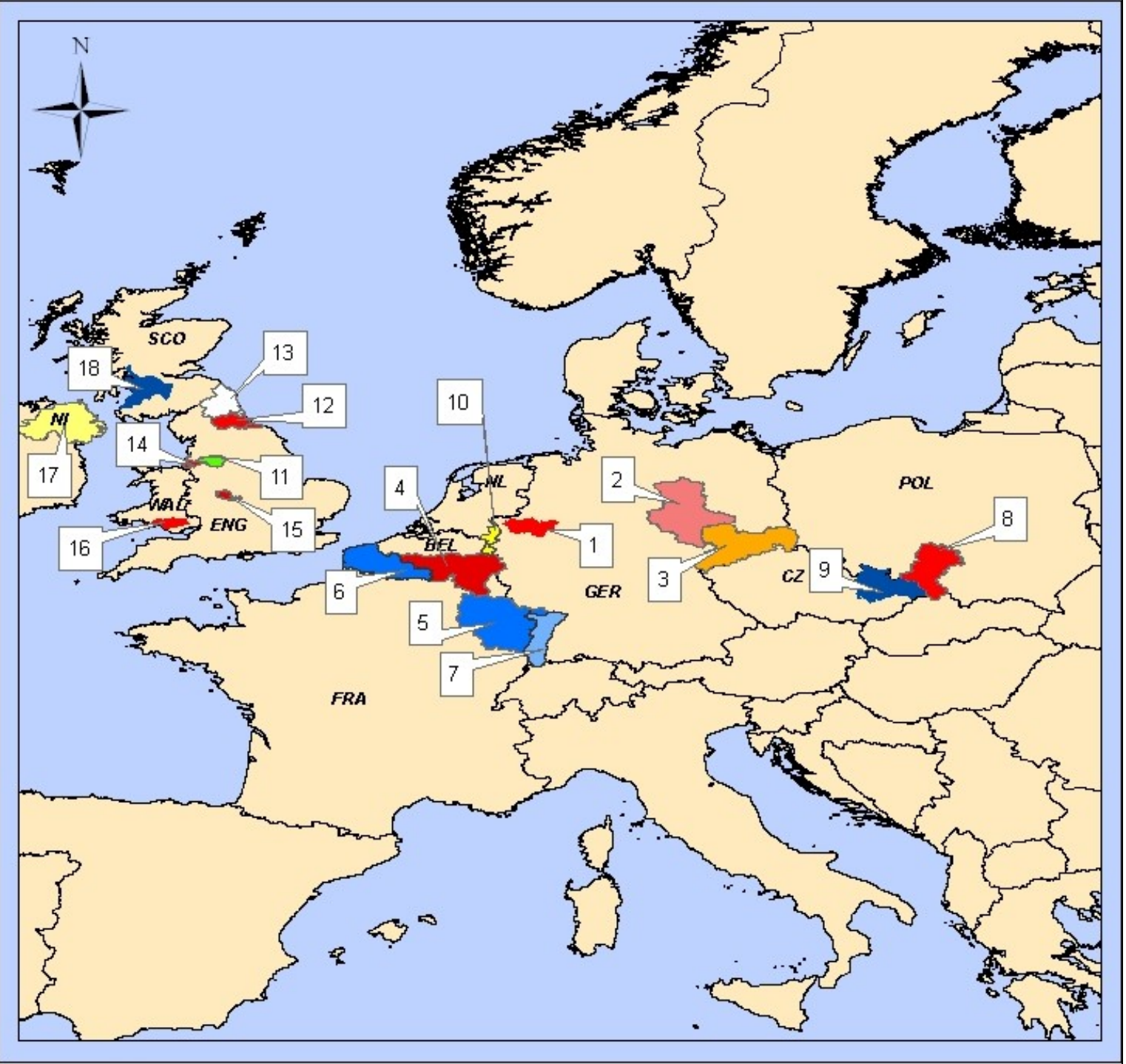
Project aims

- Identify regions which have undergone similar processes of deindustrialisation
- Compare long-term trends in mortality (as *first* step…)

Identification of areas

- Selection of areas based on combination of:
  - extensive consultation with experts in European public health and European history
  - analysis of regional industrial employment loss

European post-industrial regions



1. Ruhr (D)
2. Saxony-Anhalt (D)
3. Saxony (incl. Chemnitz and Leipzig regions) (D)
4. Wallonia (B)
5. Lorraine (incl. Moselle) (F)
6. Nord-Pas-de-Calais (F)
7. Alsace (F)
8. Silesia (incl. Katowice) (P)
9. N. Moravia (Cz)
10. Limburg (NL)
11. Greater Manchester
12. Tees Valley & Durham
13. Northumb'd, Tyne & Wear
14. Merseyside
15. West Midlands
16. Swansea & S. Wales coalfields
17. N. Ireland
18. West of Scotland

Deindustrialisation in Scotland/the West of Scotland

- 44% decrease ir
  employment* b
  Scotland
- Represents a los
- Not just a West
- But more marke
  (from 500,000 t

*'Industrial employment': includes m

Merseyside

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

Ruhr area

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

Nord-Pas-de-Calais

- 43% decrease in industrial employment between 1970 and 2005
- Represents loss of >300,000 industrial jobs

Katowice (Silesia)

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

All cause mortality EASRs 2001-03 by English counties (NUTS2), males

Source: Eurostat

All cause mortality EASRs 2001-03 by Netherlands Province (NUTS2), males

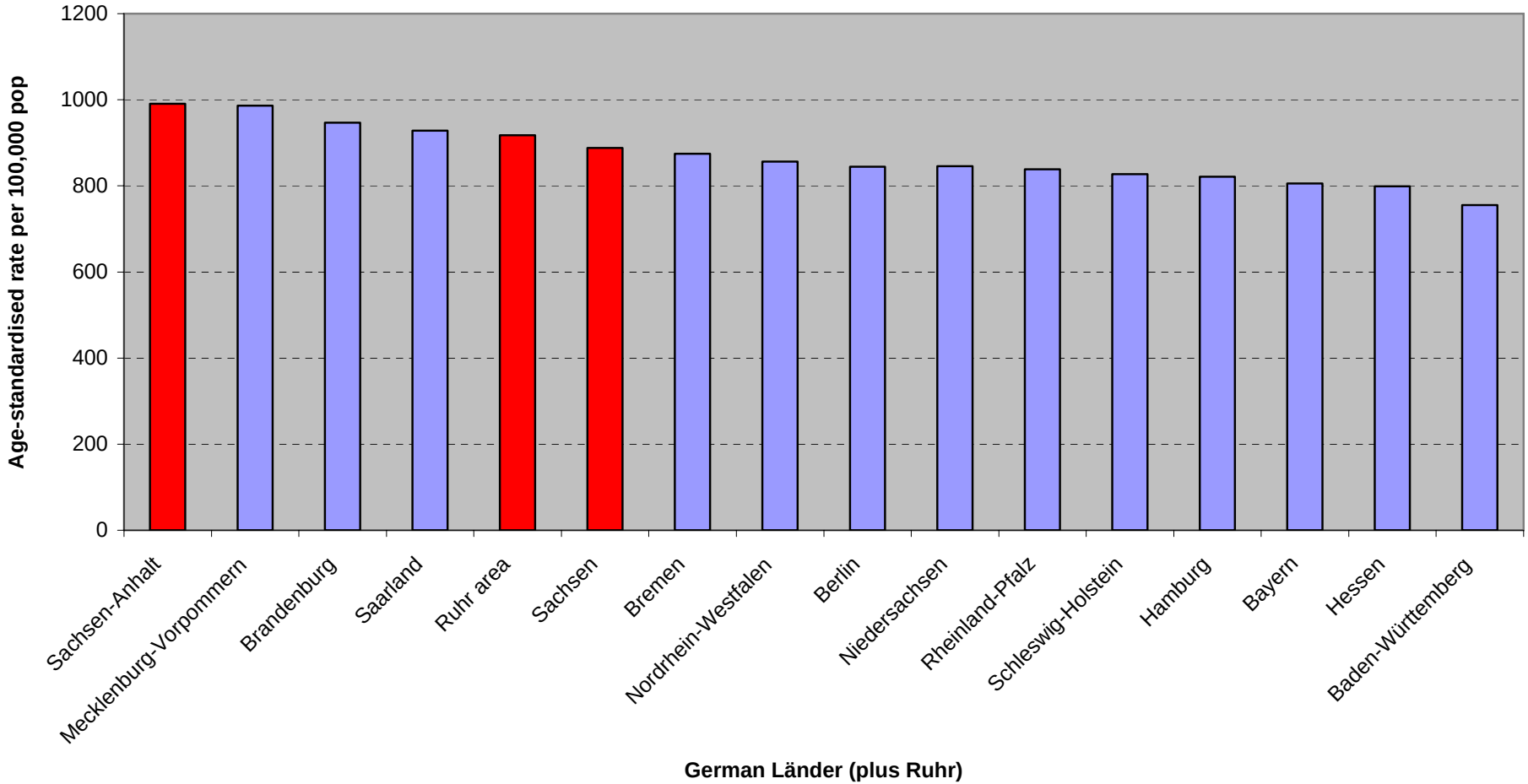
Source: Eurostat

All-cause mortality, EASRs 2001-2003 by French région (NUTS2), males

Source: Eurostat

All-cause mortality, EASRs 2001-2003 by German Länder (NUTS1), males

Source: Eurostat; North Rhine-Westphalia Institute for Health and Work (LIGA)



GDP - Purchasing Power Parities Per Inhabitant (2004)

Unemployment rate, 2005

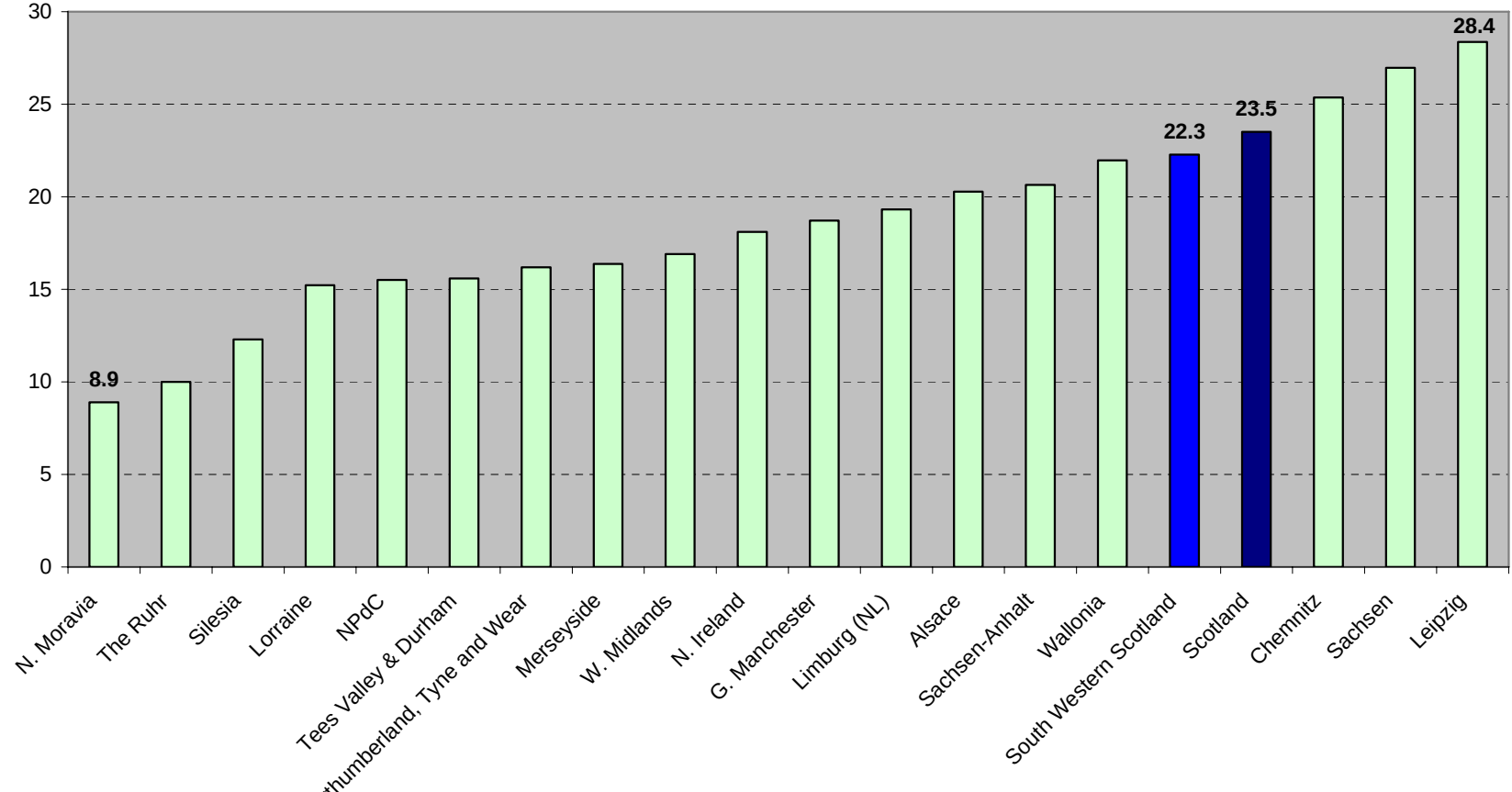
Long-term unemployment: % unemployed for 12 months or more

Not in employment: male (25+) non-employment rate, 2005

Economic activity rate, 2005

% of adult population (15+) with tertiary level qualifications: 2005

Source: Eurostat; Urban Audit data for Ruhr (2001)



Mortality analysis

- ‘Raw’ mortality data requested from national and regional statistical agencies
- Requested by age, sex, year (25 years if possible) for 17 causes including:
  - Various cancers (all; breast; lung; oesophageal; colorectal; stomach; prostate)
  - Circulatory system diseases (incl. IHD and stroke)
  - COPD and related causes
  - External causes (incl. suicide and MVTAs)
  - Chronic liver disease and cirrhosis
- Data received for all regions, although for more limited time periods in some areas

Results

Two sets of results:

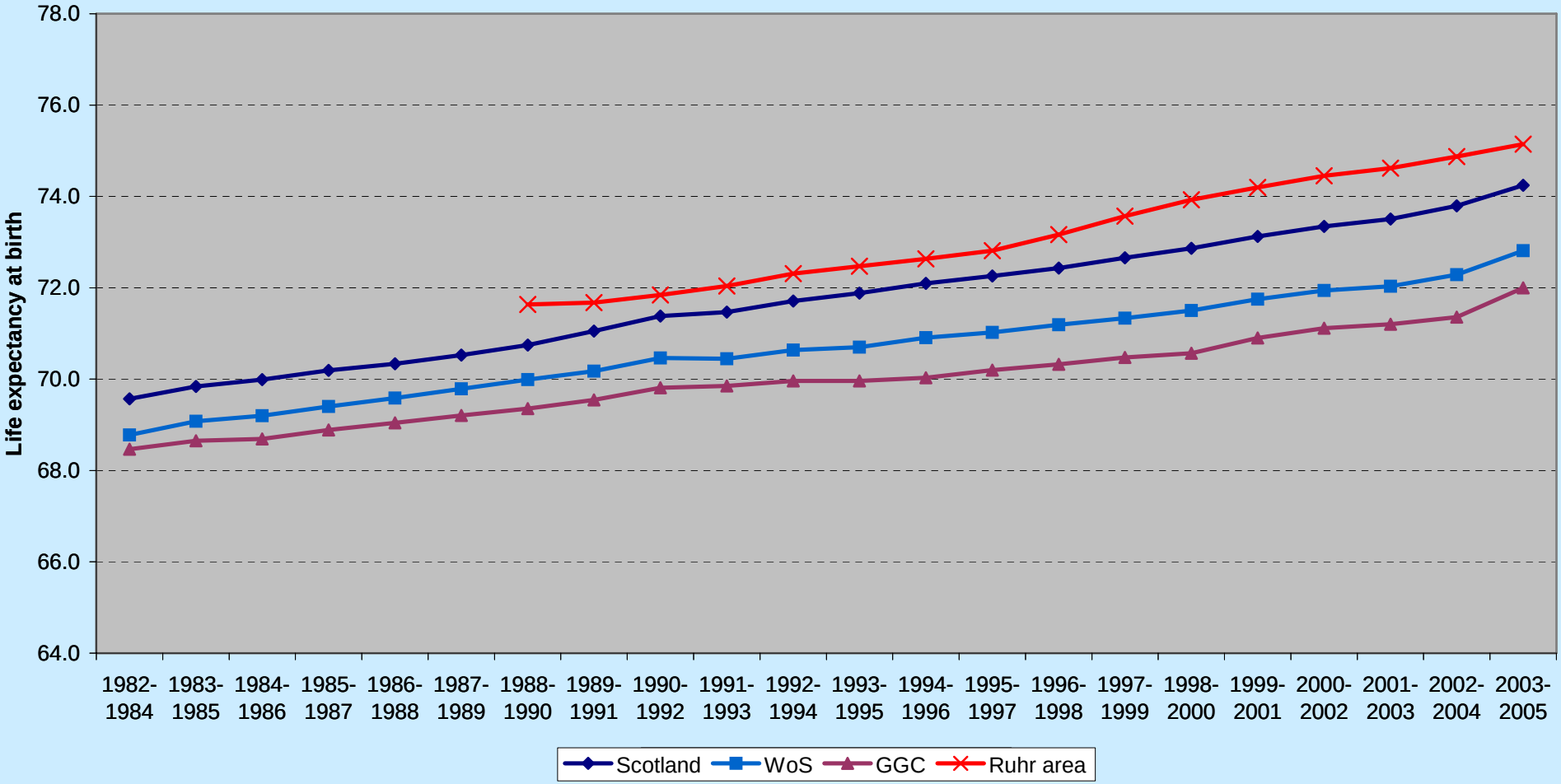
A. Life expectancy (all twenty regions)
B. Detailed age/sex/cause specific mortality analysis (ten regions)

A. Life expectancy

Life expectancy - Ruhr

Estimates of male life expectancy at birth: Ruhr area compared to Scotland, West of Scotland and GGC, 1982-2005 (3-year averages)

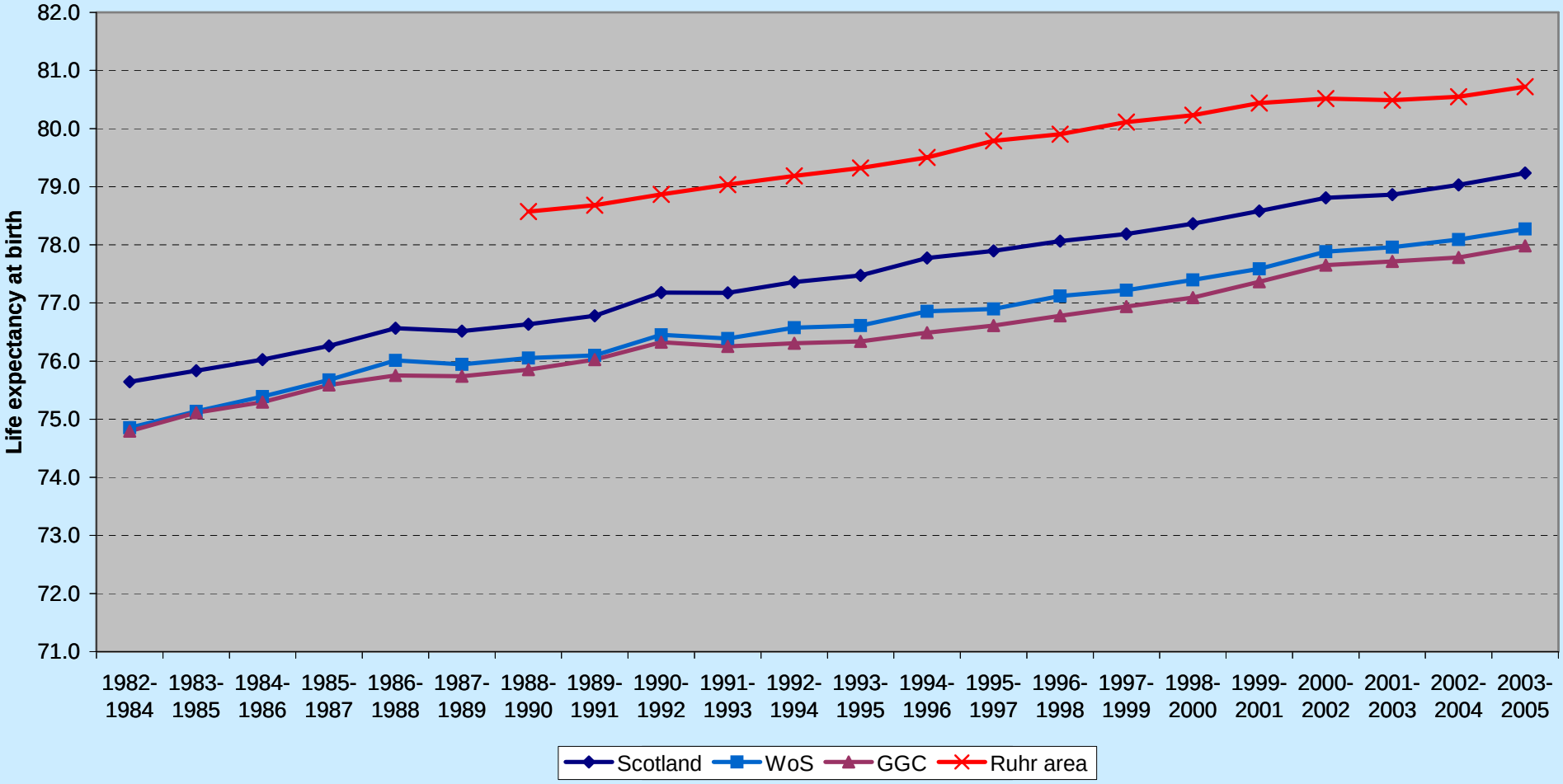
Source: GRO(S) mortality & population data (Scotland); NRW lögd mortality & population data (Ruhr)



Life expectancy - Ruhr

Estimates of female life expectancy at birth: Ruhr area compared to Scotland, West of Scotland and GGC, 1982-2005 (3-year averages)

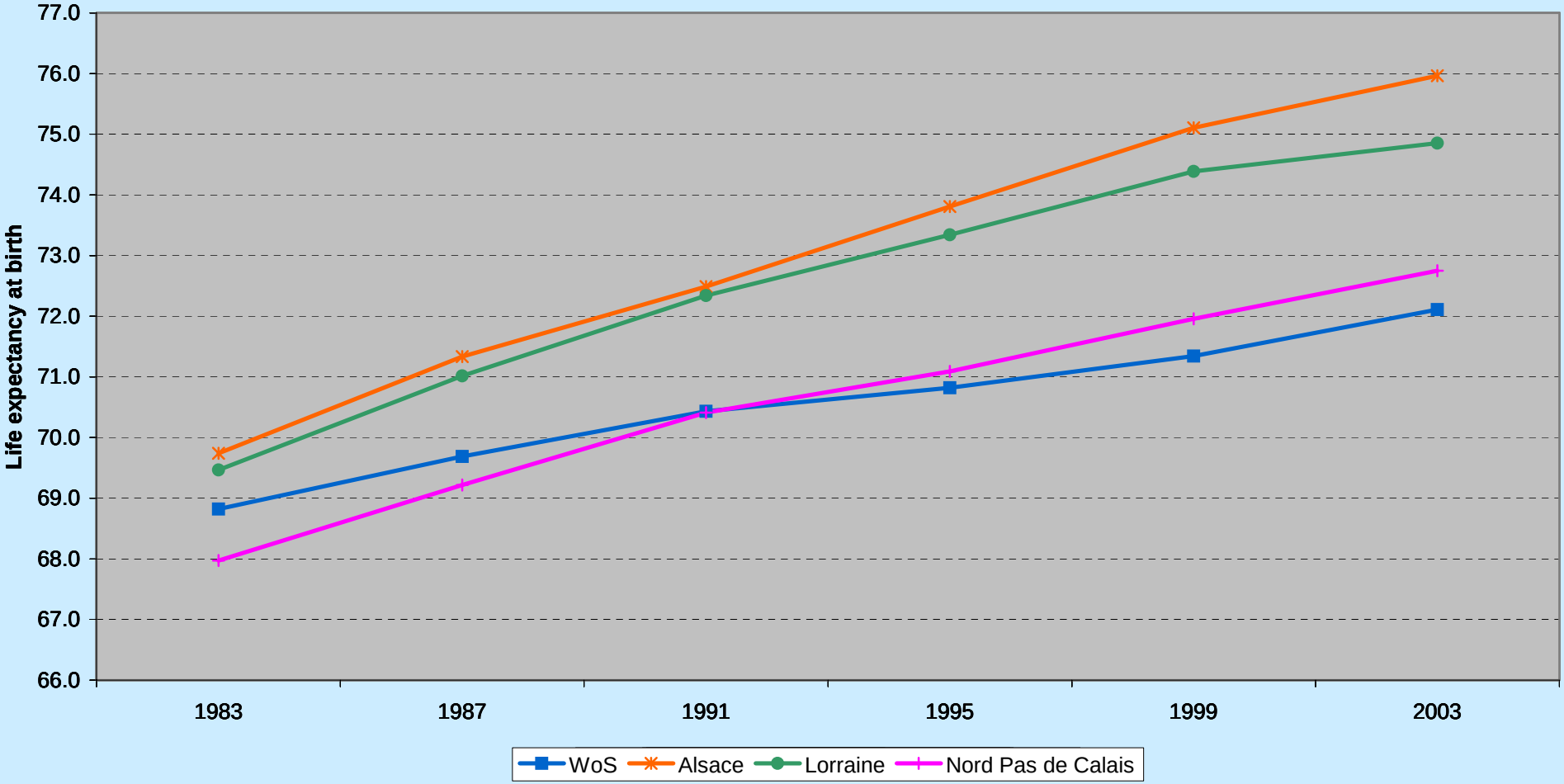
Source: GRO(S) mortality & population data (Scotland); NRW lögd mortality & population data (Ruhr)



Life expectancy - French regions

Estimates of male life expectancy at birth: Nord Pas de Calais, Lorraine and Alsace compared to Scotland, West of Scotland and GG&C, 1983-2003

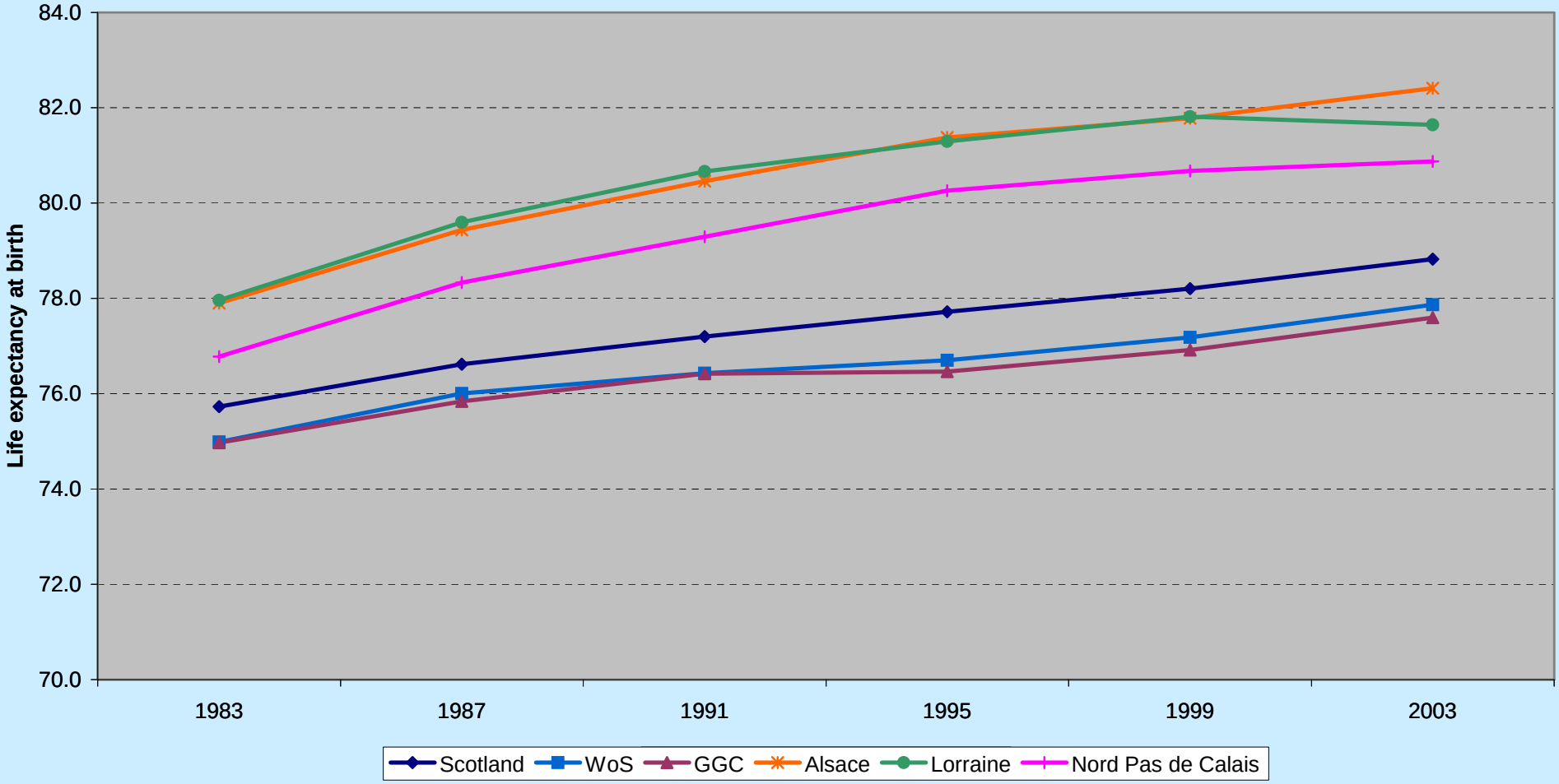
Source: GRO(S) death reg'ns/population estimates (Scotland); INSERM deaths/population data (France)



Life expectancy - French regions

Estimates of female life expectancy at birth: France, Nord Pas de Calais, Lorraine and Alsace compared to Scotland, West of Scotland and GG&C, 1983-2003

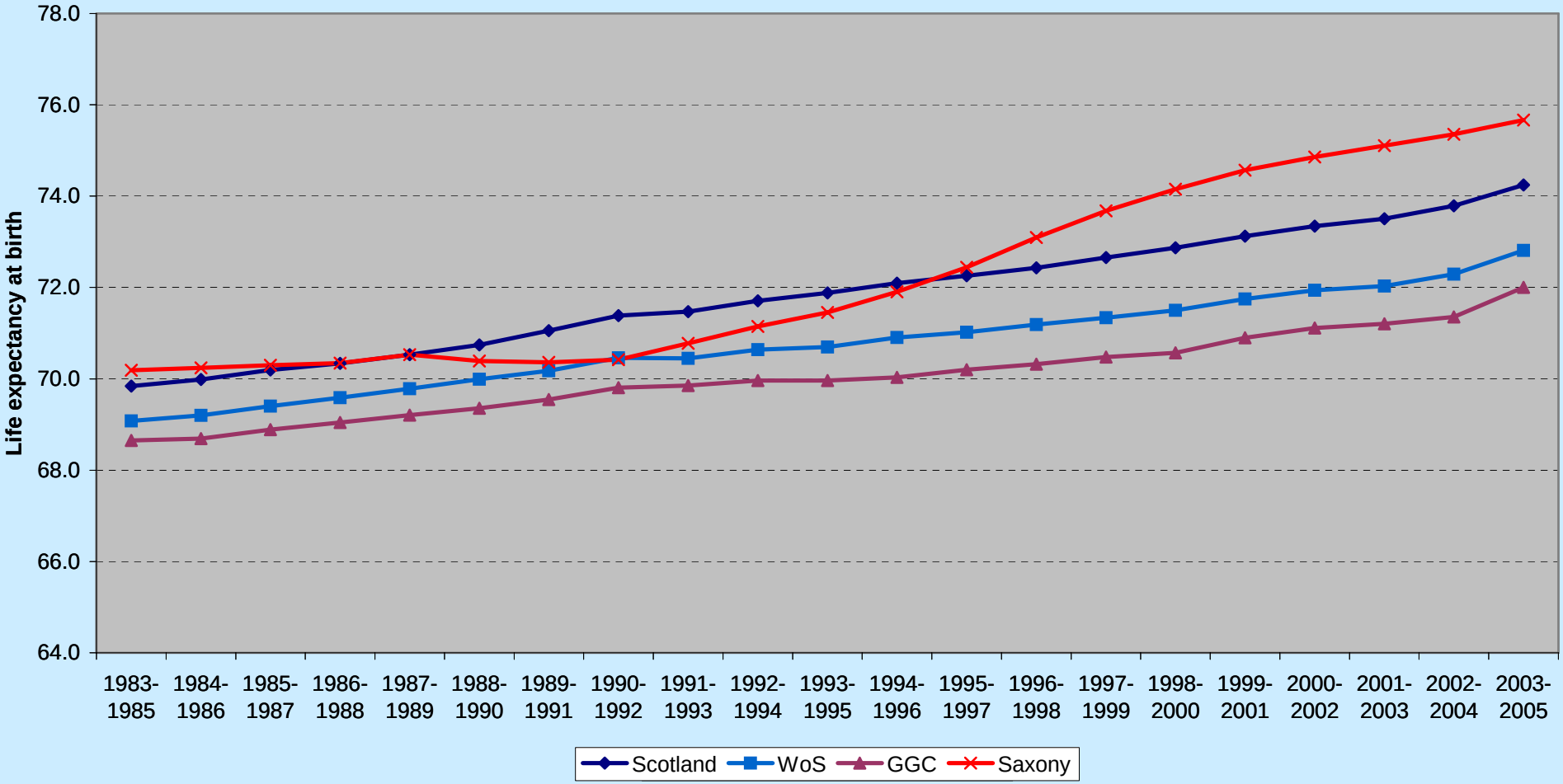
Source: GRO(S) death reg'ns/population estimates (Scotland); INSERM deaths/population data (France)



Saxony – life expectancy

Estimates of male life expectancy at birth: Saxony compared to Scotland, West of Scotland and GGC, 1983-2005 (3-year averages)

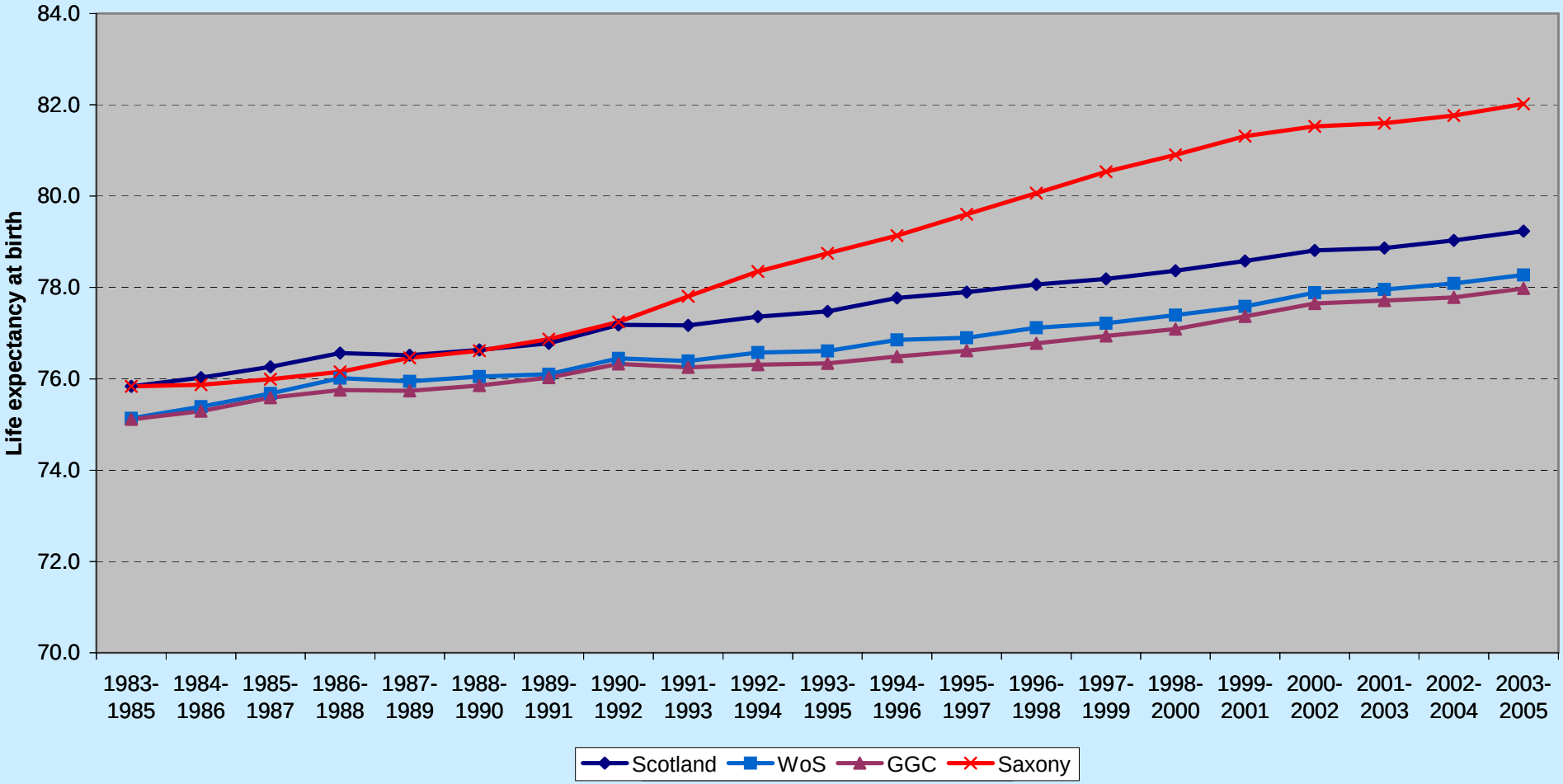
Source: Calculated from data from GRO(S) (Scotland) and the Statistical Office of Free State of Saxony



Saxony – life expectancy

Estimates of female life expectancy at birth: Saxony compared to Scotland, West of Scotland and GGC, 1982-2005 (3-year averages)

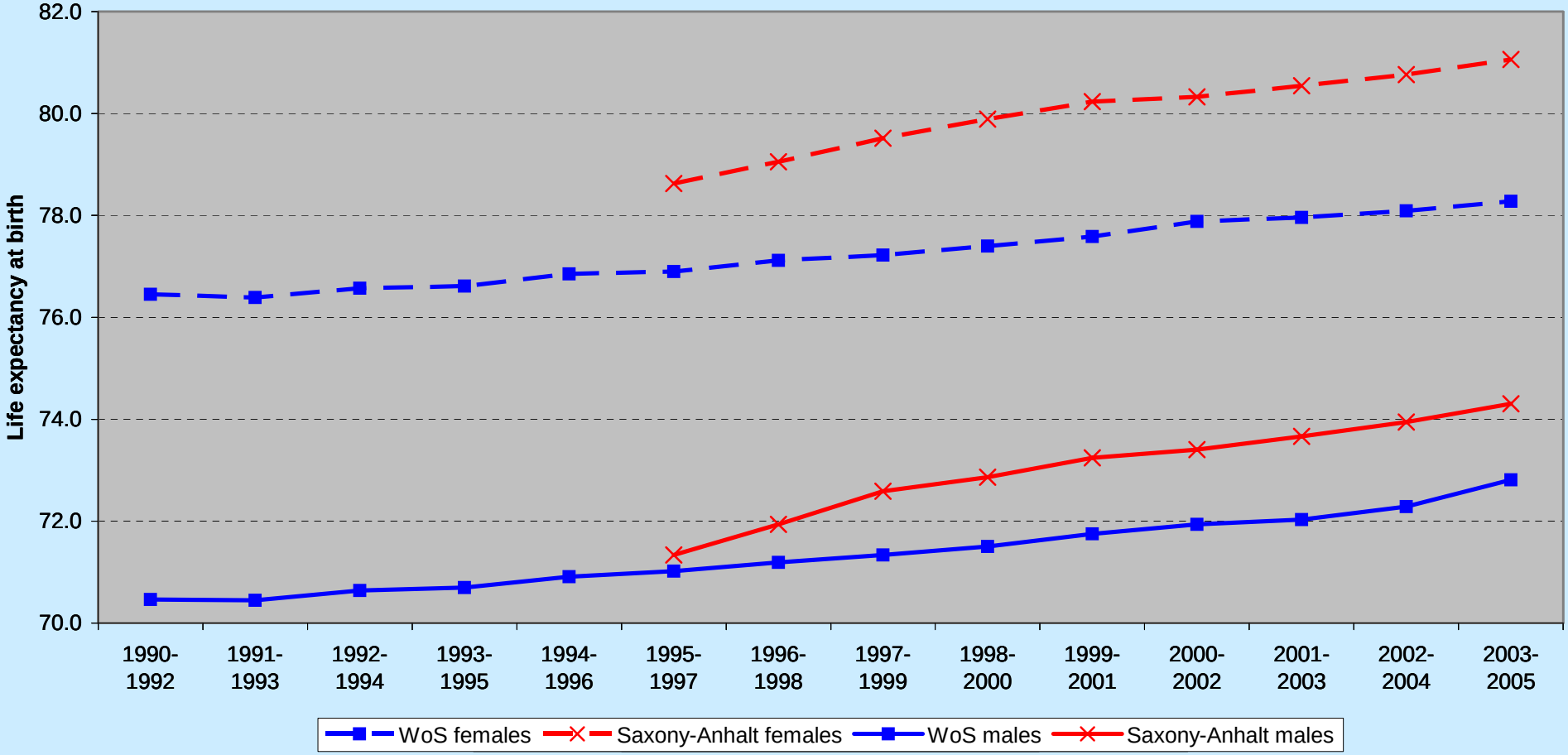
Source: Calculated from data from GRO(S) (Scotland) and the Statistical Office of Free State of Saxony



Saxony-Anhalt

Estimates of male and female life expectancy at birth:
Saxony-Anhalt compared to West of Scotland, 1995-2005 (3-year averages)

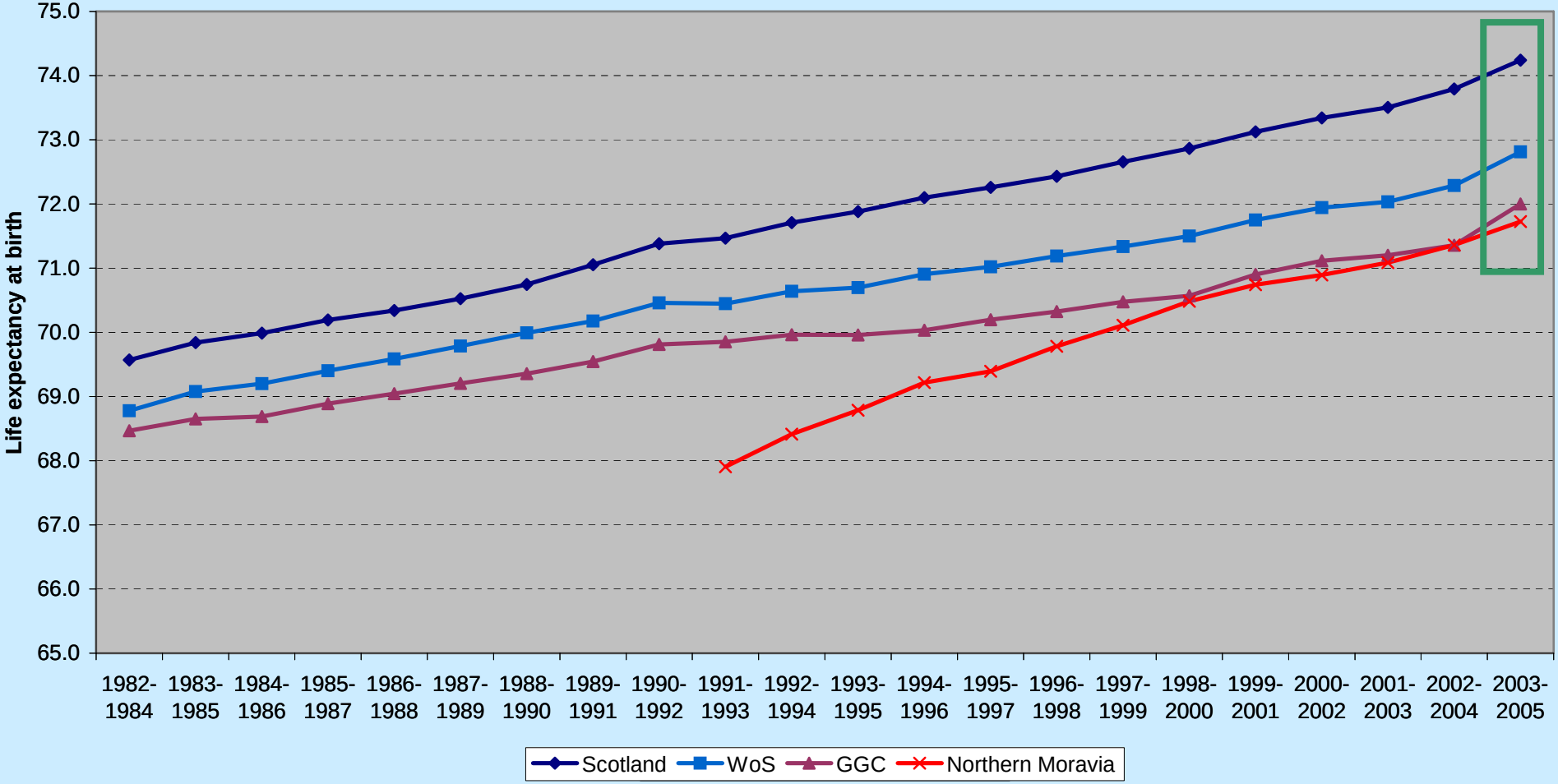
Source: Calculated from data from GRO(S) (Scotland) and Landesamt für Verbraucherschutz Sachsen-Anhalt



Life expectancy – N. Moravia

Estimates of male life expectancy at birth, Northern Moravia compared to Scotland, West of Scotland and Greater Glasgow & Clyde, 1982-2005 (3-year averages)

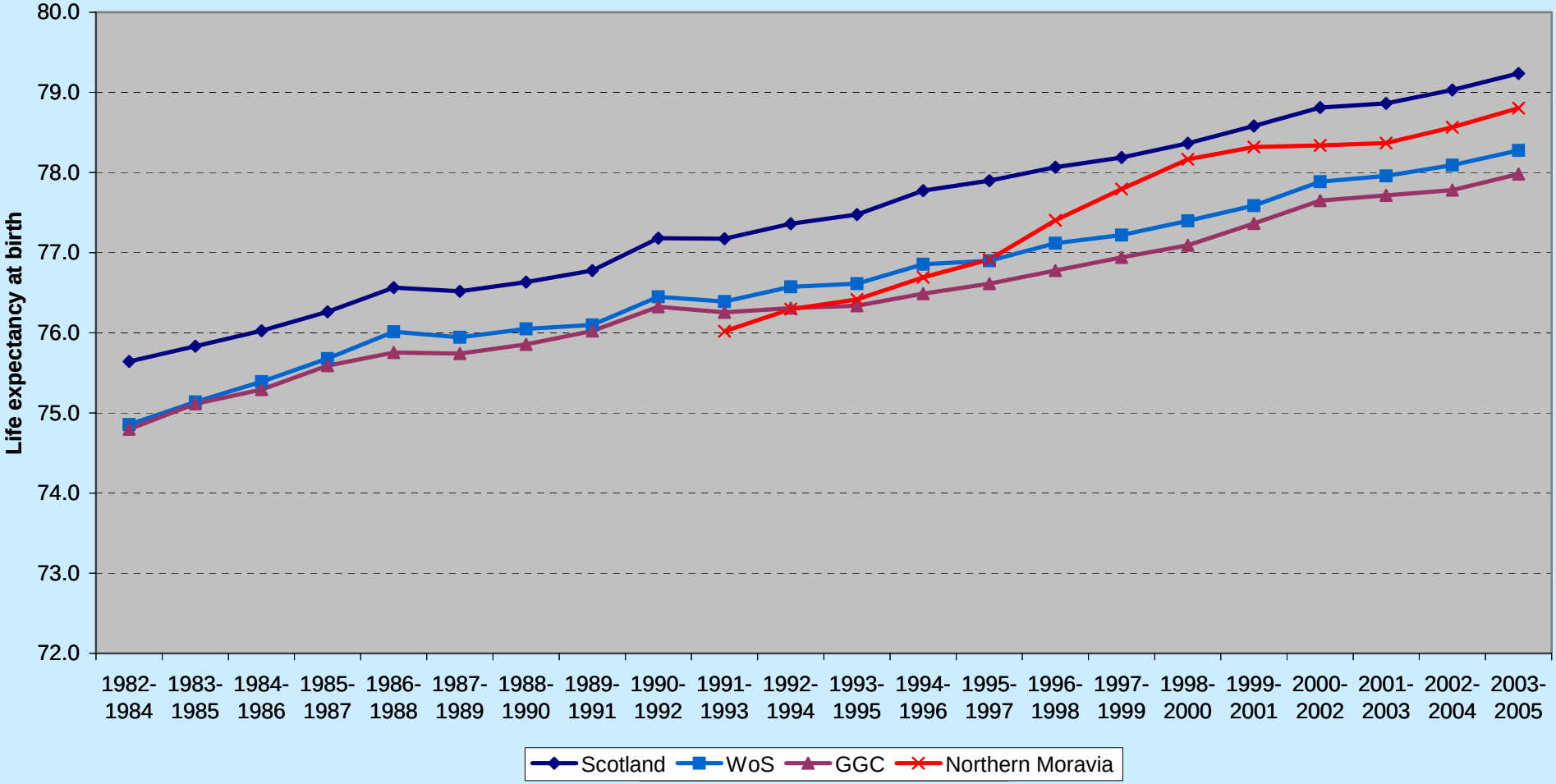
Source: Calculated from GRO(S) and Institute of Health Information & Statistics (CZ) data



Life expectancy – N. Moravia

Estimates of female life expectancy at birth, Northern Moravia compared to Scotland, West of Scotland and Greater Glasgow & Clyde, 1982-2005 (3-year averages)

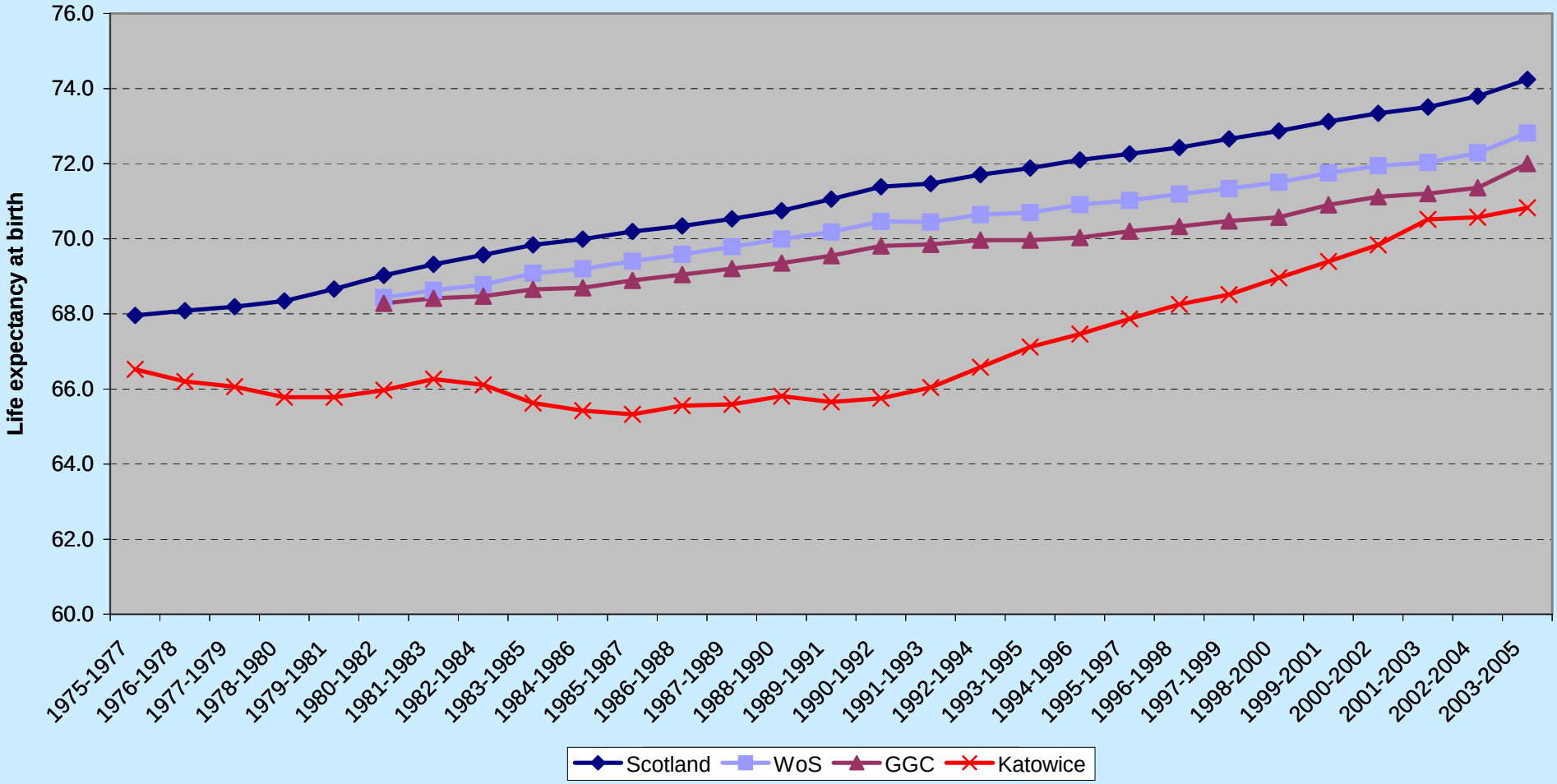
Source: Calculated from GRO(S) and Institute of Health Information & Statistics (CZ) data



Katowice (Silesia)

Estimates of male life expectancy at birth: Katowice compared to Scotland, West of Scotland and GGC, 1975-2005 (3-year averages)

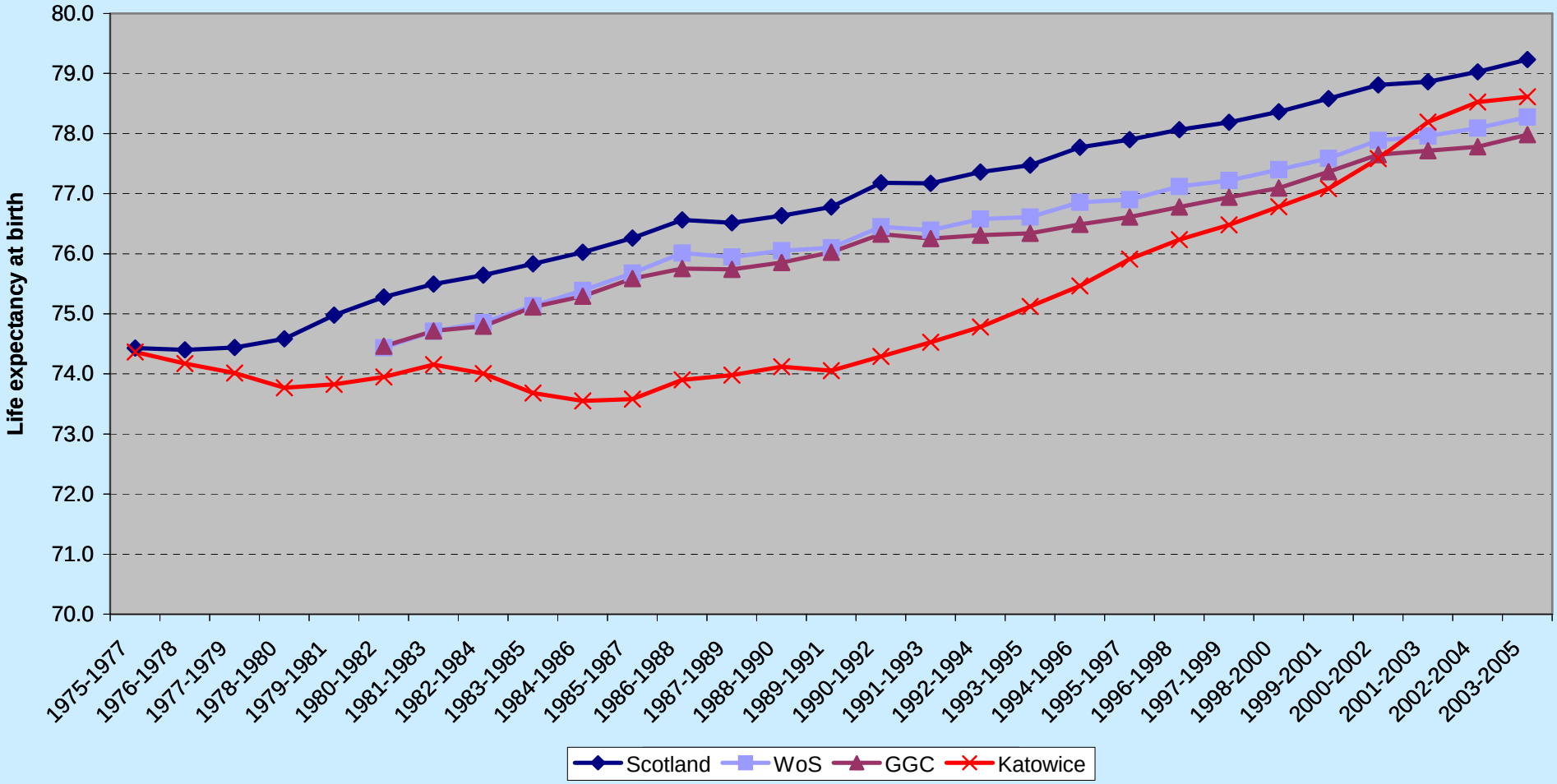
Source: Calculated from data from GRO(S) (Scotland) and Cancer Center & Institute of Oncology, Warsaw



Katowice (Silesia)

Estimates of female life expectancy at birth: Katowice compared to Scotland, West of Scotland and GGC, 1982-2005 (3-year averages)

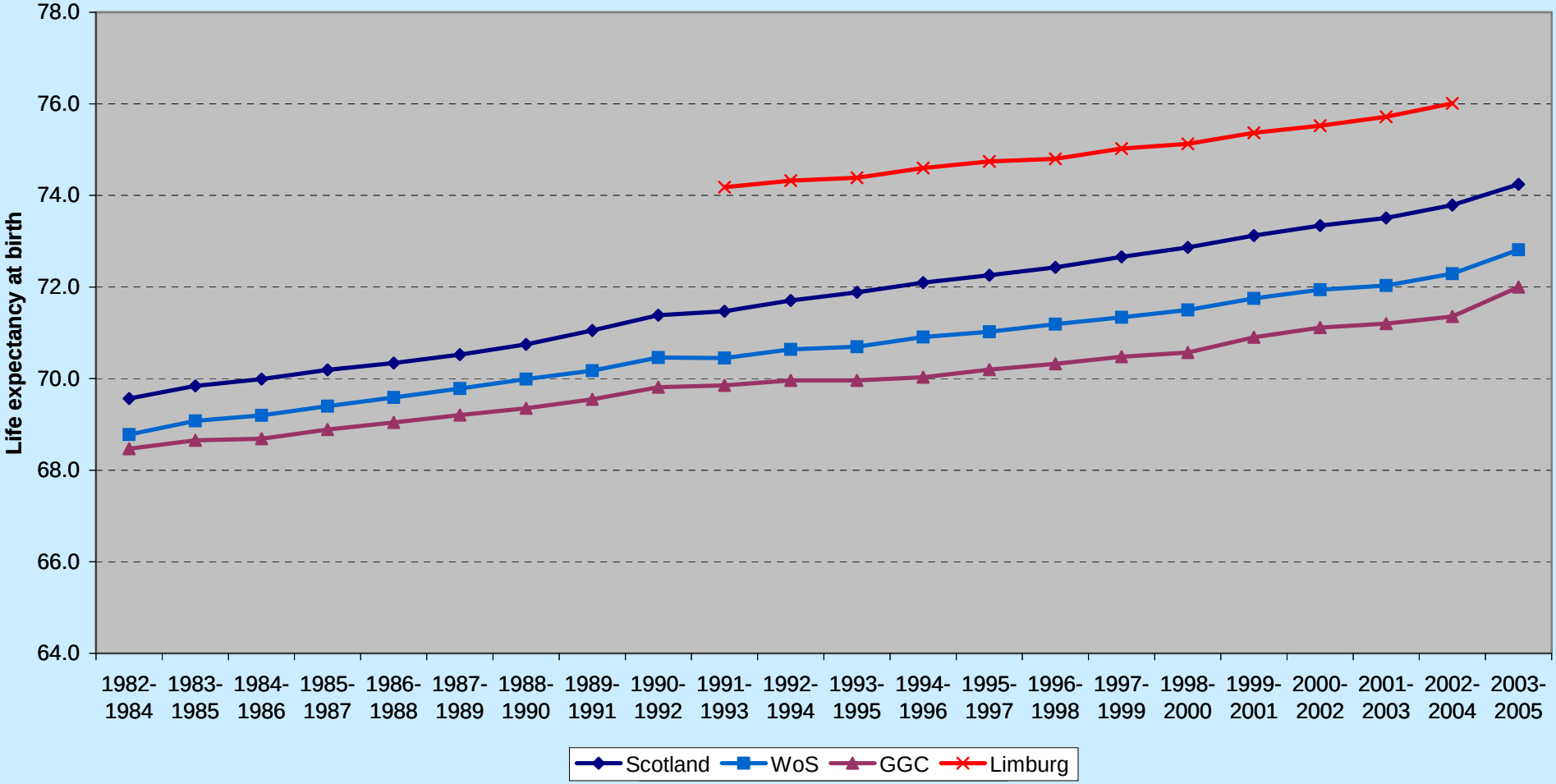
Source: Calculated from data from GRO(S) (Scotland) and Cancer Center & Institute of Oncology, Warsaw



Life expectancy - Limburg

Estimates of male life expectancy at birth, Limburg compared to Scotland, West of Scotland and Greater Glasgow & Clyde, 1982-2005 (3-year averages)

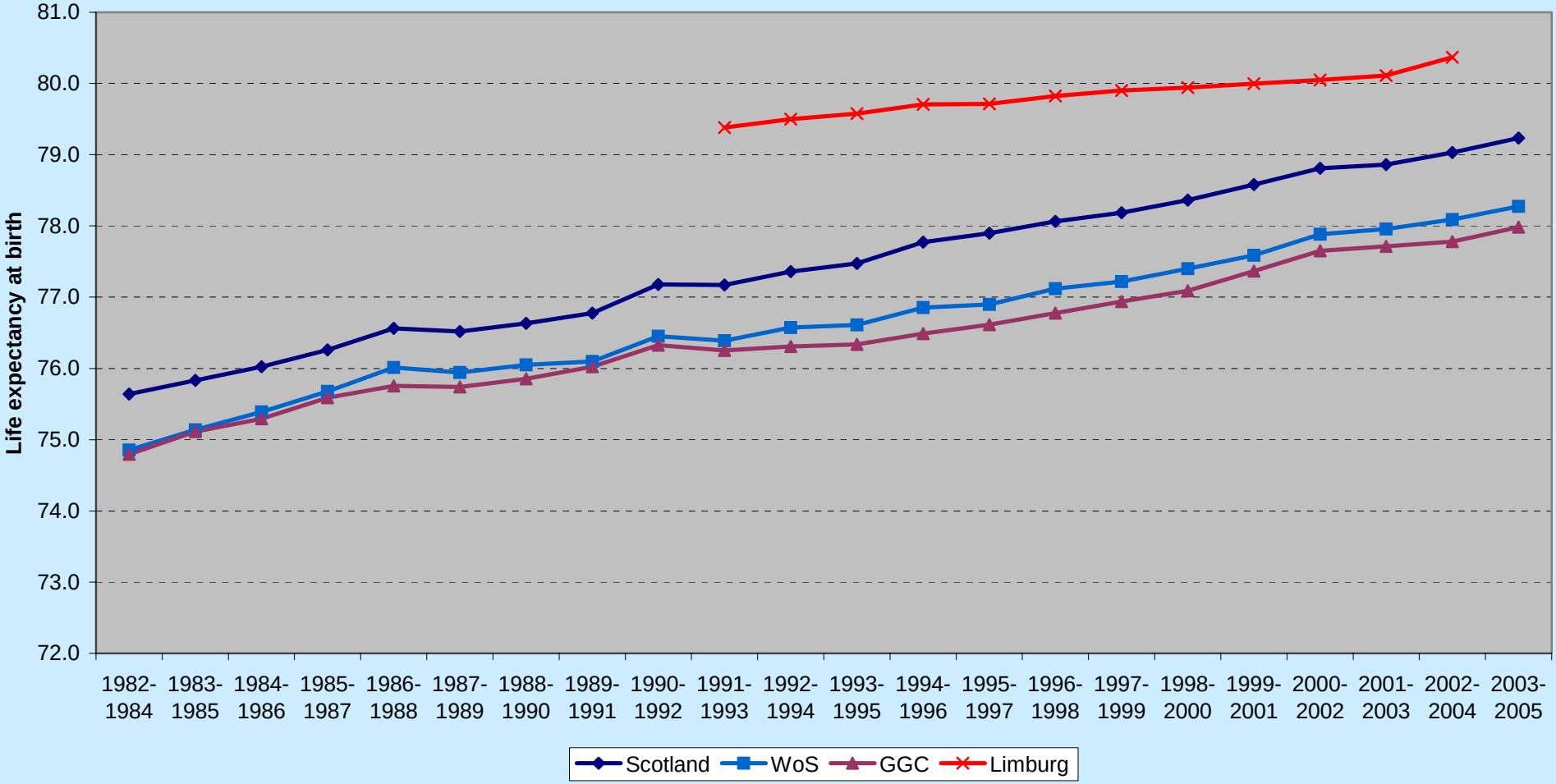
Source: calculated from mortality & population data from GRO(S) (Scotland) and CBS Statsline (NL)



Life expectancy - Limburg

Estimates of female life expectancy at birth, Limberg compared to Scotland, West of Scotland and Greater Glasgow & Clyde, 1982-2005 (3-year averages)

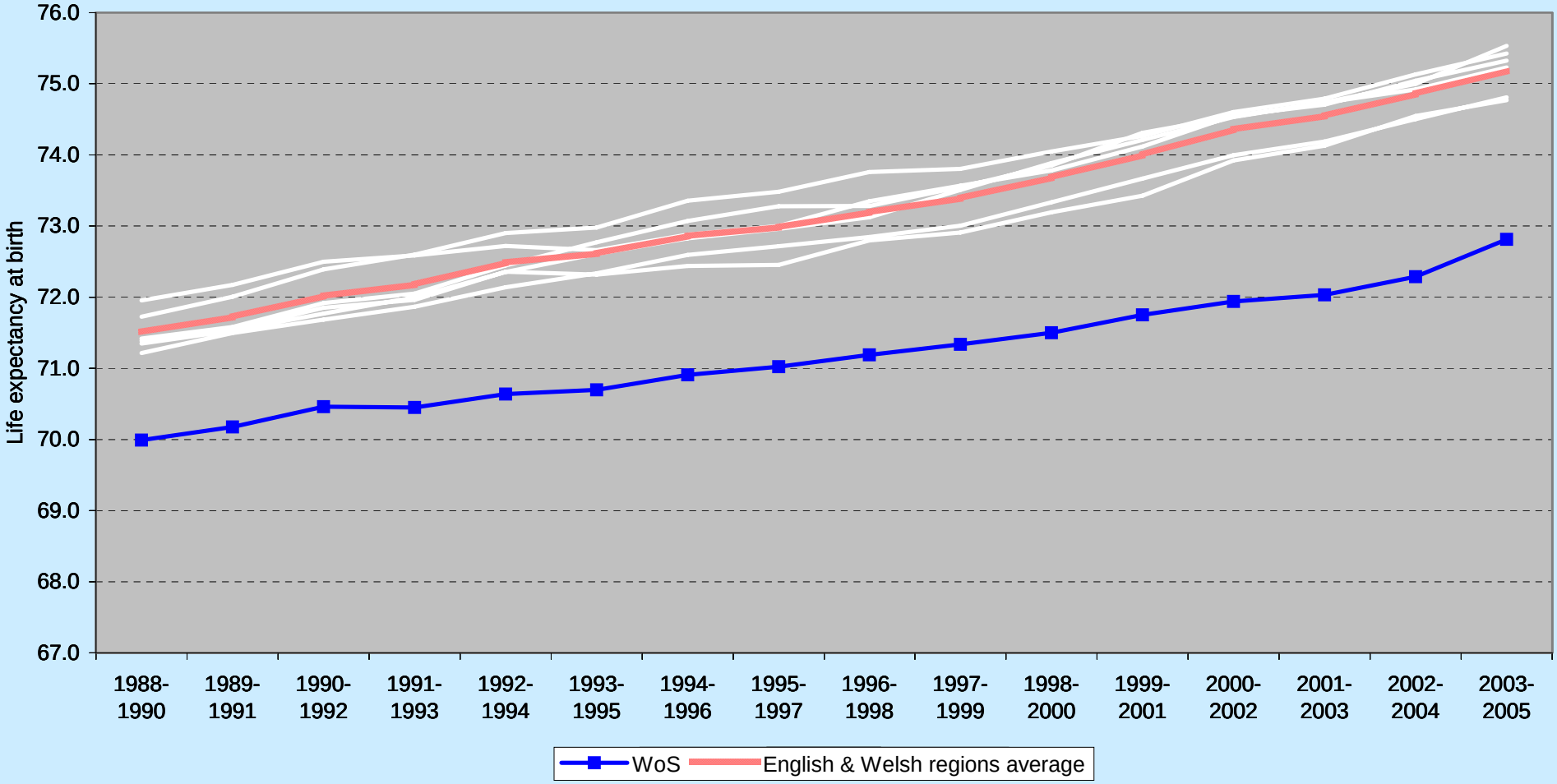
Source: calculated from mortality & population data from GRO(S) (Scotland) and CBS Statsline (NL)



English & Welsh regions (male)

Estimates of male life expectancy at birth: selected English and Welsh regions compared to West of Scotland, 1988-2005 (3-year averages)

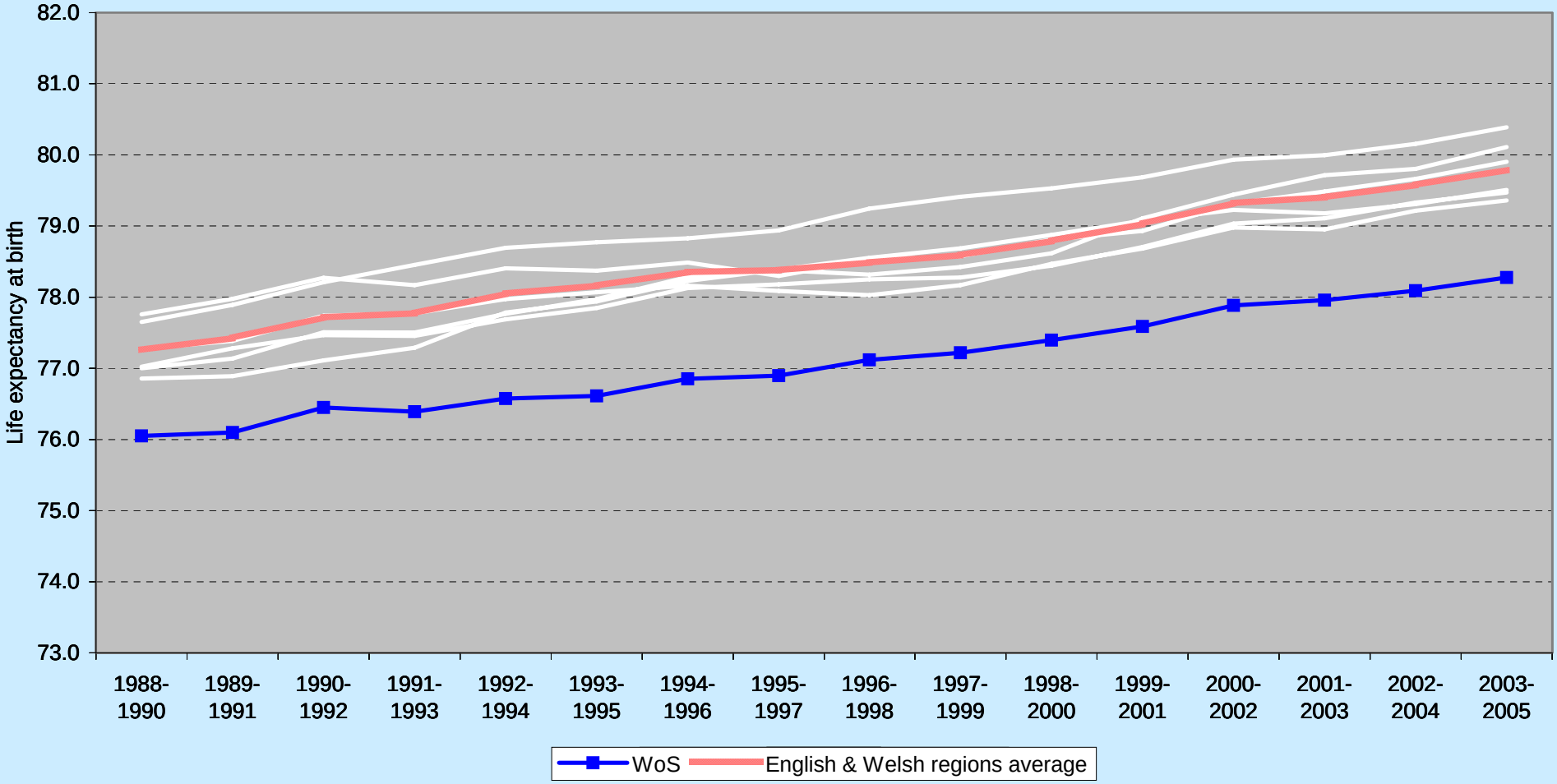
Source: Calculated from data from GRO(S) (Scotland) and ONS (England & Wales)



English & Welsh regions (female)

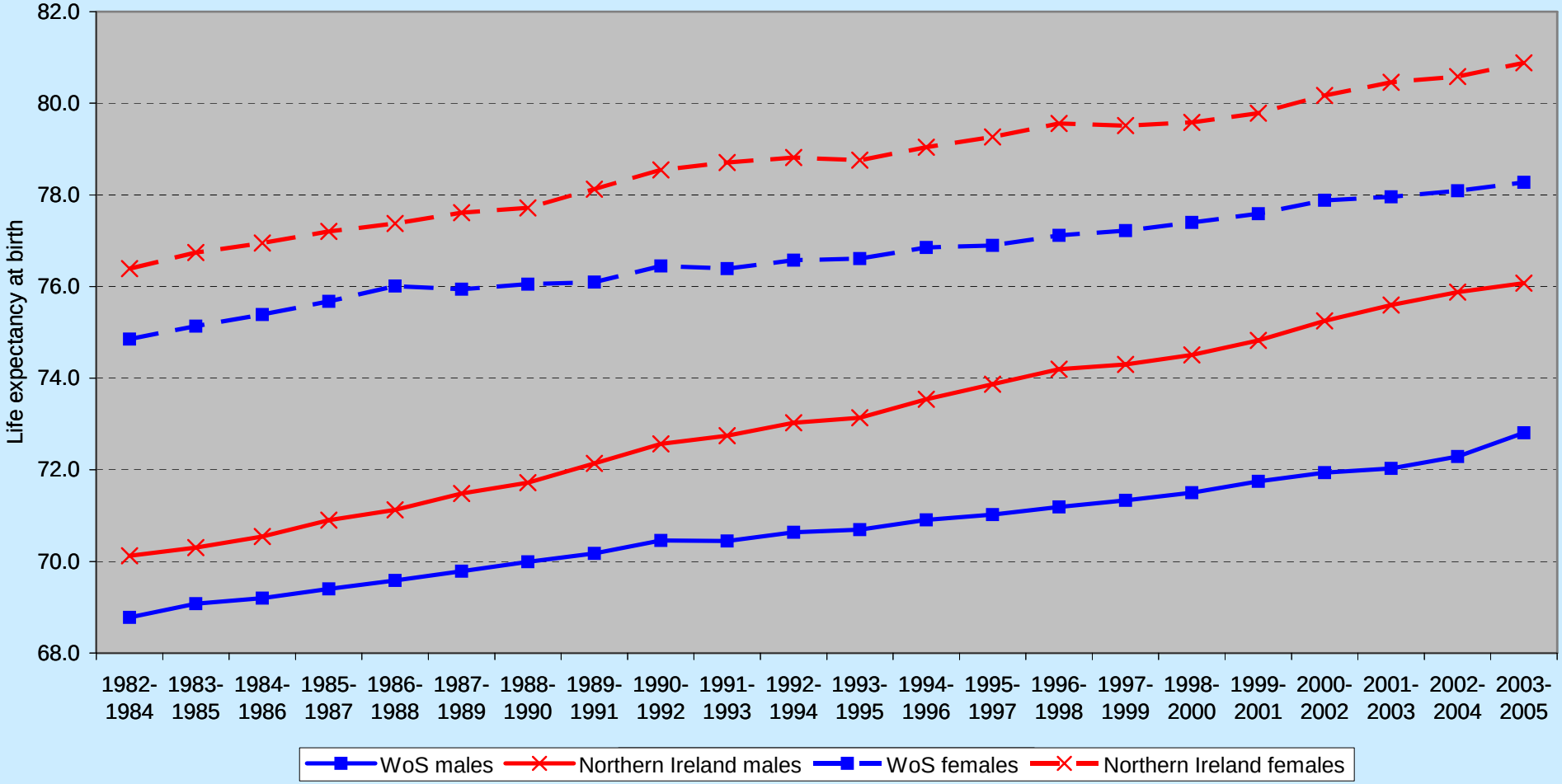
Estimates of female life expectancy at birth: selected English and Welsh regions compared to West of Scotland, 1988-2005 (3-year averages)

Source: Calculated from data from GRO(S) (Scotland) and ONS (England & Wales)



Northern Ireland

Estimates of male and female life expectancy at birth,
Northern Ireland compared with West of Scotland , 1982-2005 (3-year averages)
Source: calculated from mortality & population data from GRO(S) and NISRA



B. Age/sex/cause-specific mortality analysis

- Comparator areas reduced from 20 to 10
- One region per country basis (except Germany)
- Each region has worst/among worst mortality rates in their respective countries

10 post-industrial regions

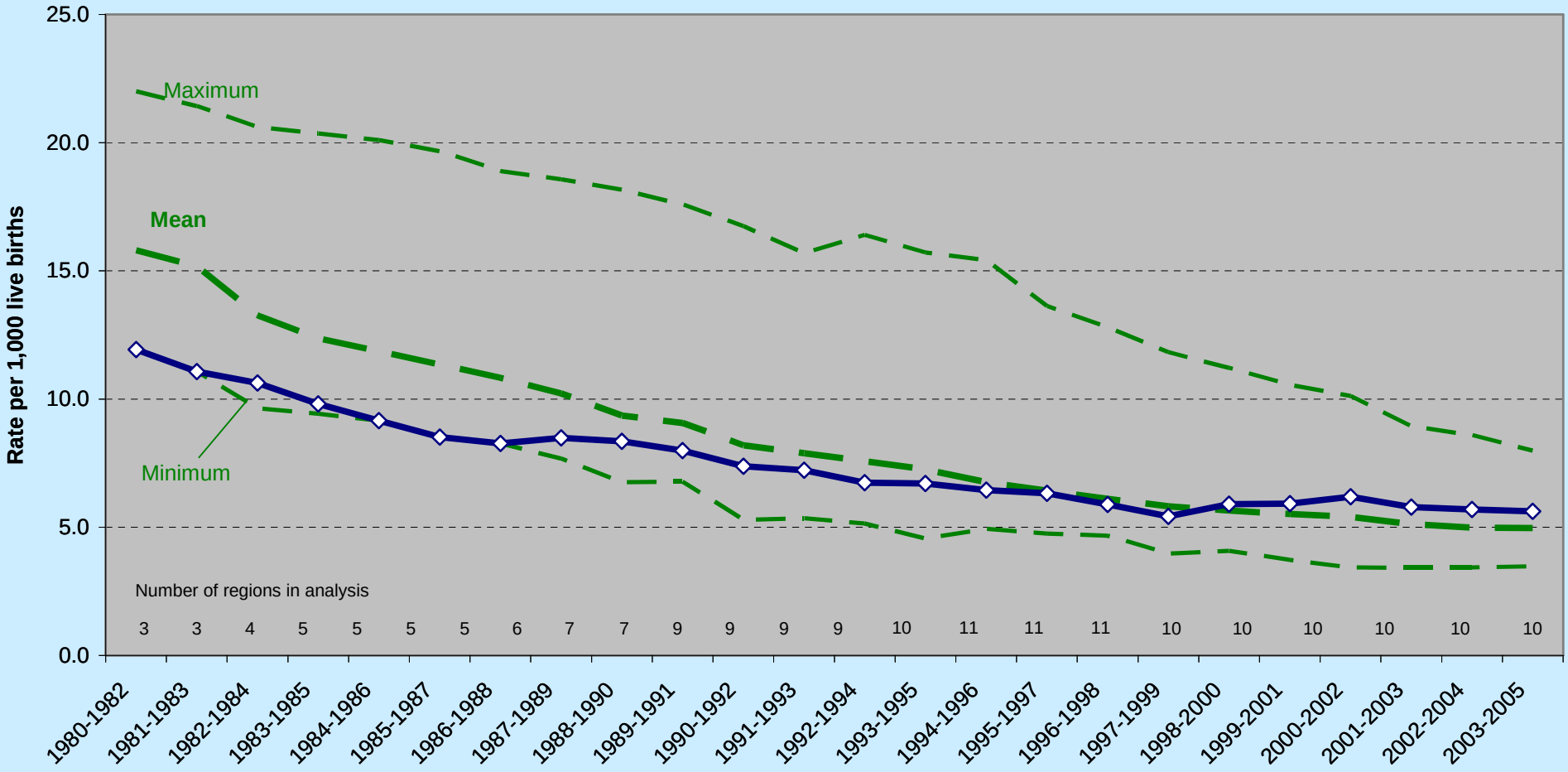
- Ruhr (West Germany)
- Saxony (East Germany)
- Katowice
- Northern Moravia
- Nord Pas de Calais
- Wallonia
- Limburg
- Northern Ireland
- Swansea & the South Wales Coalfields
- Merseyside

Analysis

- Age standardised rates, 3-year rolling averages
  - here compared to West of Scotland only
- Five age groups:
  - Infants (<1)
  - Children (1-14)
  - Younger working age (15-44)
  - Older working age (45-64)
  - Elderly (65+)
- Presented here in summarised format…

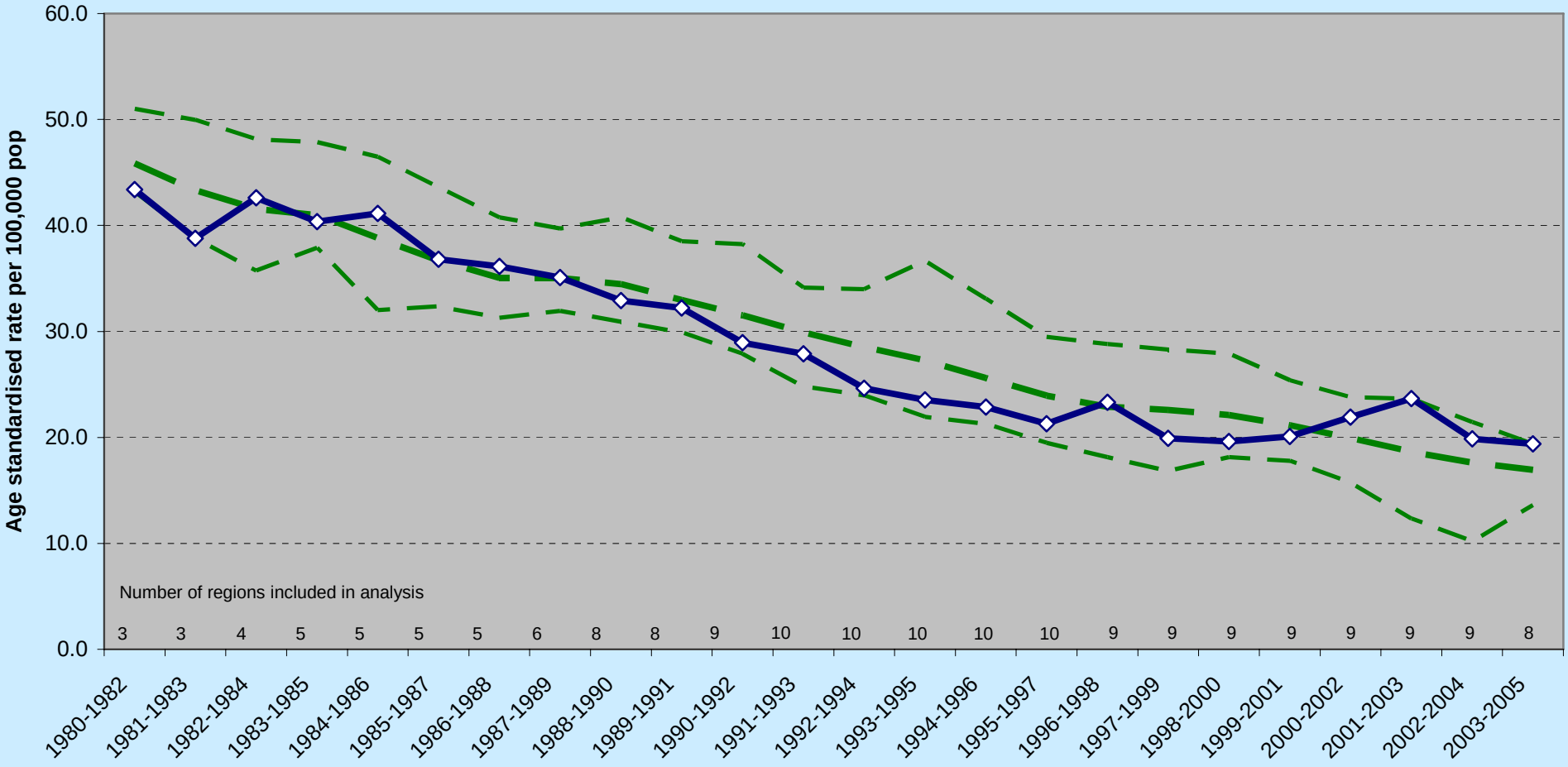
Infant mortality

Infant mortality: infant deaths per 1,000 live births (three year rolling averages)
West of Scotland in context of maximum, minimum & mean rates for selected European regions



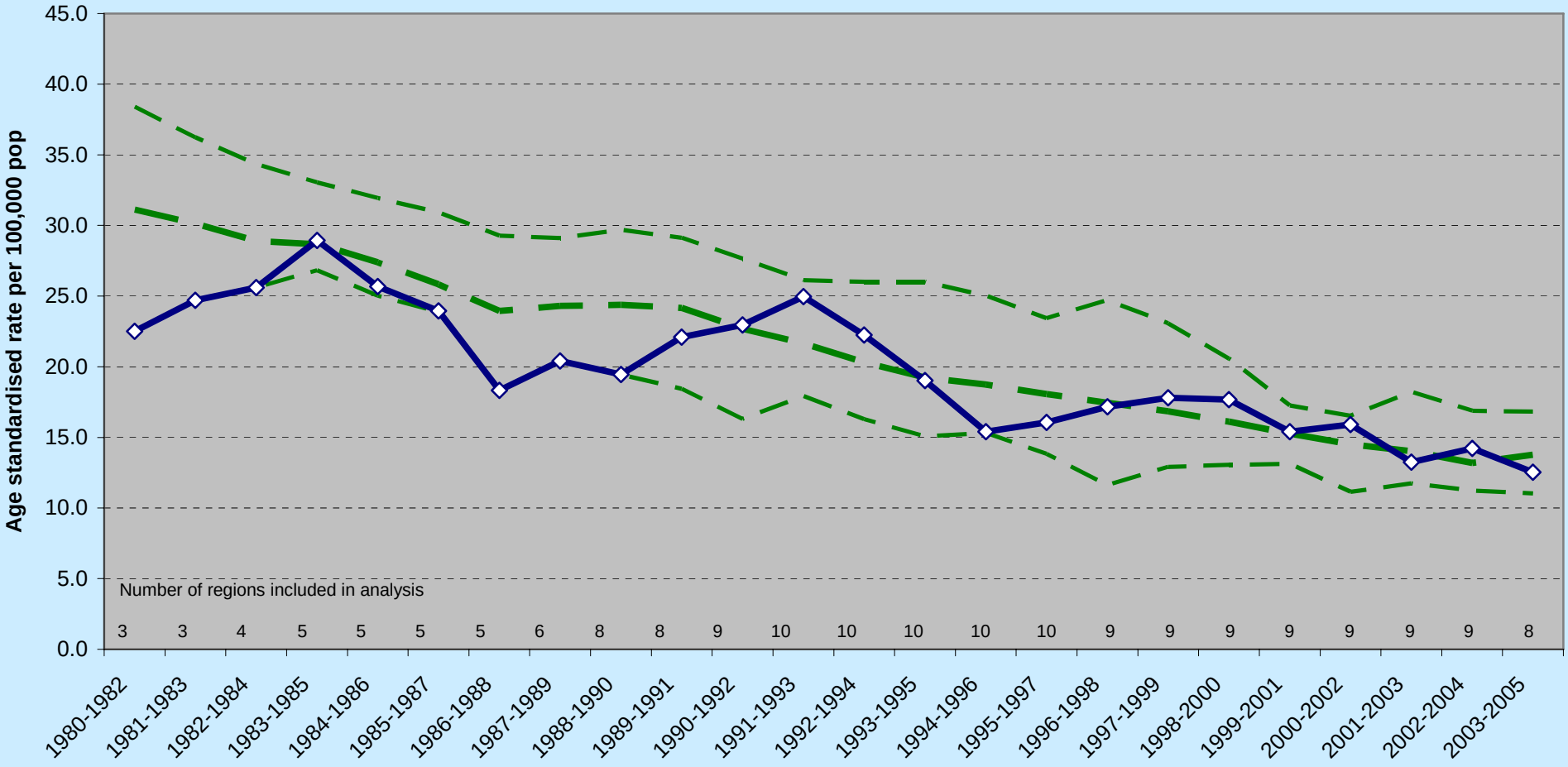
Children (1-14)

Children (1-14): all-cause EASRs (3 year rolling averages), 1980-2005, males
West of Scotland in context of maximum, minimum & mean rates for selected European regions



Children (1-14)

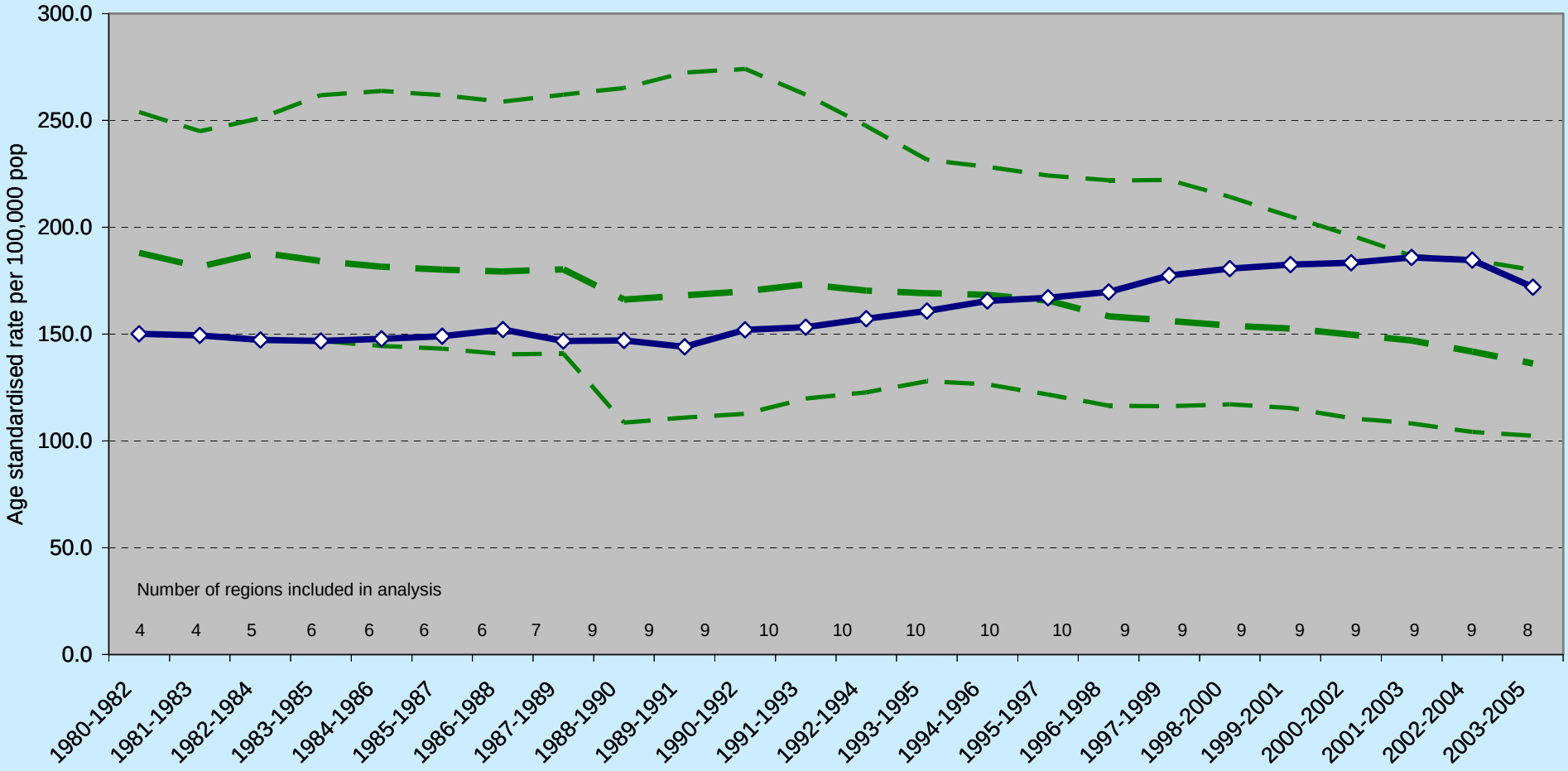
Children (1-14): all-cause EASRs (3 year rolling averages), 1980-2005, females
West of Scotland in context of maximum, minimum & mean rates for selected European regions



Working age 15-44

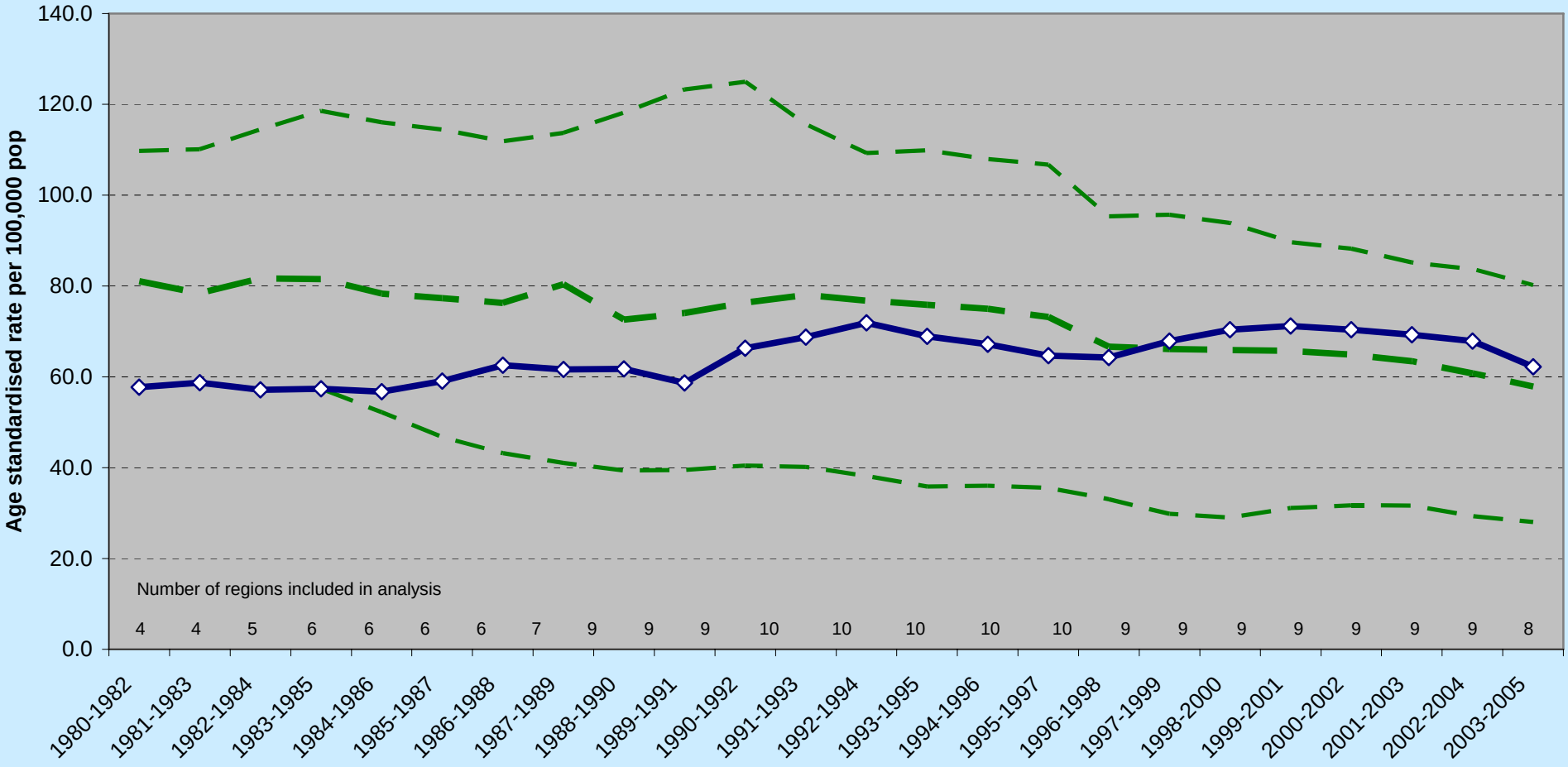
All cause, male

Working age 15-44: all-cause EASRs (3 year rolling averages), 1980-2005, males
West of Scotland in context of maximum, minimum & mean rates for selected European regions



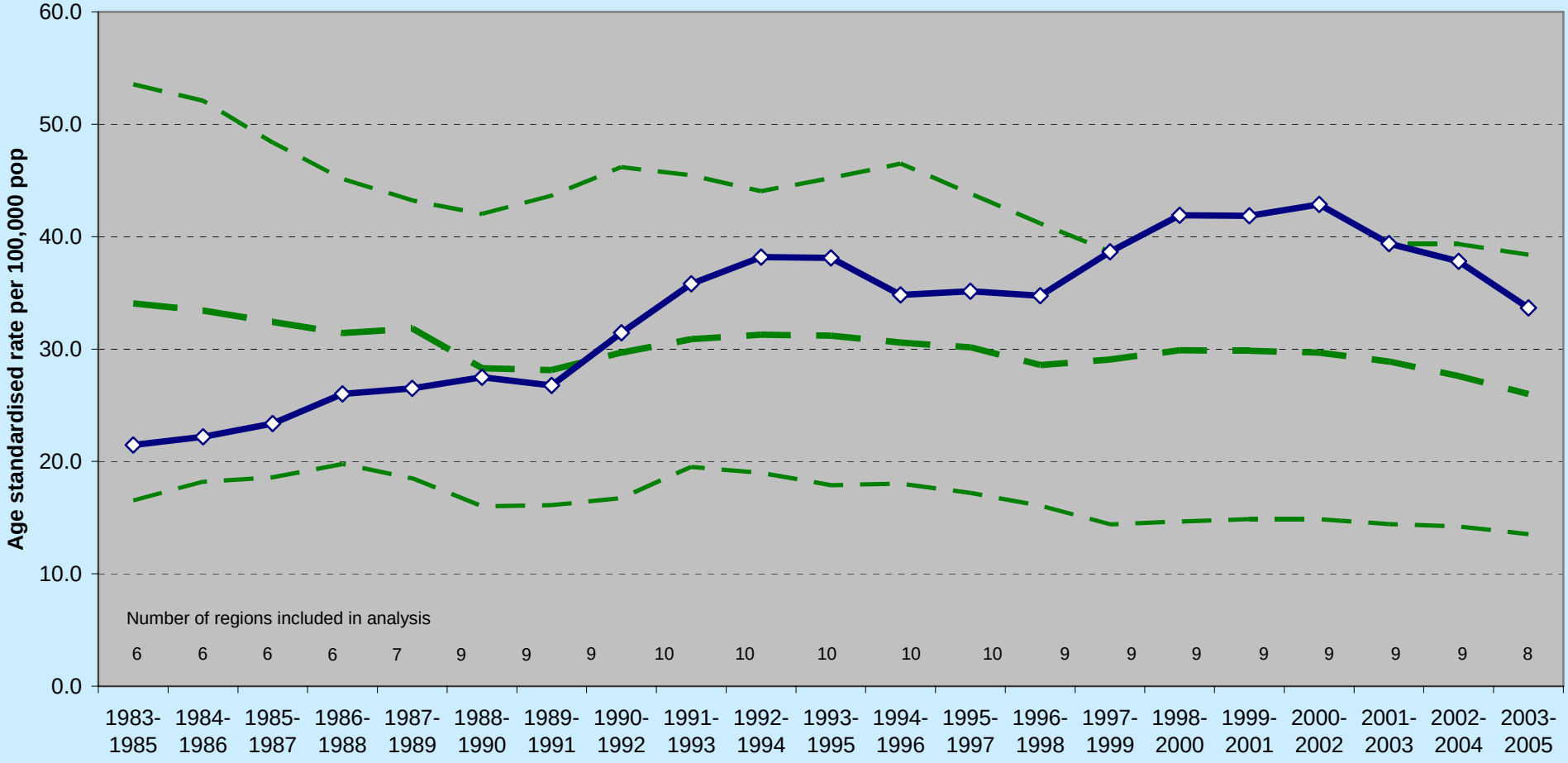
External causes, male

External causes mortality: male working age 15-44 EASRs (3 year rolling averages), 1980-2005; West of Scotland in context of maximum, minimum & mean rates for selected European regions



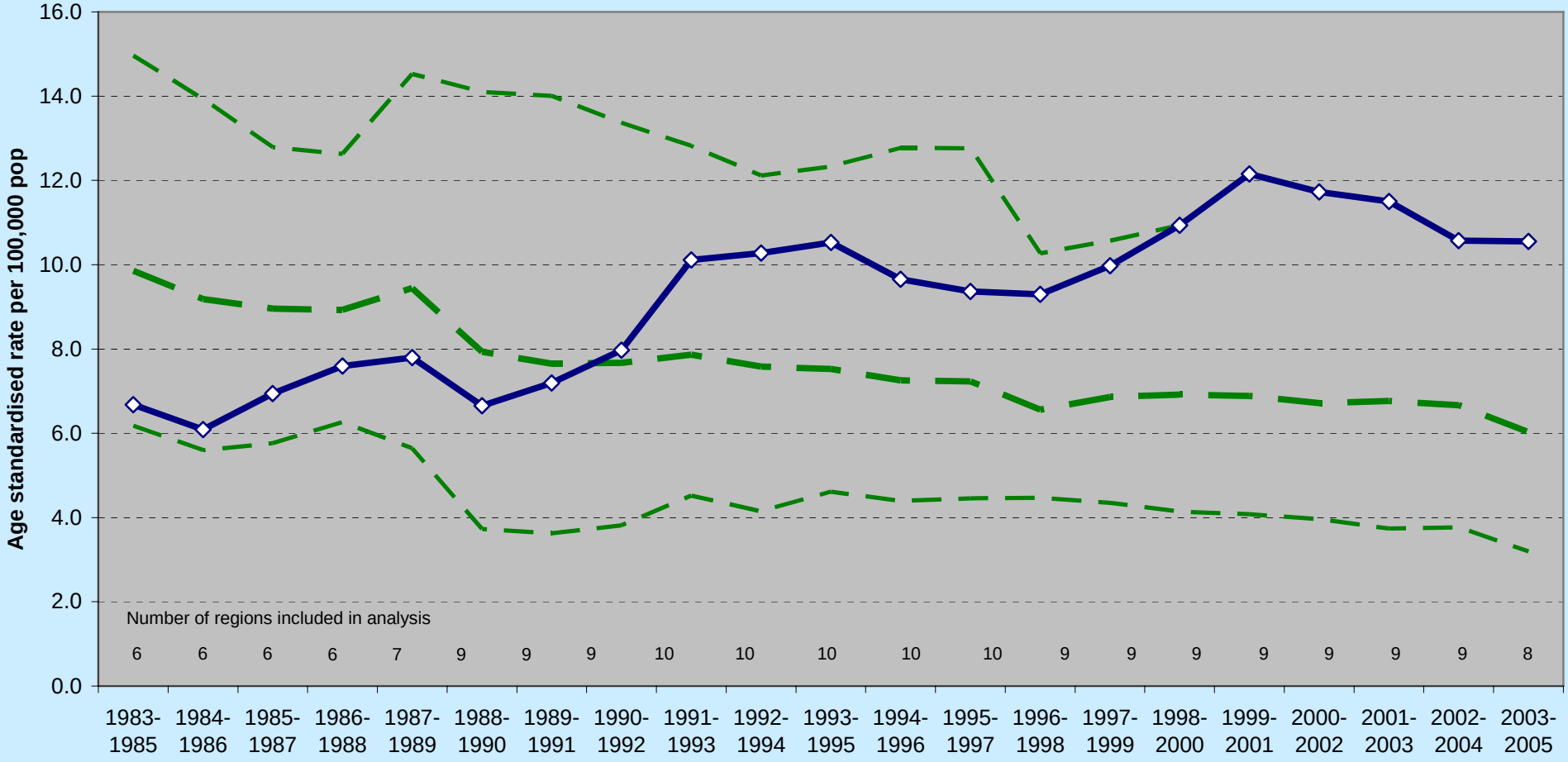
Suicide & undetermined intent, male

Suicide (incl. deaths from undetermined intent): male working age 15-44 EASRs (3 year rolling averages), 1983-2005; West of Scotland in context of maximum, minimum & mean rates for selected European regions



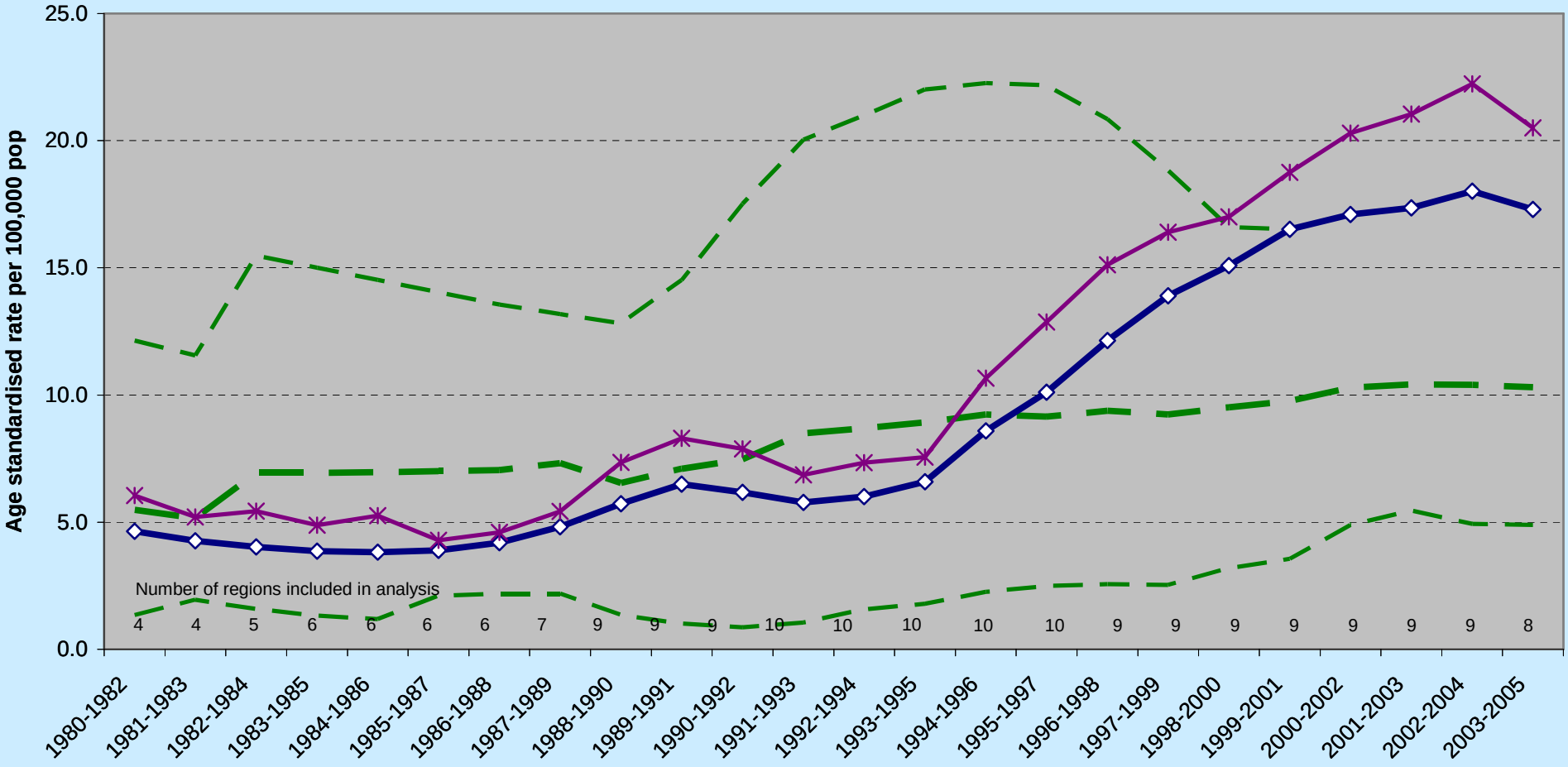
Suicide & undetermined intent, female

Suicide (incl. deaths from undetermined intent): female working age 15-44 EASRs (3 year rolling averages), 1983-2005; West of Scotland in context of maximum, minimum & mean rates for selected European regions



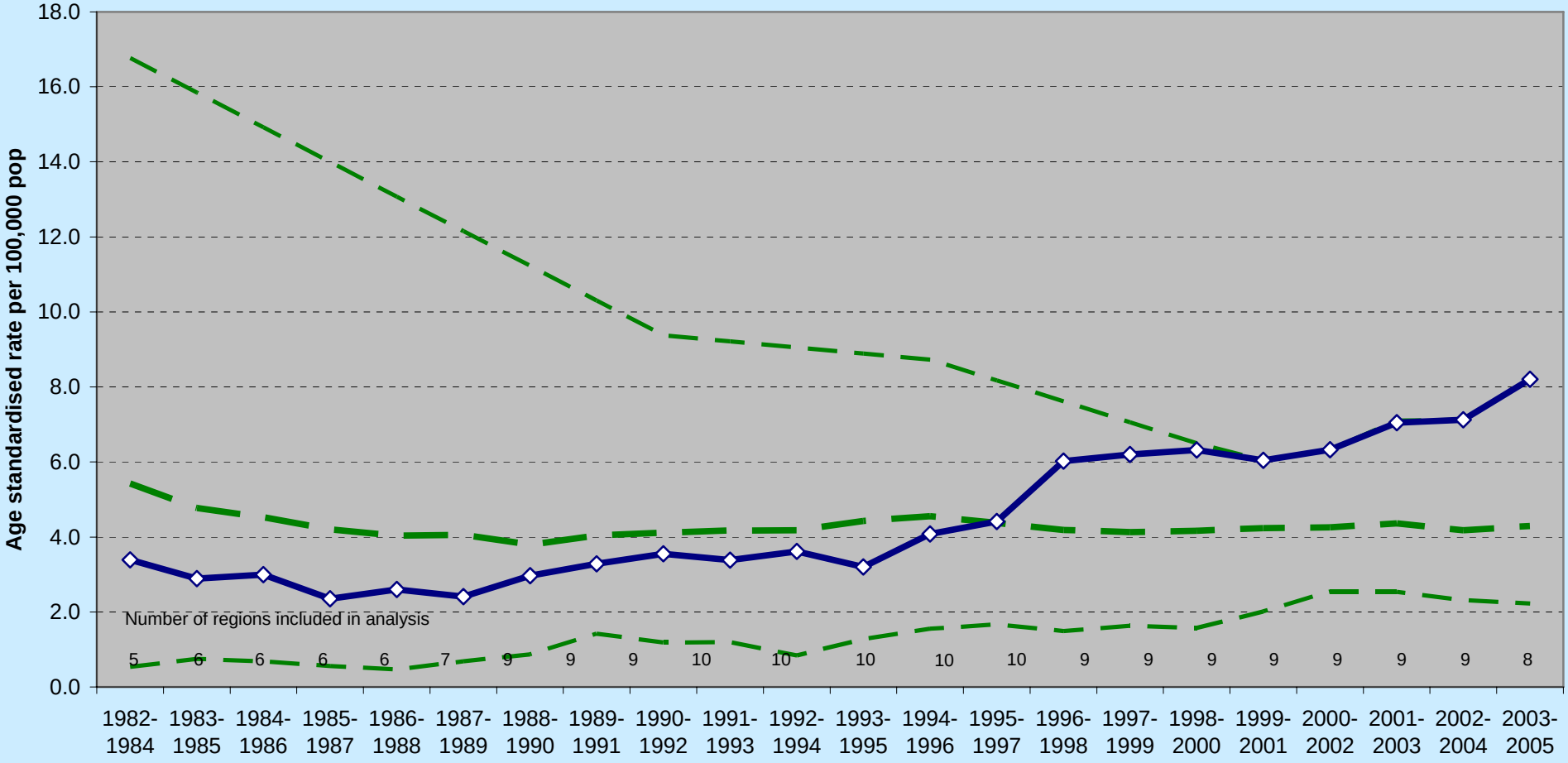
Chronic liver disease & cirrhosis, male

Chronic liver disease & cirrhosis mortality: male working age 15-44 EASRs (3 year rolling averages), 1980-2005; West of Scotland in context of maximum, minimum & mean rates for selected European regions



Chronic liver disease & cirrhosis, female

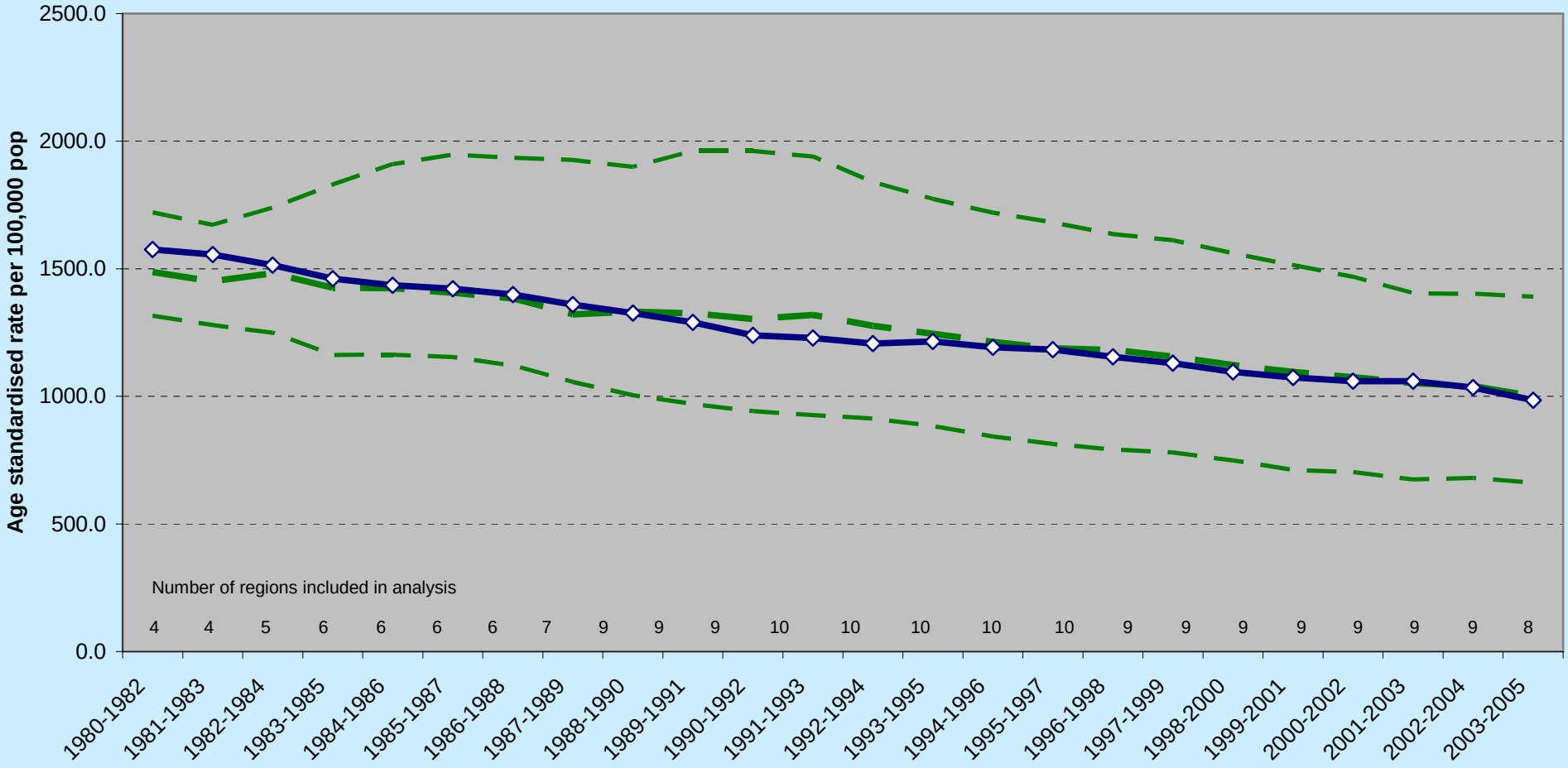
Chronic liver disease & cirrhosis mortality: female working age 15-44 EASRs (3 year rolling averages), 1982-2005; West of Scotland in context of maximum, minimum & mean rates for selected European regions



Working age 45-64

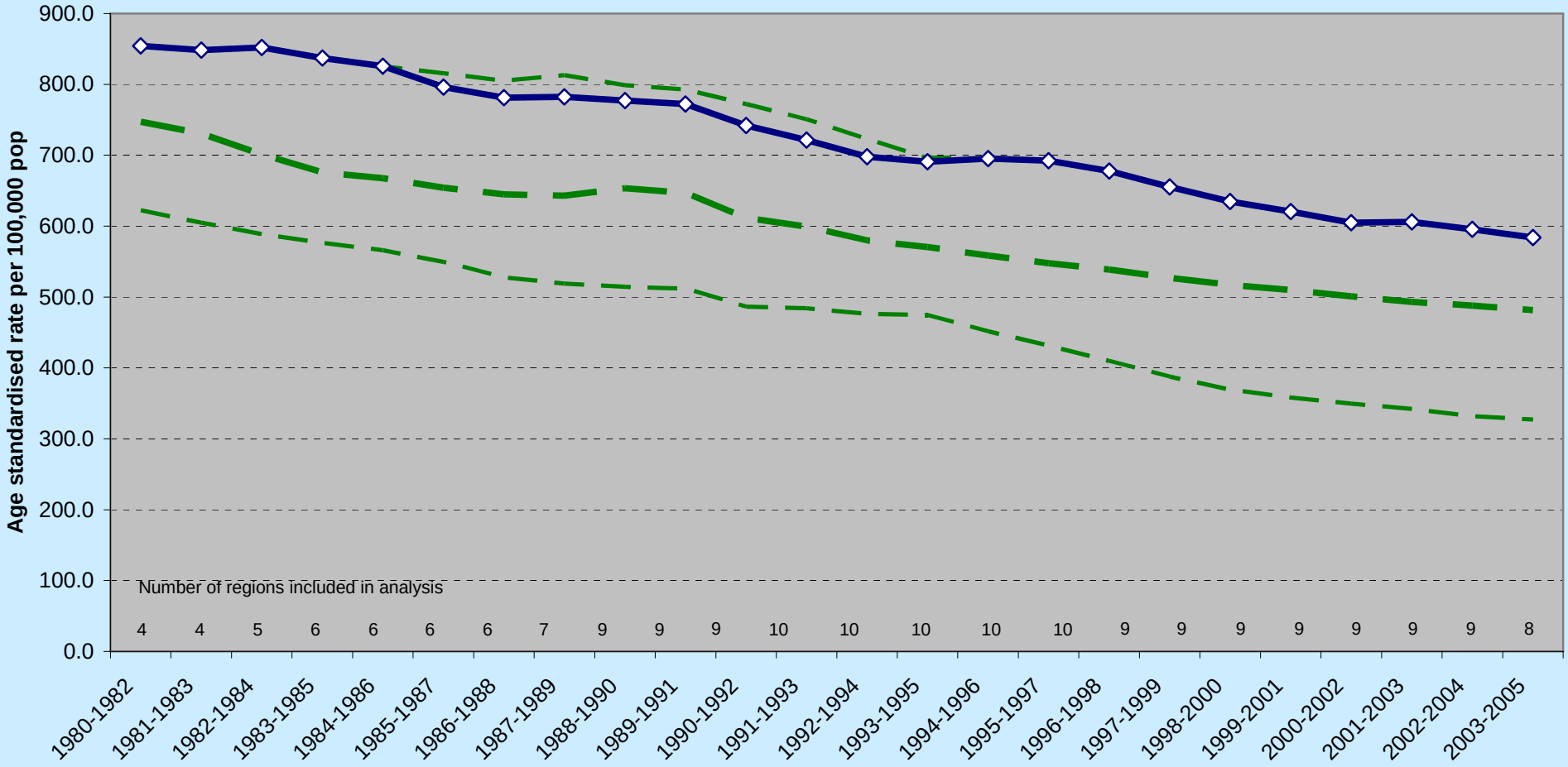
All cause - male

Working age 45-64: all-cause EASRs (3 year rolling averages), 1980-2005, <u>males</u>
West of Scotland in context of maximum, minimum & mean rates for selected European regions



All cause - female

Working age 45-64: all-cause EASRs (3 year rolling averages), 1980-2005, females
West of Scotland in context of maximum, minimum & mean rates for selected European regions

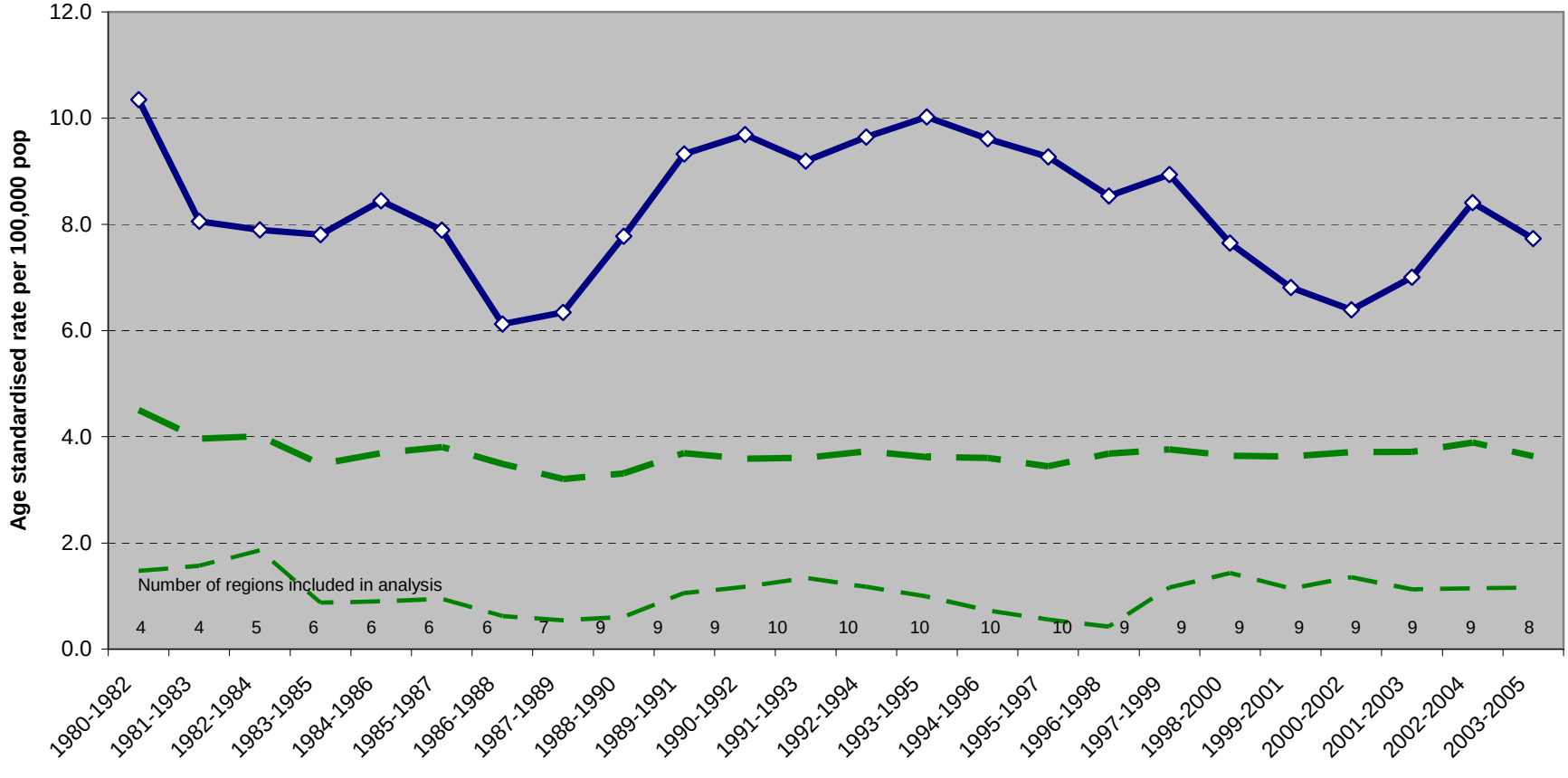


All malignant neoplasms mortality: female working age 45-64 all-cause EASRs (3 year rolling averages), 1980-2005; West of Scotland in context of maximum, minimum &

Lung cancer mortality: female working age 45-64 all-cause EASRs (3 year rolling averages), 1980-2005; West of Scotland in context of maximum, minimum & mean

Breast cancer mortality: female working age 45-64 all-cause EASRs (3 year rolling averages), 1980-2004; West of Scotland in context of maximum, minimum & mean

Oesophageal cancer mortality: female working age 45-64 all-cause EASRs (3 year rolling averages), 1980-2005; West of Scotland in context of maximum, minimum & mean rates for selected European regions

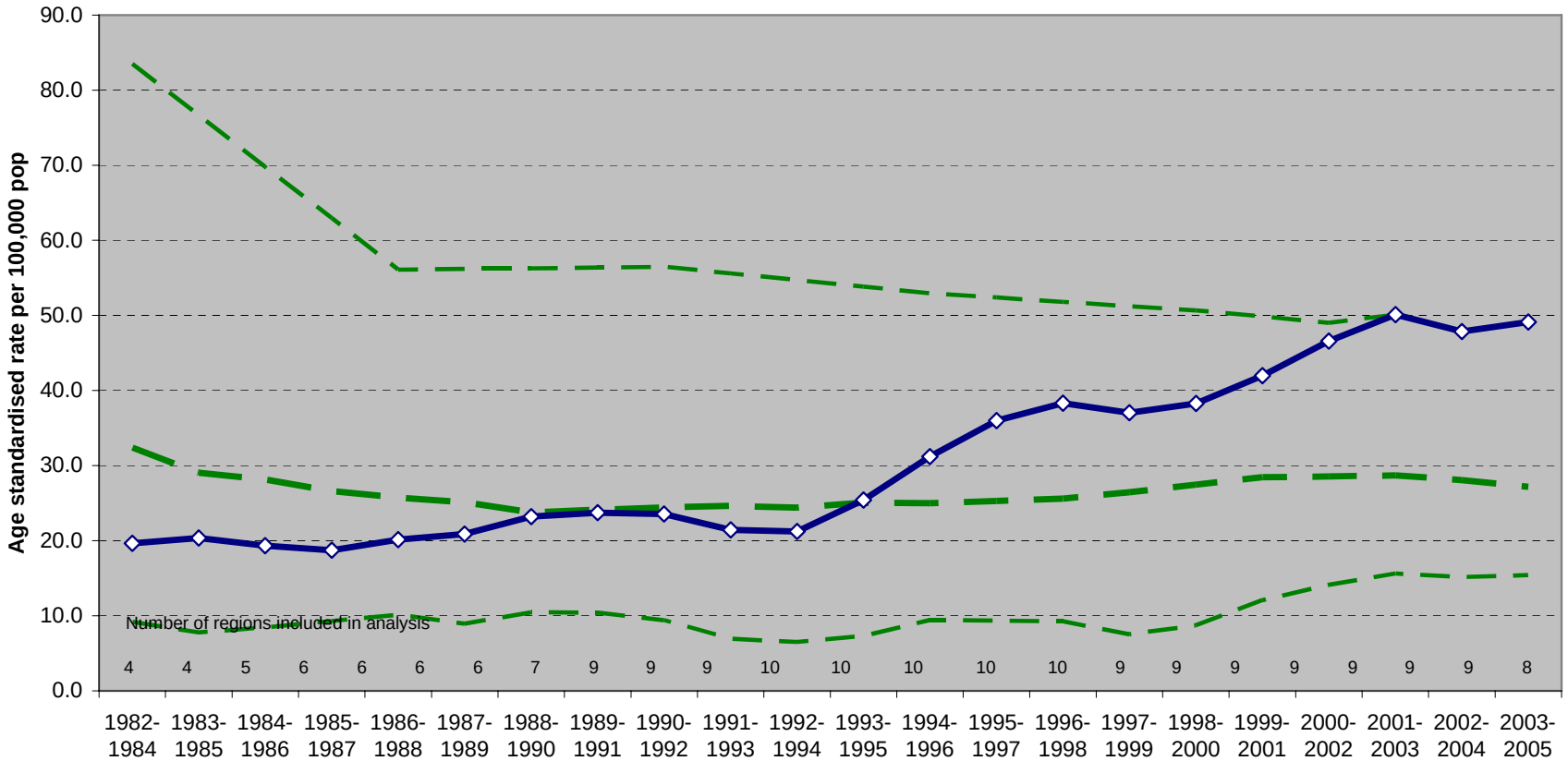


IHD mortality: female working age 45-64 all-cause EASRs (3 year rolling averages), 1980-2005; West of Scotland in context of maximum, minimum & mean rates for

Cerebrovascular disease mortality: female working age 45-64 all-cause EASRs (3 year rolling averages), 1980-2005; West of Scotland in context of maximum, minimum &

COPD mortality: female working age 45-64 all-cause EASRs (3 year rolling averages), 1980-2005; West of Scotland in context of maximum, minimum & mean rates for

Chronic liver disease & cirrhosis mortality: female working age 45-64 all-cause EASRs (3 year rolling averages), 1982-2005; West of Scotland in context of maximum, minimum & mean rates for selected European regions

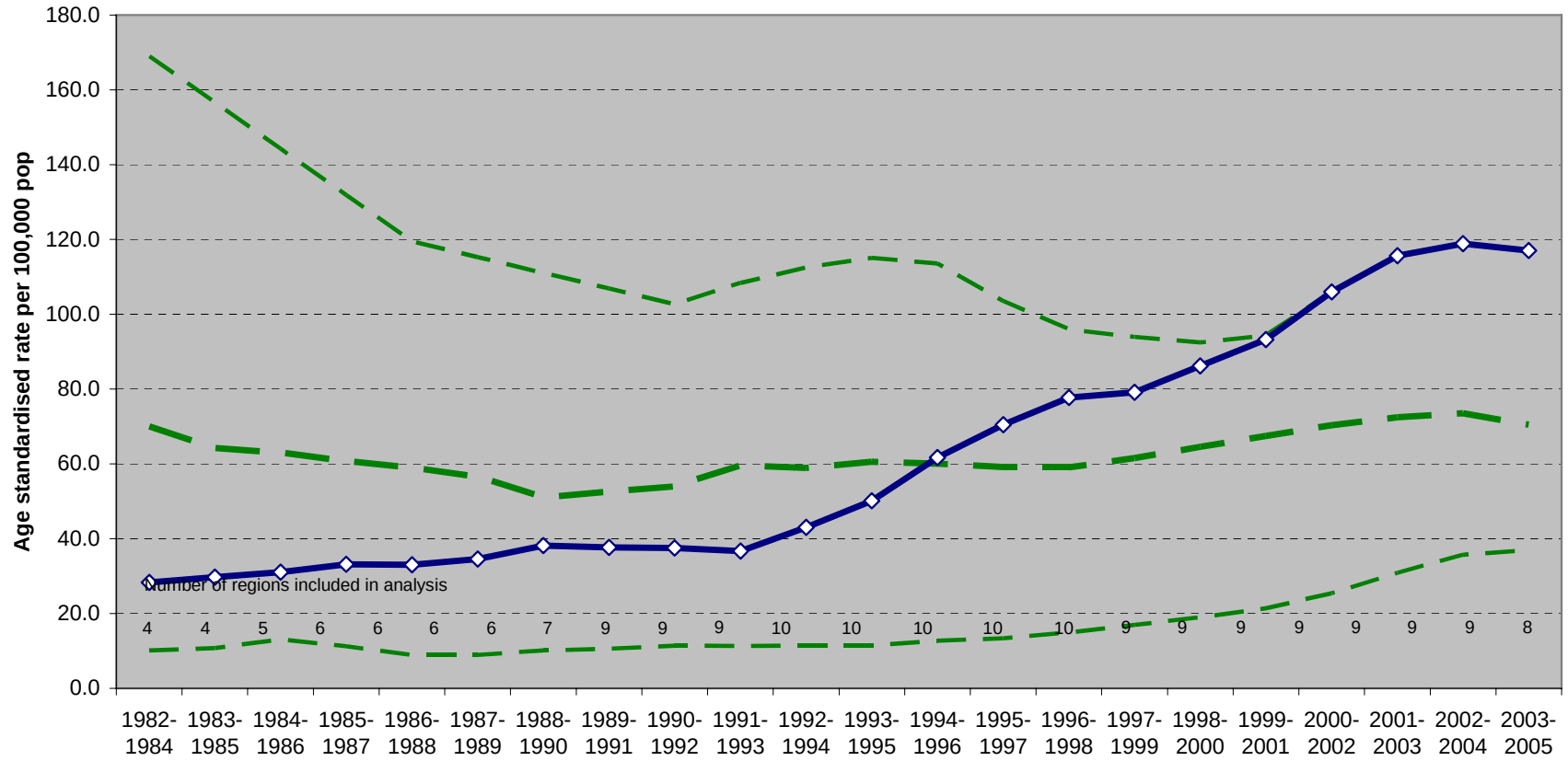


IHD mortality: male working age 45-64 all-cause EASRs (3 year rolling averages), 1980-2005; West of Scotland in context of maximum, minimum & mean rates for selected

COPD mortality: male working age 45-64 all-cause EASRs (3 year rolling averages), 1980-2005; West of Scotland in context of maximum, minimum & mean rates for

Suicide mortality: male working age 45-64 all-cause EASRs (3 year rolling averages), 1983-2005; West of Scotland in context of maximum, minimum & mean rates for

Chronic liver disease & cirrhosis mortality: male working age 45-64 all-cause EASRs (3 year rolling averages), 1982-2005; West of Scotland in context of maximum, minimum & mean rates for selected European regions



Mortality analysis

- Worth remembering:
  - Each region has the highest, or among the highest, level of mortality in their parent country
  - Thus, being “average” isn’t good
  - Had we included the other 10 regions, WoS’s relative position would be even worse

Conclusions

- Health of virtually all comparable European post-industrial regions improving faster than Scotland/West of Scotland
- Trends driven especially by younger male (15-44) and middle-aged (45-64) females
- This despite (apparently) worse socio-economic profiles

Explanations/hypotheses

- Report *tentatively* discusses some possible explanations including:
  - Severity of deindustrialisation?
  - Deprivation?
  - Income inequalities?
  - Population change?
  - Health behaviours?
- All of which require more explanatory data and research…
- …which is next step of project..

Health indicators in Greater Glasgow compared to selected European areas

Linsay Gray

Aims

To compare data on health behaviours and health outcomes in adults in Greater Glasgow with those in other cities/regions in UK/Europe, establishing the extent to which socioeconomic circumstances explain differences

Aims

To compare data on **health behaviours** and health outcomes in adults in Greater Glasgow with those in other cities/regions in UK/Europe, establishing the extent to which socioeconomic circumstances explain differences

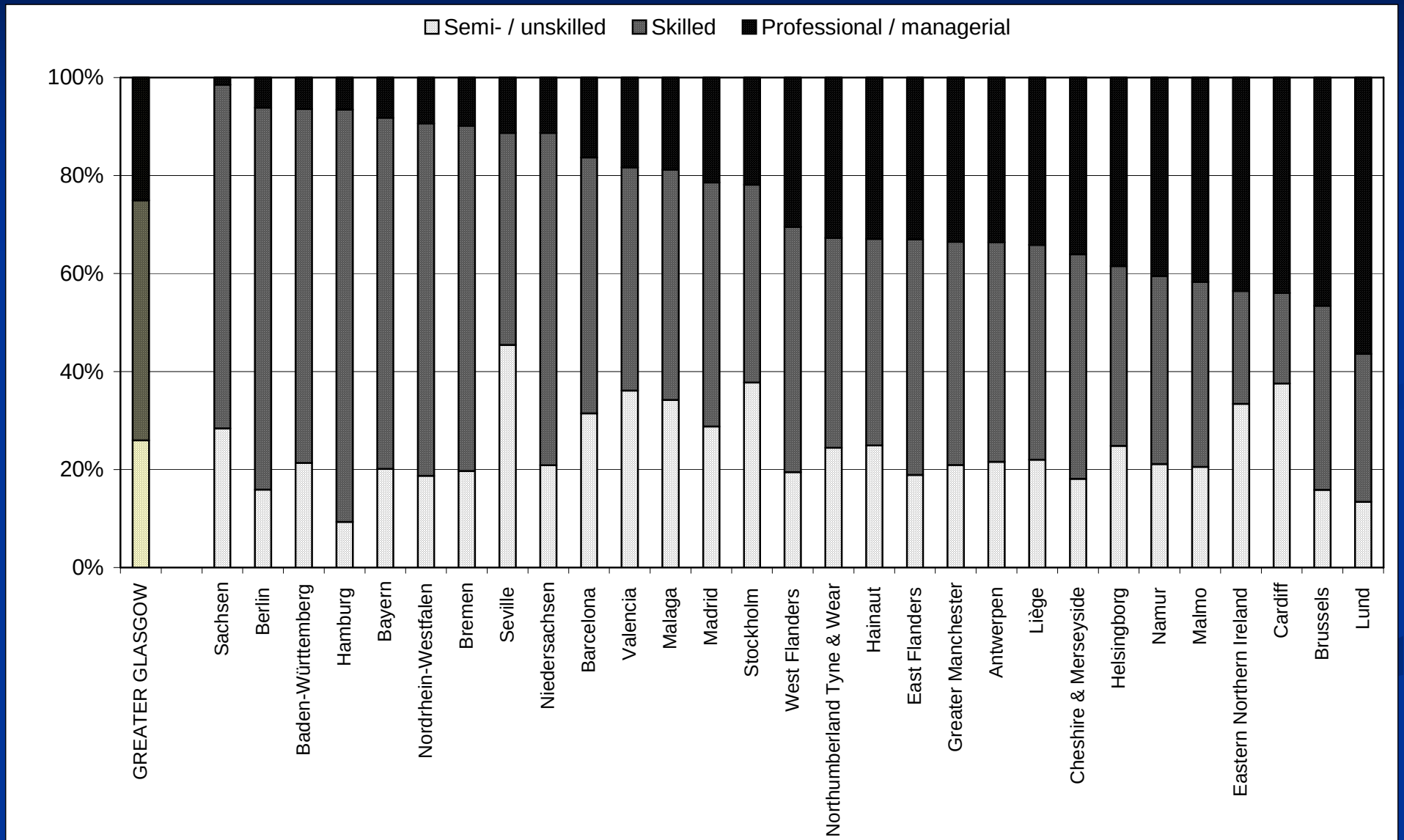
Note

- Comparisons of health survey (not mortality) data
- Different areas from post-industrial project
- Areas in England, Northern Ireland, the Republic of Ireland, Wales, Sweden, Finland, Norway, Spain, Belgium and Germany
- But some overlap i.e.:
  - Greater Manchester; (Cheshire &) Merseyside; Northumberland, Tyne & Wear
  - (Eastern) Northern Ireland
  - Three cities in Wallonia (Belgium)
  - Two relevant areas in Germany (incl. Saxony)

Socio-economic characteristics

- Aim of project: "…establishing the extent to which socioeconomic circumstances explain differences"
- But in fact makes very little difference because Greater Glasgow's socio-economic profile seemingly not very different from the other areas

Socio-economic characteristics



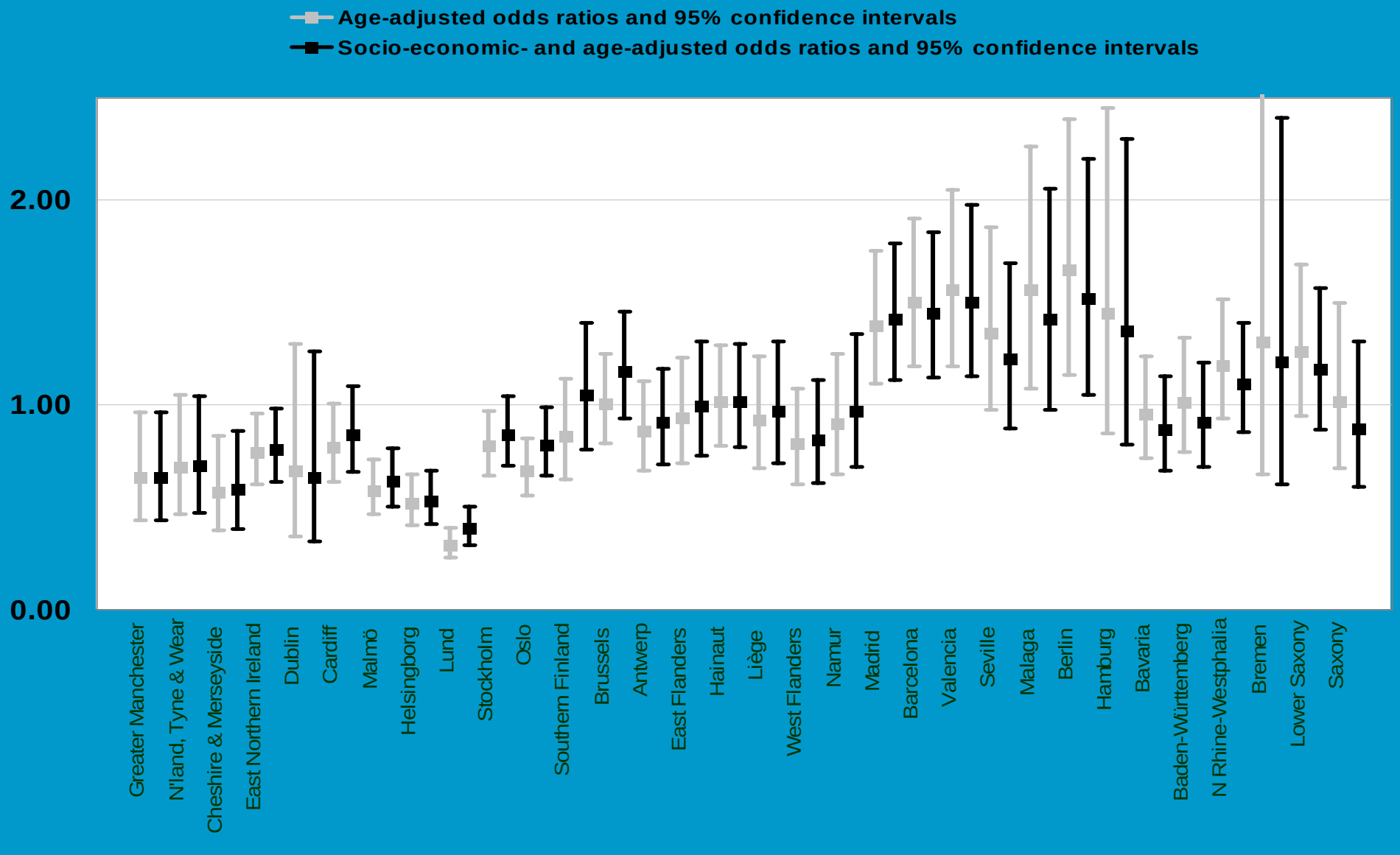
Analyses

- Alcohol consumption
- Smoking
- Physical activity
- Obesity

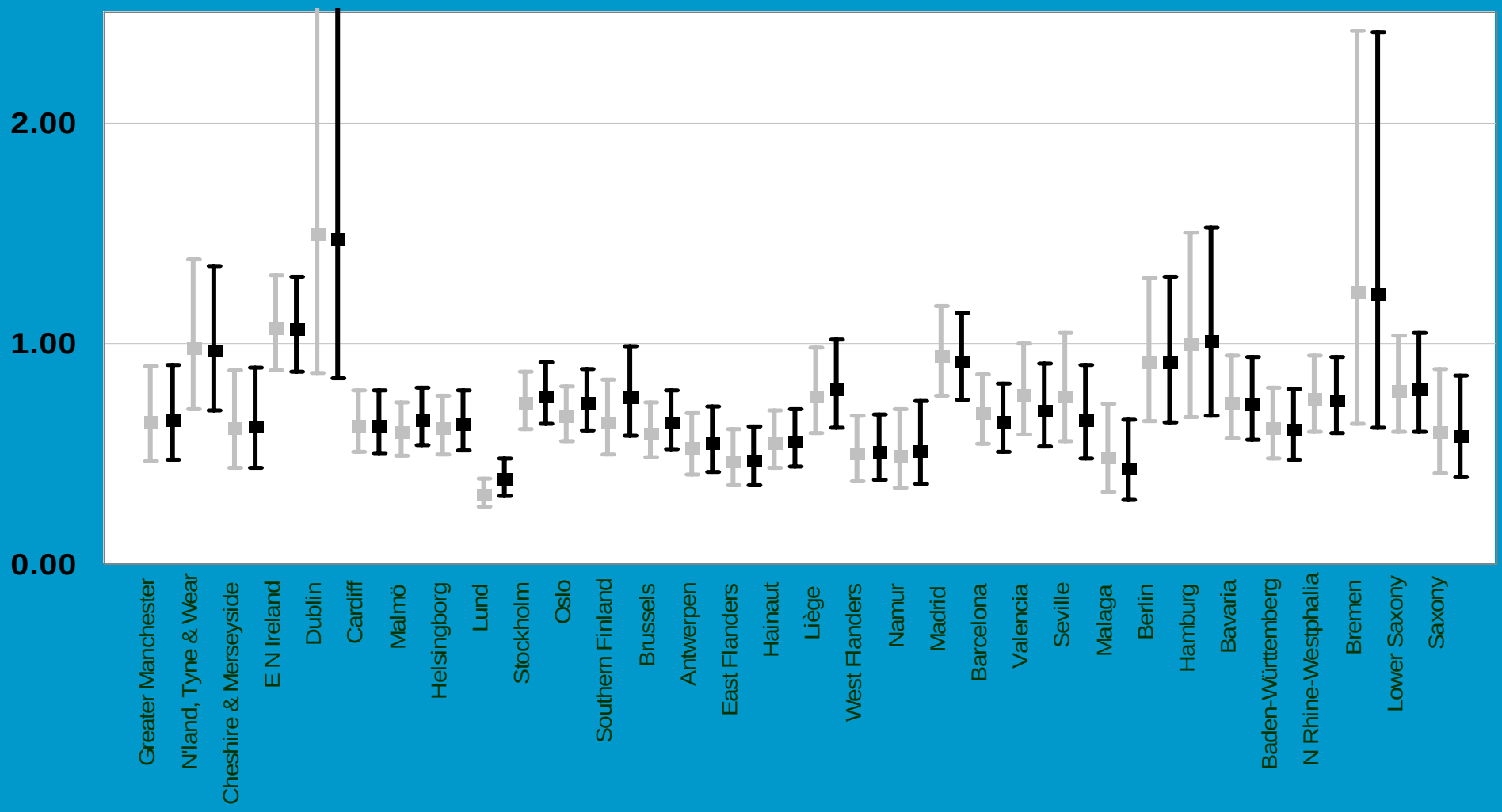
- Diabetes
- General health
- Longstanding illness
- GHQ12

Greater Glasgow significantly different…

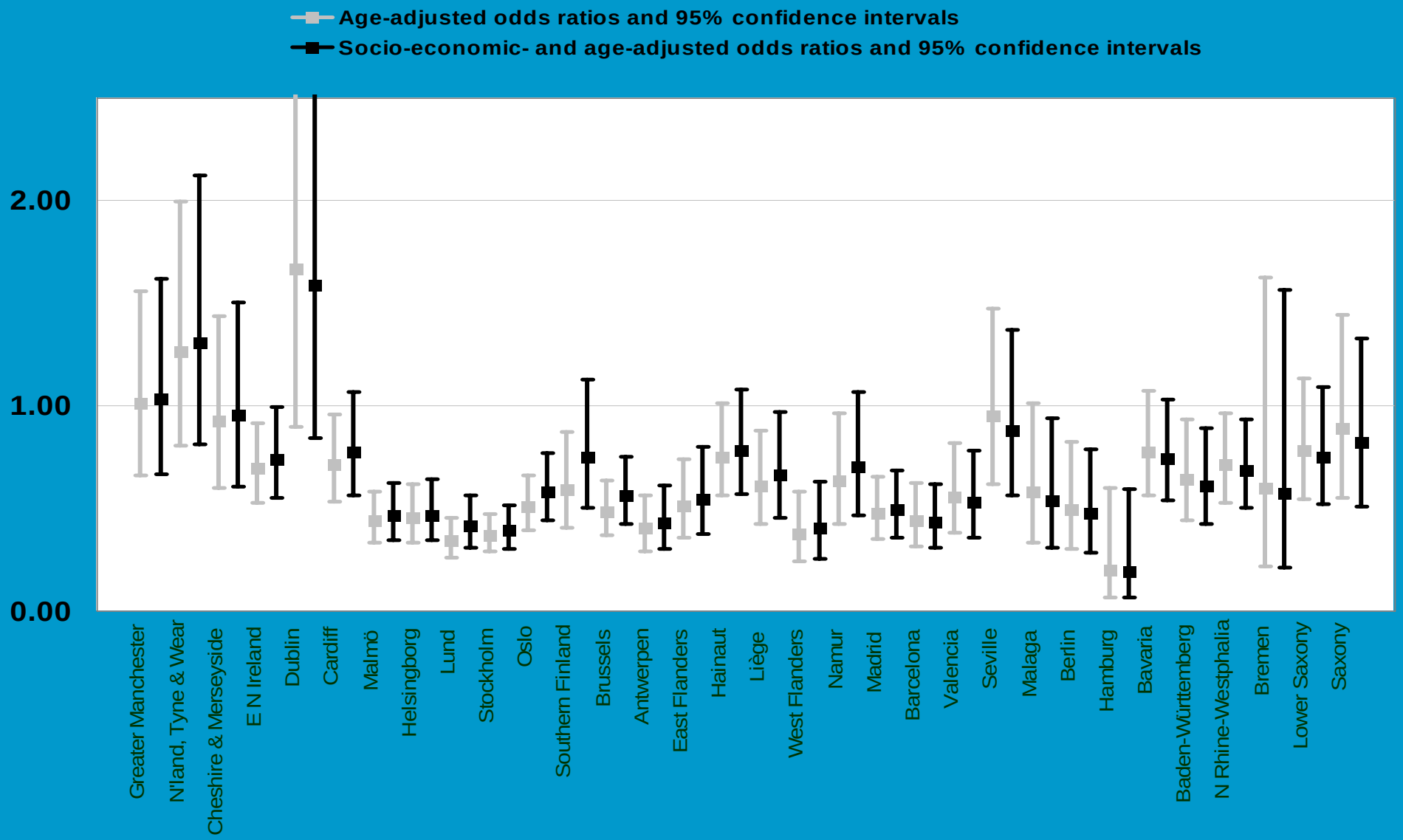
Smoking - ♂


Age-adjusted odds ratios and 95% confidence intervals
Socio-economic- and age-adjusted odds ratios and 95% confidence intervals
2.00
1.00
0.00
Greater Manchester
N'land, Tyne & Wear
Cheshire & Merseyside
East Northern Ireland
Dublin
Cardiff
Malmö
Helsingborg
Lund
Stockholm
Oslo
Southern Finland
Brussels
Antwerp
East Flanders
Hainaut
Liège
West Flanders
Namur
Madrid
Barcelona
Valencia
Seville
Malaga
Berlin
Hamburg
Bavaria
Baden-Württemberg
N Rhine-Westphalia
Bremen
Lower Saxony
Saxony

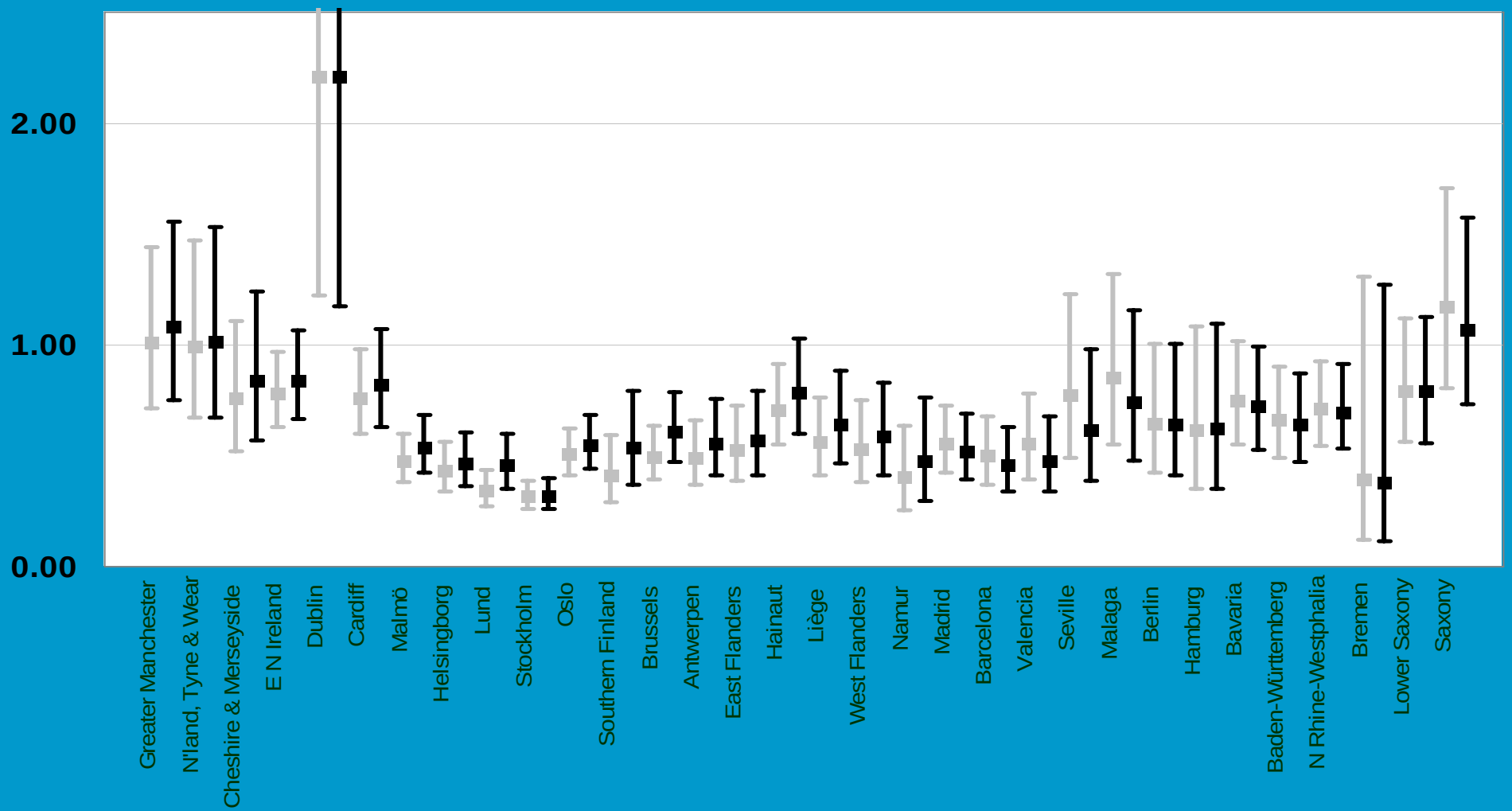
Smoking - ♀


2.00
1.00
0.00
Greater Manchester
N'land, Tyne & Wear
Cheshire & Merseyside
E N Ireland
Dublin
Cardiff
Malmö
Helsingborg
Lund
Stockholm
Oslo
Southern Finland
Brussels
Antwerpen
East Flanders
Hainaut
Liège
West Flanders
Namur
Madrid
Barcelona
Valencia
Seville
Malaga
Berlin
Hamburg
Bavaria
Baden-Württemberg
N Rhine-Westphalia
Bremen
Lower Saxony
Saxony

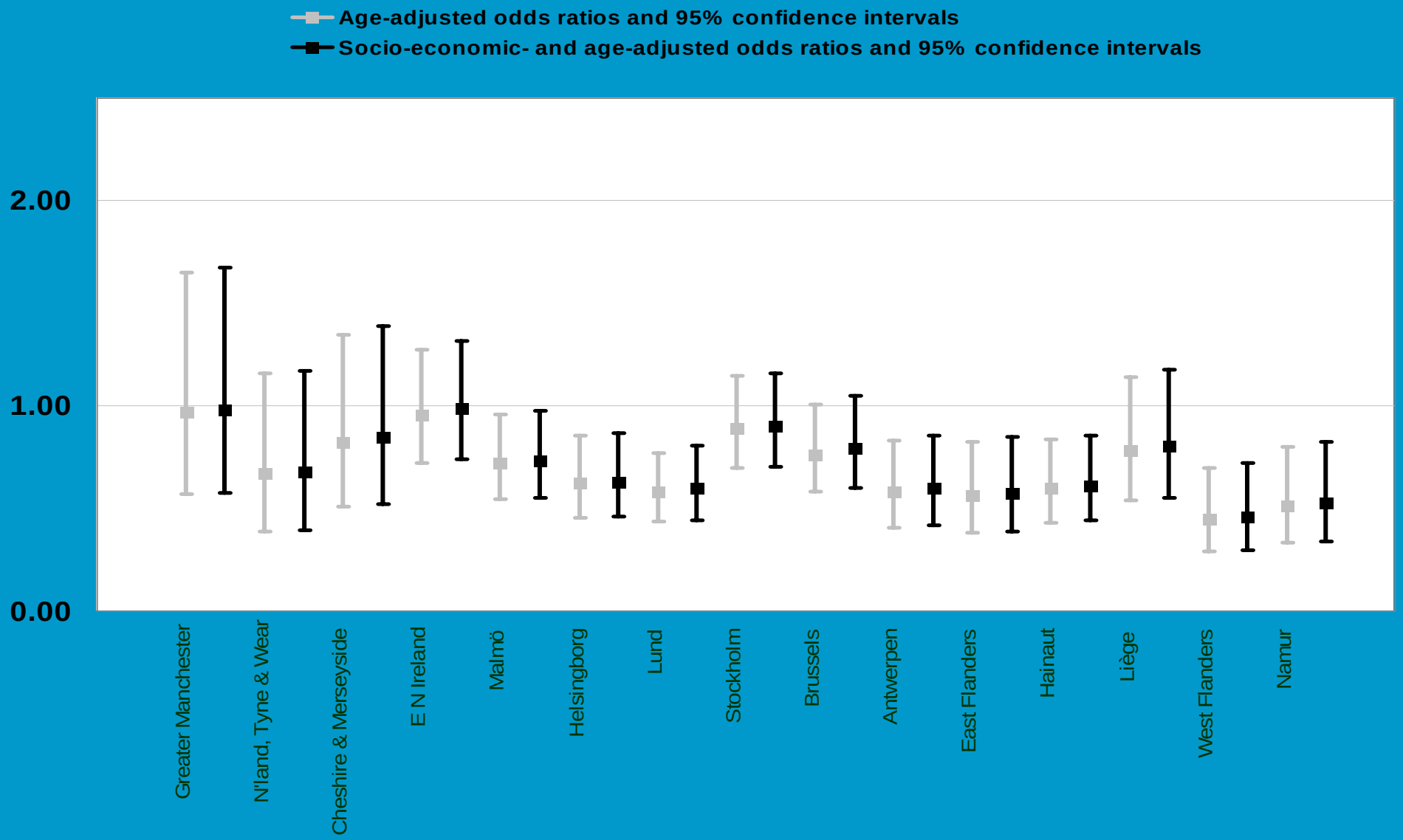
Obesity - ♂


Age-adjusted odds ratios and 95% confidence intervals
Socio-economic- and age-adjusted odds ratios and 95% confidence intervals
2.00
1.00
0.00
Greater Manchester
N'land, Tyne & Wear
Cheshire & Merseyside
E N Ireland
Dublin
Cardiff
Malmö
Helsingborg
Lund
Stockholm
Oslo
Southern Finland
Brussels
Antwerpen
East Flanders
Hainaut
Liège
West Flanders
Namur
Madrid
Barcelona
Valencia
Seville
Malaga
Berlin
Hamburg
Bavaria
Baden-Württemberg
N Rhine-Westphalia
Bremen
Lower Saxony
Saxony

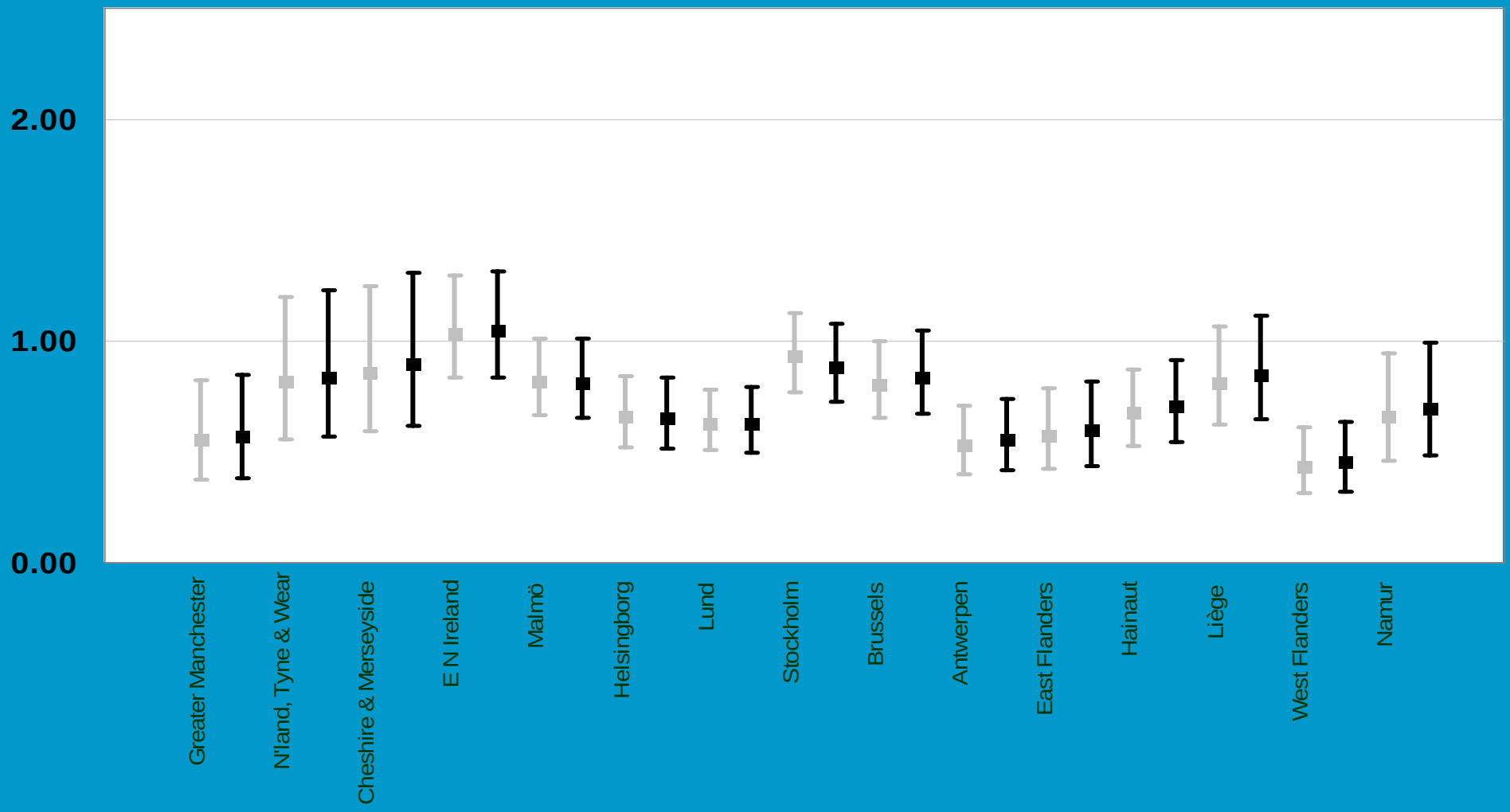
Obesity - ♀


2.00
1.00
0.00
Greater Manchester
N'land, Tyne & Wear
Cheshire & Merseyside
E N Ireland
Dublin
Cardiff
Malmö
Helsingborg
Lund
Stockholm
Oslo
Southern Finland
Brussels
Antwerpen
East Flanders
Hainaut
Liège
West Flanders
Namur
Madrid
Barcelona
Valencia
Seville
Malaga
Berlin
Hamburg
Bavaria
Baden-Württemberg
N Rhine-Westphalia
Bremen
Lower Saxony
Saxony

High GHQ12 - ♂

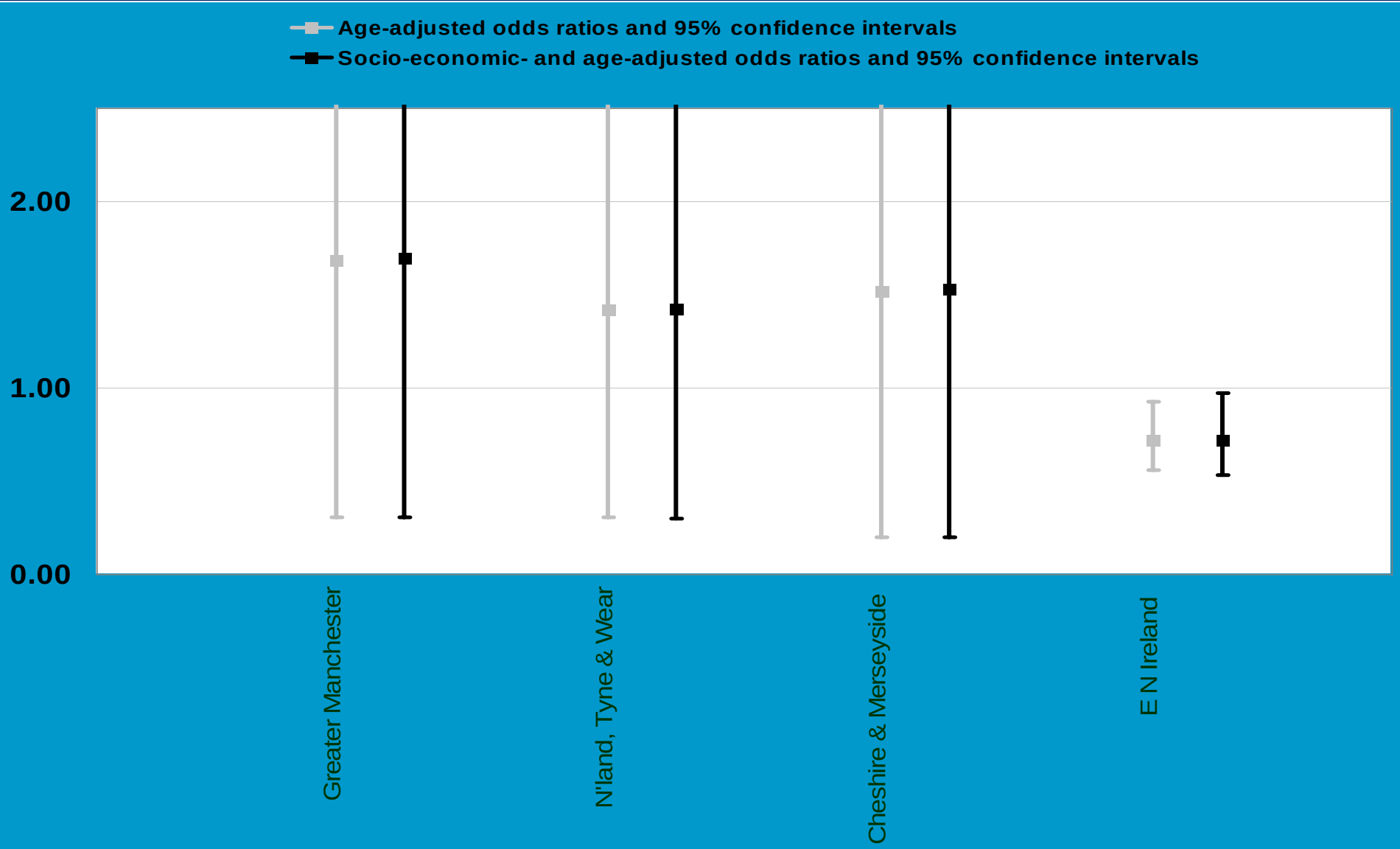

Age-adjusted odds ratios and 95% confidence intervals
Socio-economic- and age-adjusted odds ratios and 95% confidence intervals
2.00
1.00
0.00
Greater Manchester
N'land, Tyne & Wear
Cheshire & Merseyside
E N Ireland
Malmö
Helsingborg
Lund
Stockholm
Brussels
Antwerpen
East Flanders
Hainaut
Liège
West Flanders
Namur

High GHQ12 - ♀

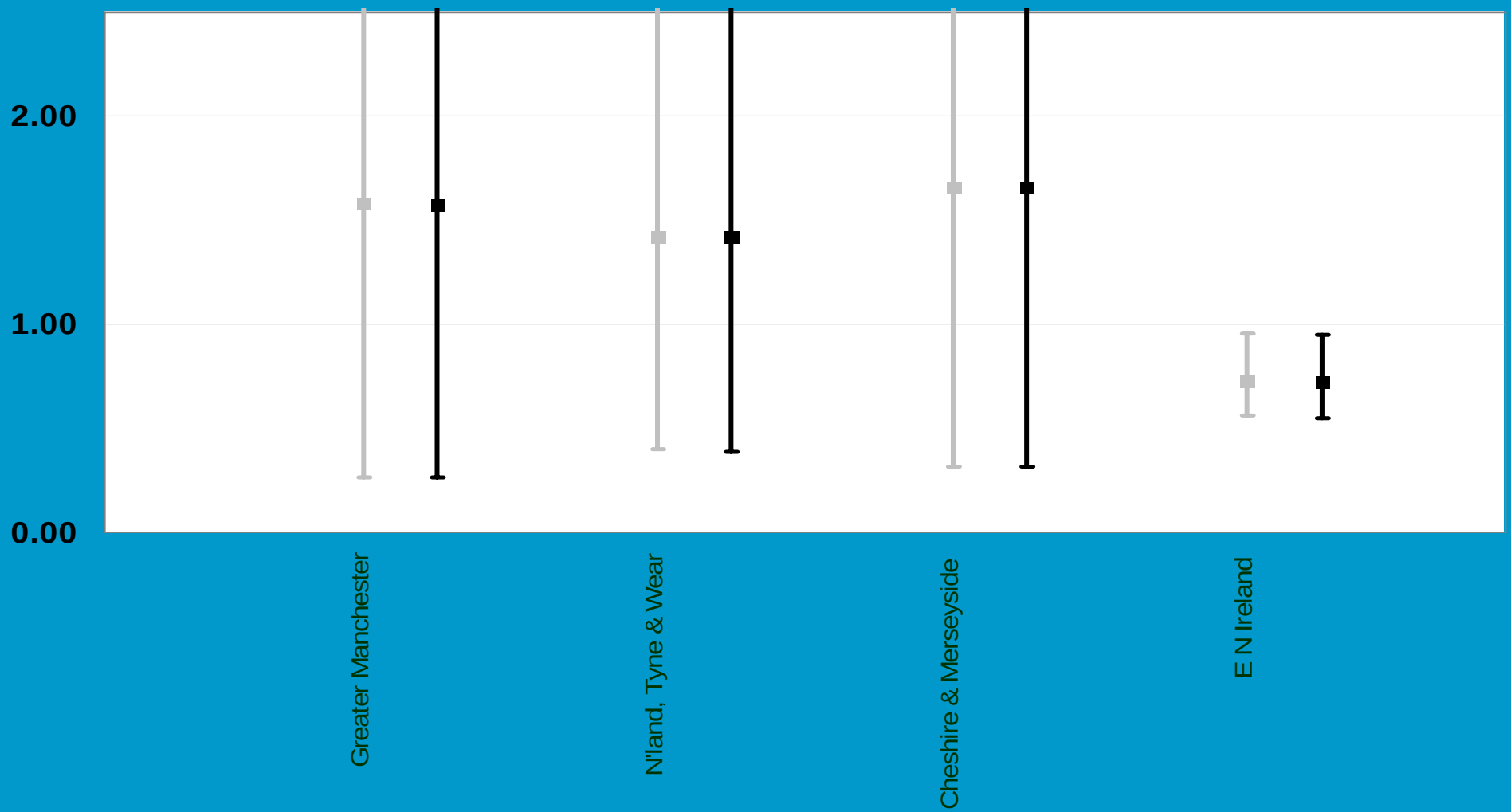

2.00
1.00
0.00
Greater Manchester
N'land, Tyne & Wear
Cheshire & Merseyside
E N Ireland
Malmö
Helsingborg
Lund
Stockholm
Brussels
Antwerpen
East Flanders
Hainaut
Liège
West Flanders
Namur

Eh, is there any good news?

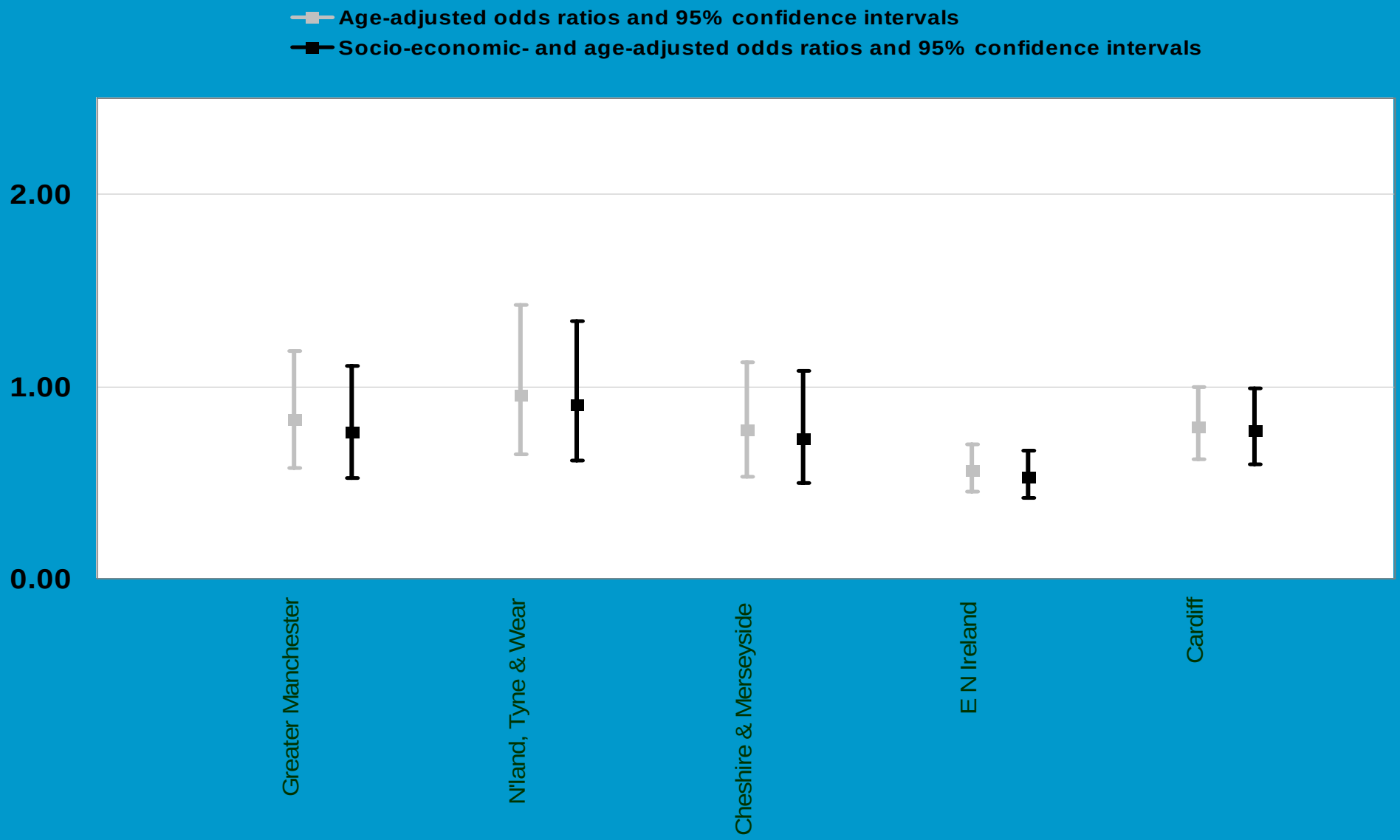
Excess alcohol - ♂



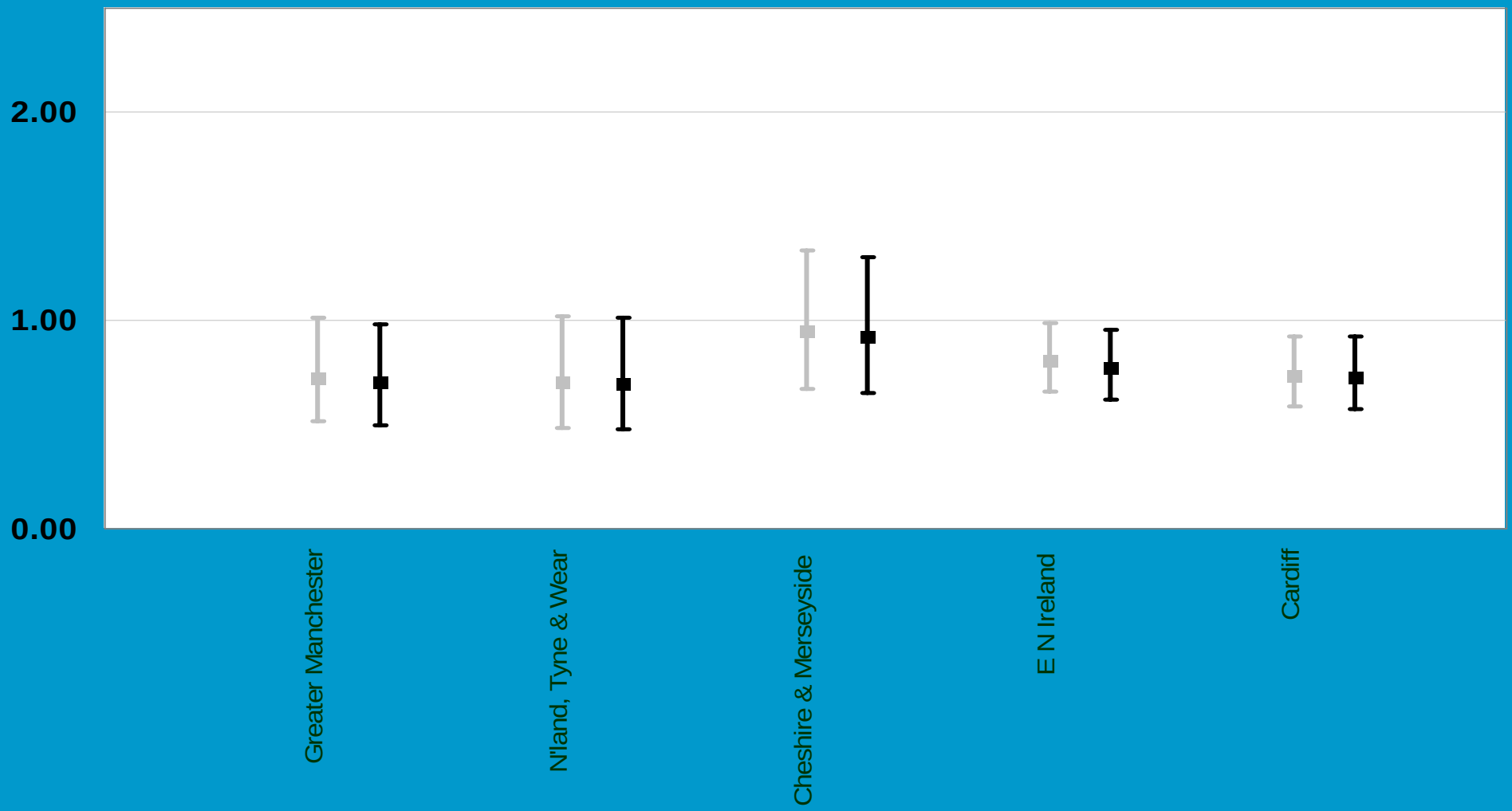
Excess alcohol - ♀



Physical activity - ♂



Physical activity - ♀



Overall conclusions

- Both studies confirm Glasgow's and the West of Scotland's poor health profile compared to other parts of the UK and Europe
- Post-industrial comparisons arguably more relevant
- WoS being 'left behind' by other, comparable post-industrial regions
- Behavioural issues are clearly relevant – but only one of a number of explanations
- Further research underway shortly…

Further details…

- Both reports available from GCPH website: www.gcph.co.uk
- ‘Aftershock of deindustrialisation’ report:
  - Email: david.walsh@drs.glasgow.gov.uk
  - Tel: 0141 221 9439
- European health survey comparisons:
  - Email: linsay@sphsu.mrc.ac.uk
  - Tel: 0141 357 7540

How do Glasgow and (West of) Scotland compare with European cities and regions?

David Walsh

Glasgow Centre for Population Health

HFF7, May 2008

Glasgow Centre for Population Health

Excess mortality in the Glasgow conurbation: UK City comparisons

James Reid

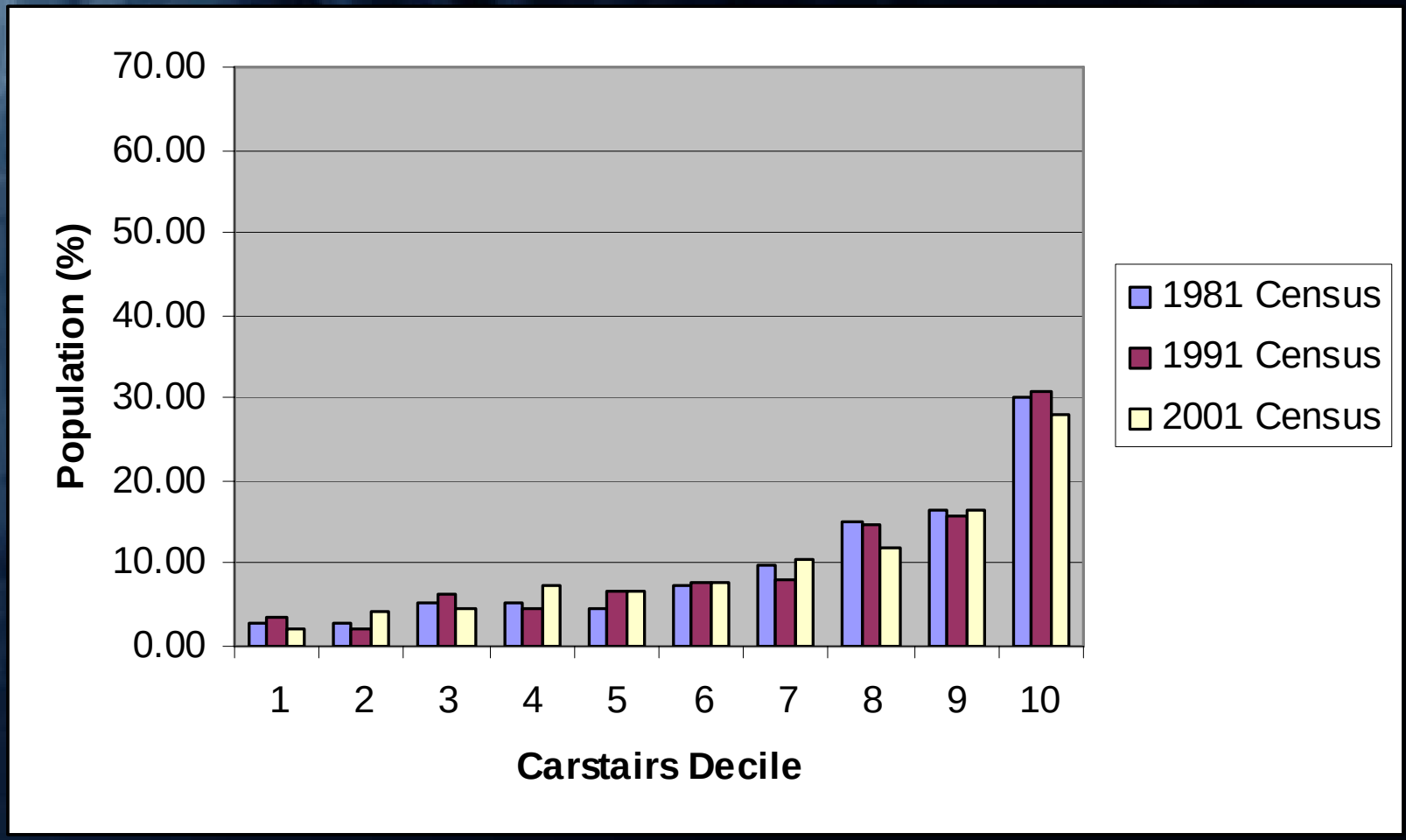
Glasgow Centre for Population Health

UNIVERSITY of GLASGOW

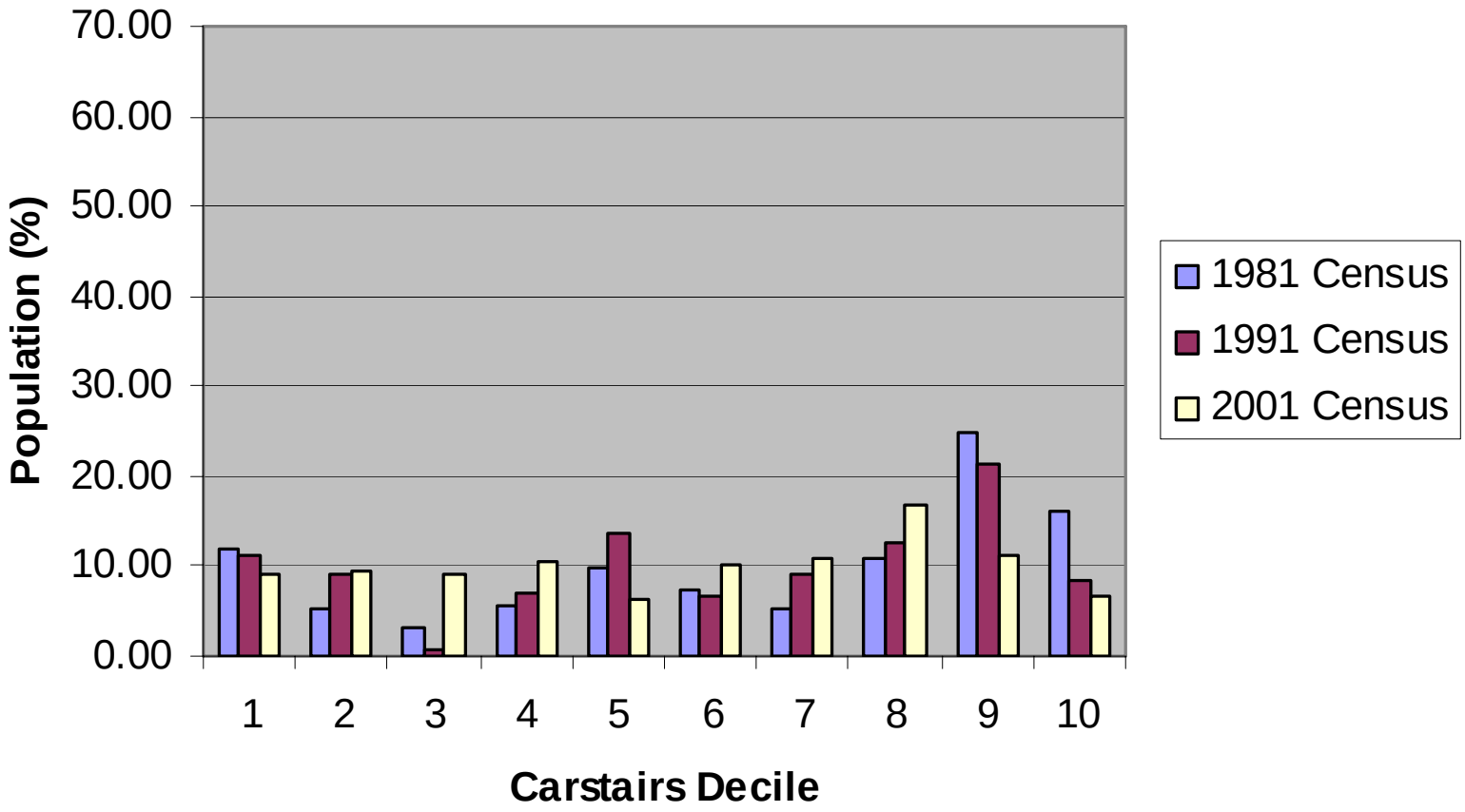
Main Aims

- Compare cities and conurbations in terms of deprivation
- Compare population health of same entities
- Allow for deprivation factors in comparisons of population health

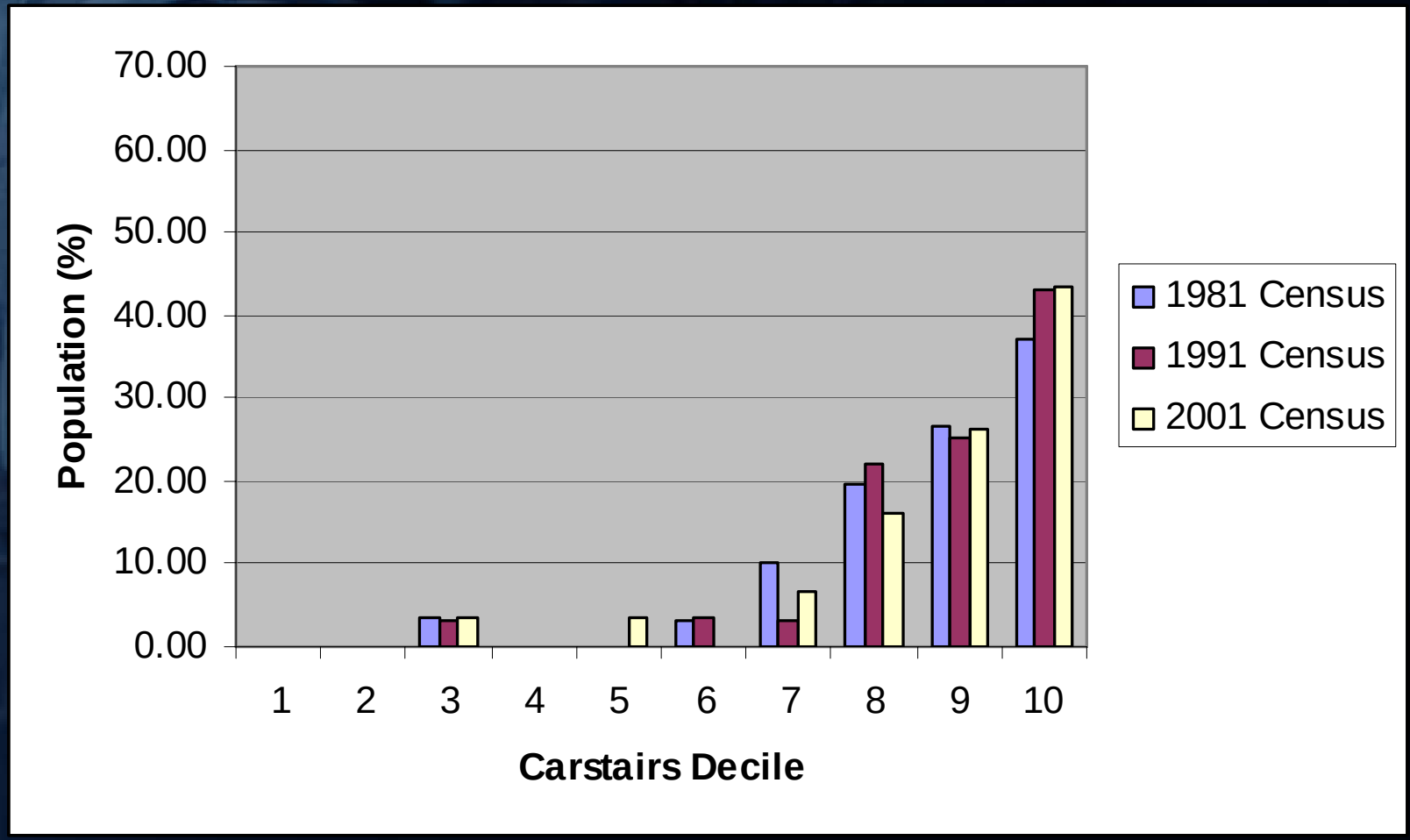
All cities (pop>275,000)



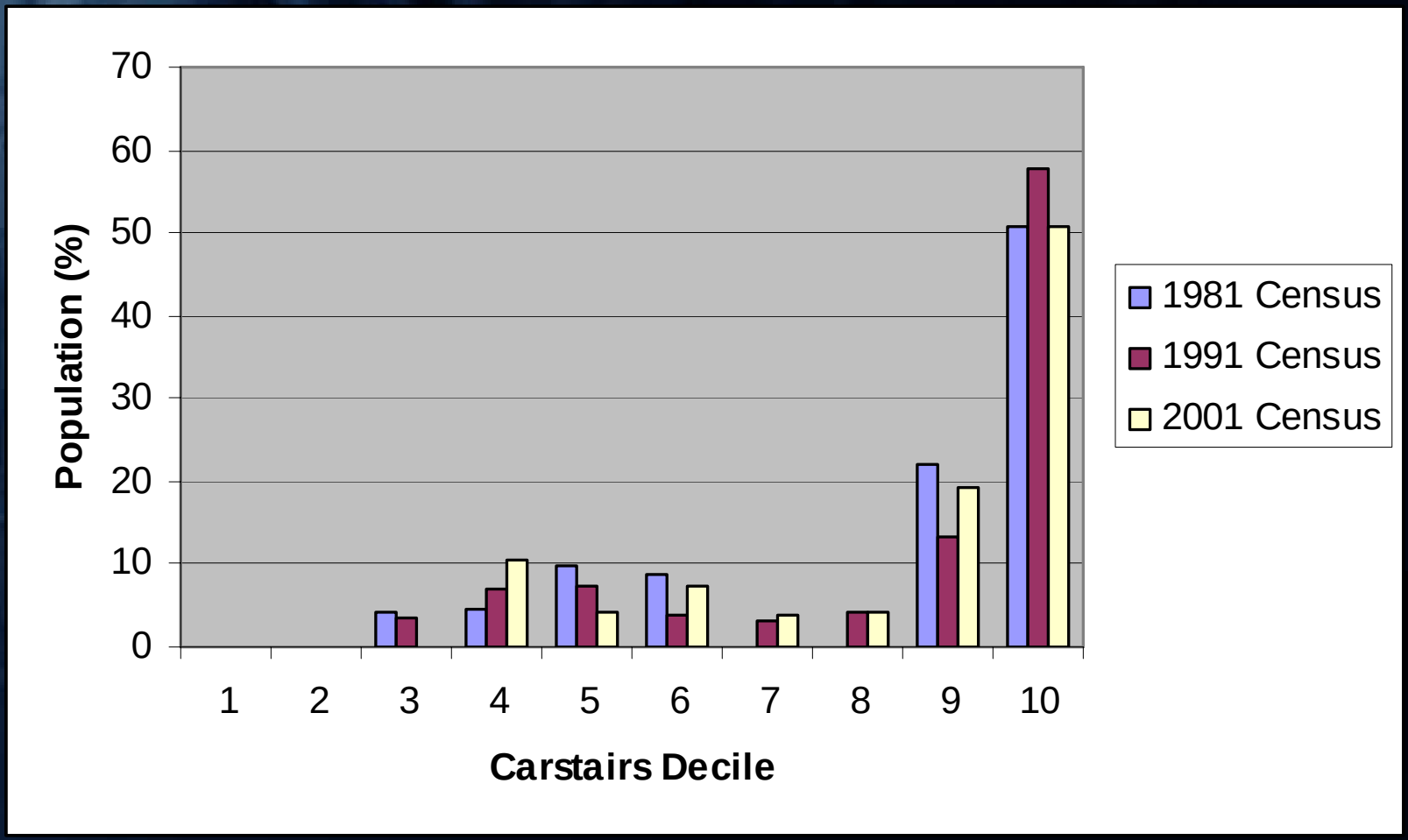
Edinburgh


70.00
60.00
50.00
40.00
30.00
20.00
10.00
0.00
Population (%)
1
2
3
4
5
6
7
8
9
10
Carstairs Decile
1981 Census
1991 Census
2001 Census

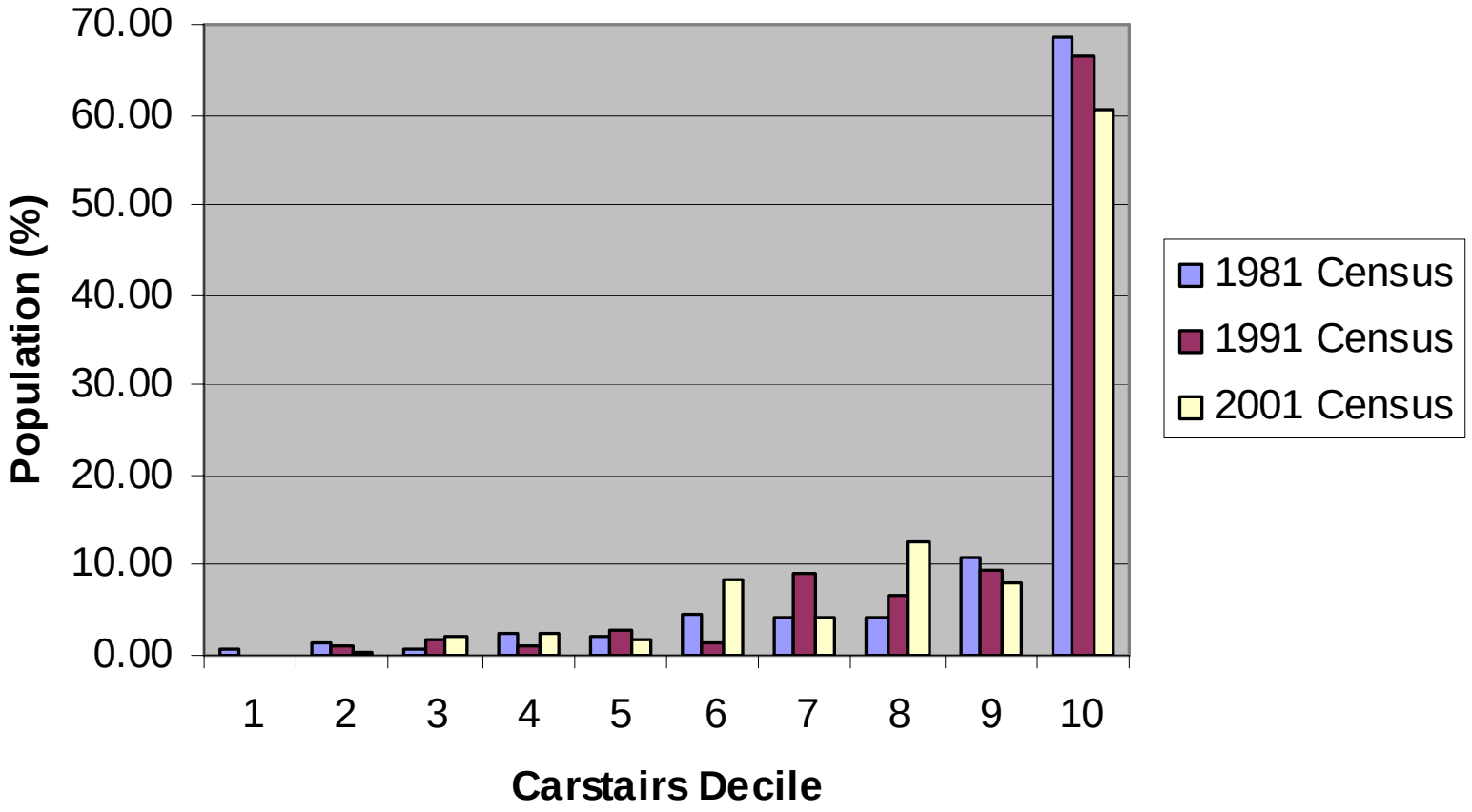
Manchester


70.00
60.00
50.00
40.00
30.00
20.00
10.00
0.00
Population (%)
1
2
3
4
5
6
7
8
9
10
Carstairs Decile
1981 Census
1991 Census
2001 Census

Liverpool


70
60
50
40
30
20
10
0
Population (%)
1
2
3
4
5
6
7
8
9
10
Carstairs Decile
1981 Census
1991 Census
2001 Census

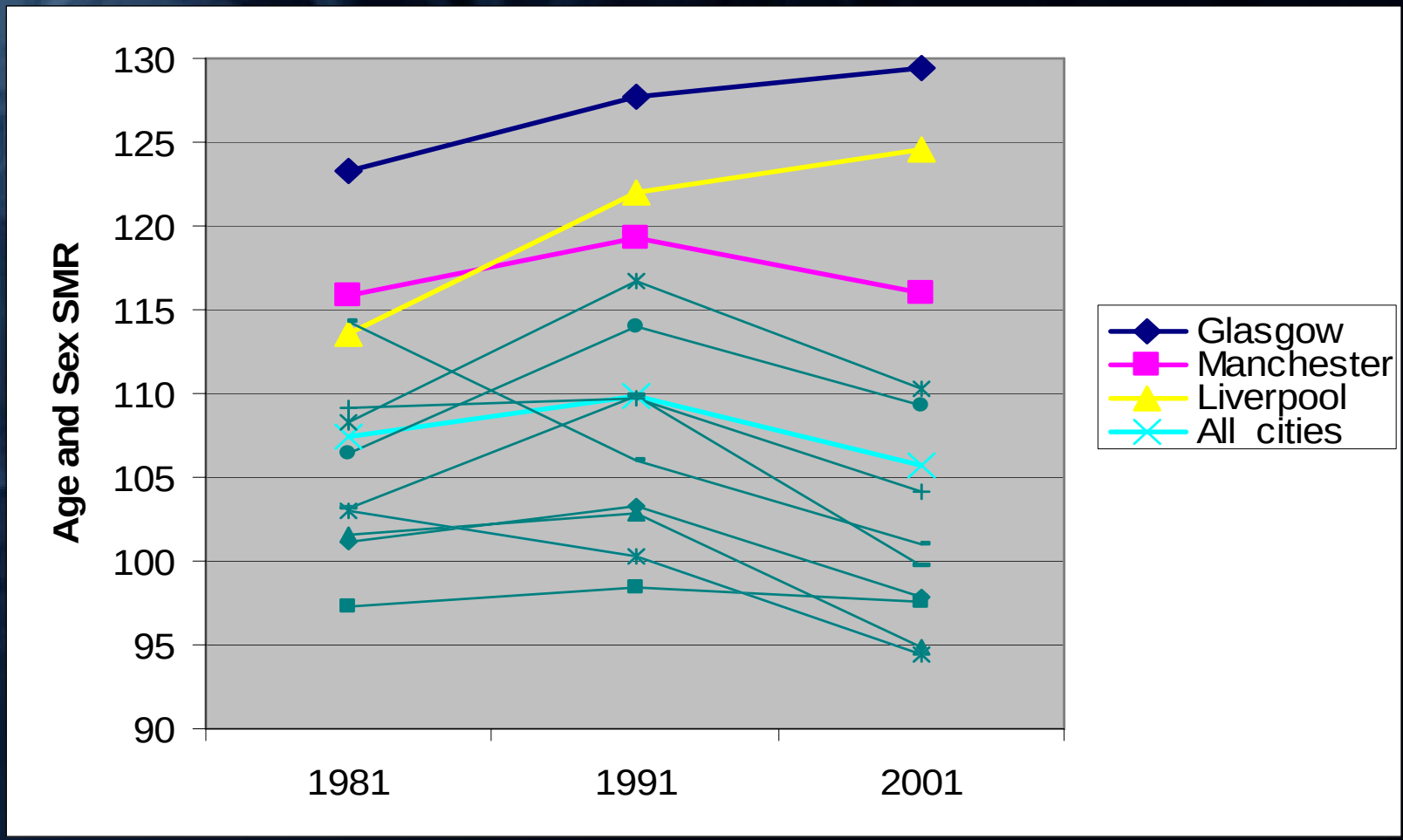
Glasgow


70.00
60.00
50.00
40.00
30.00
20.00
10.00
0.00
Population (%)
1
2
3
4
5
6
7
8
9
10
Carstairs Decile
1981 Census
1991 Census
2001 Census

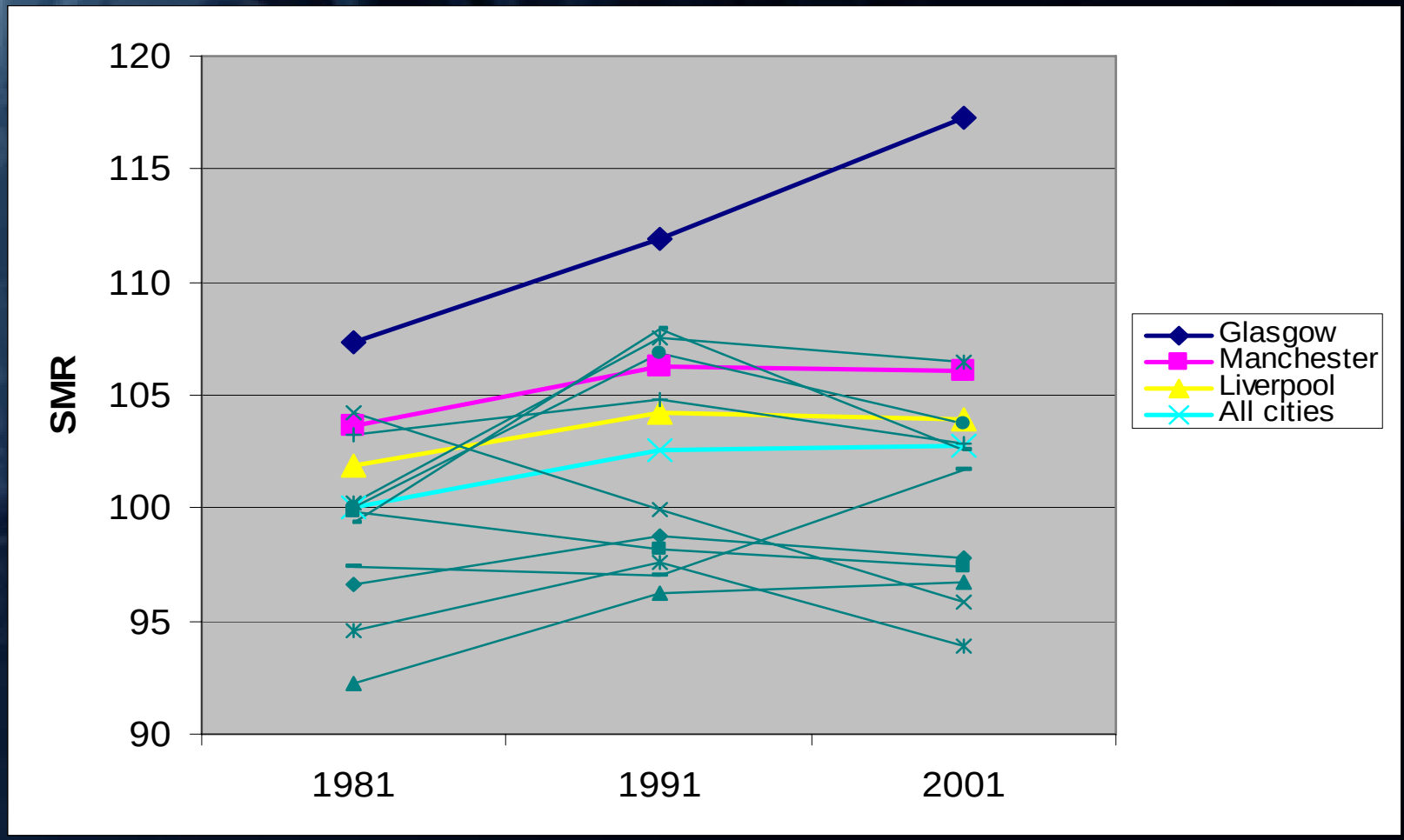
Carstairs deprivation profiles

- Cities, unsurprisingly, have large proportions of their populations living in deprived areas
- Glasgow, Liverpool and Manchester stand out – more deprived than most other cities
- Edinburgh and Bristol show untypical patterns

Age and sex SMR for various cities, 1981-2001



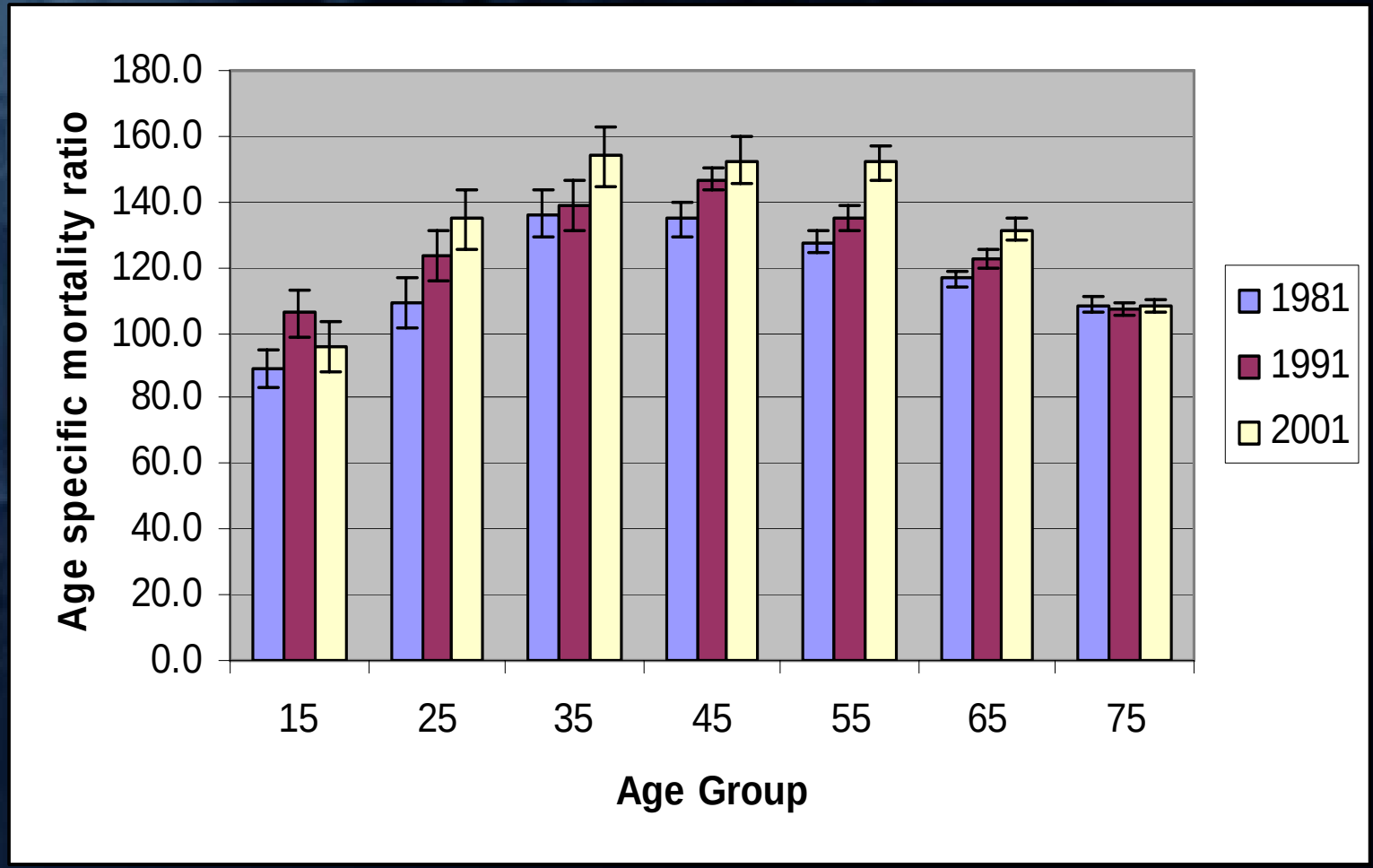
Age, sex and Carstairs decile SMR summary



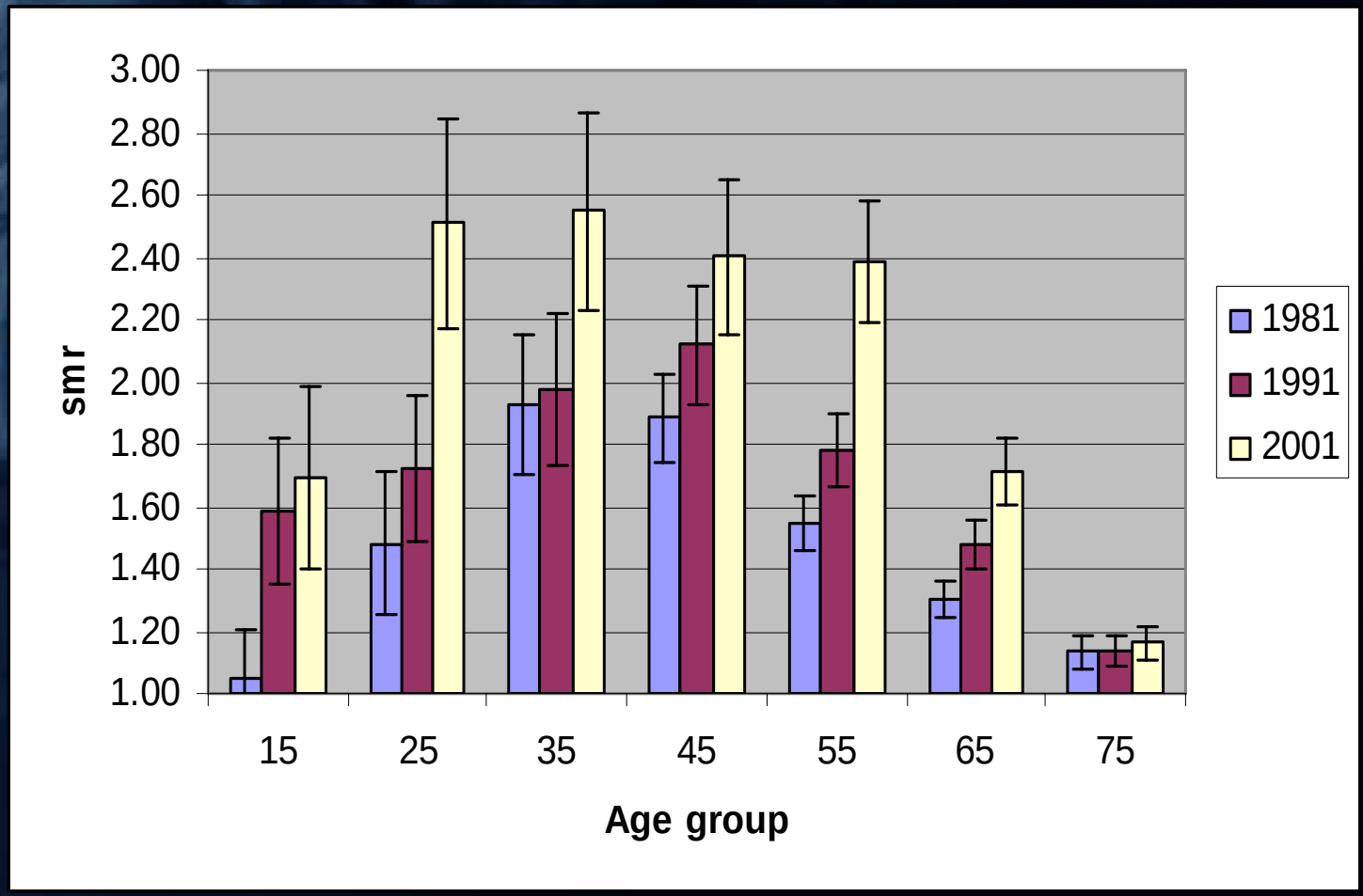
SMR points to ponder

- Glas, Liv and Manc all have rising SMR's despite marginal improvements or stability in terms of deprivation profiles
- Adjustment for deprivation brings Liverpool back into line and to a lesser extent for Manchester. Not so for Glasgow – very curious!

Age specific mortality – All cities



Age specific mortality – Glasgow



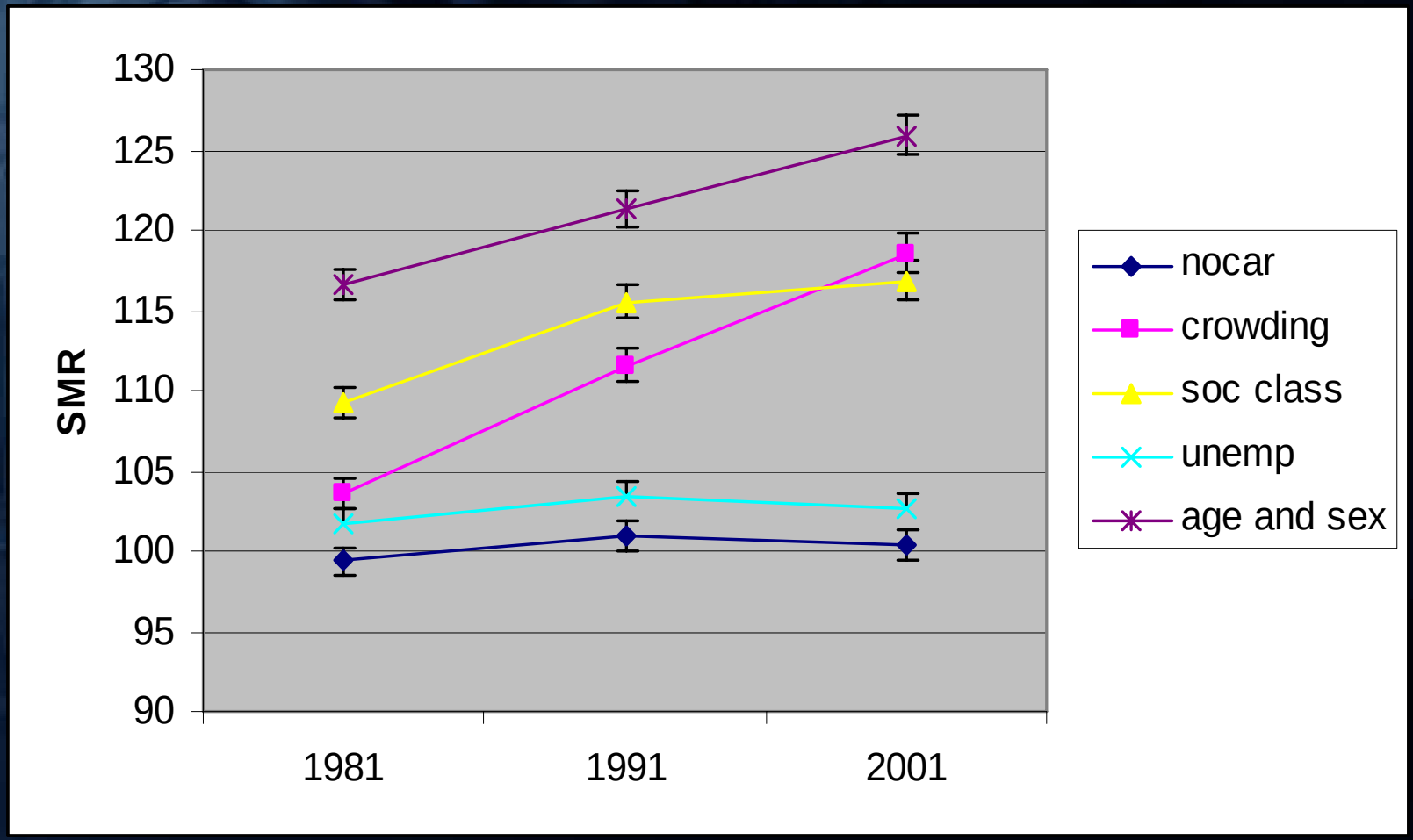
Discussion points

- In urban settings, excess mortality is driven by high death rates in young and middle aged men.
- The enormous mortality rates among men of working age contributes to Glasgow's overall excess mortality

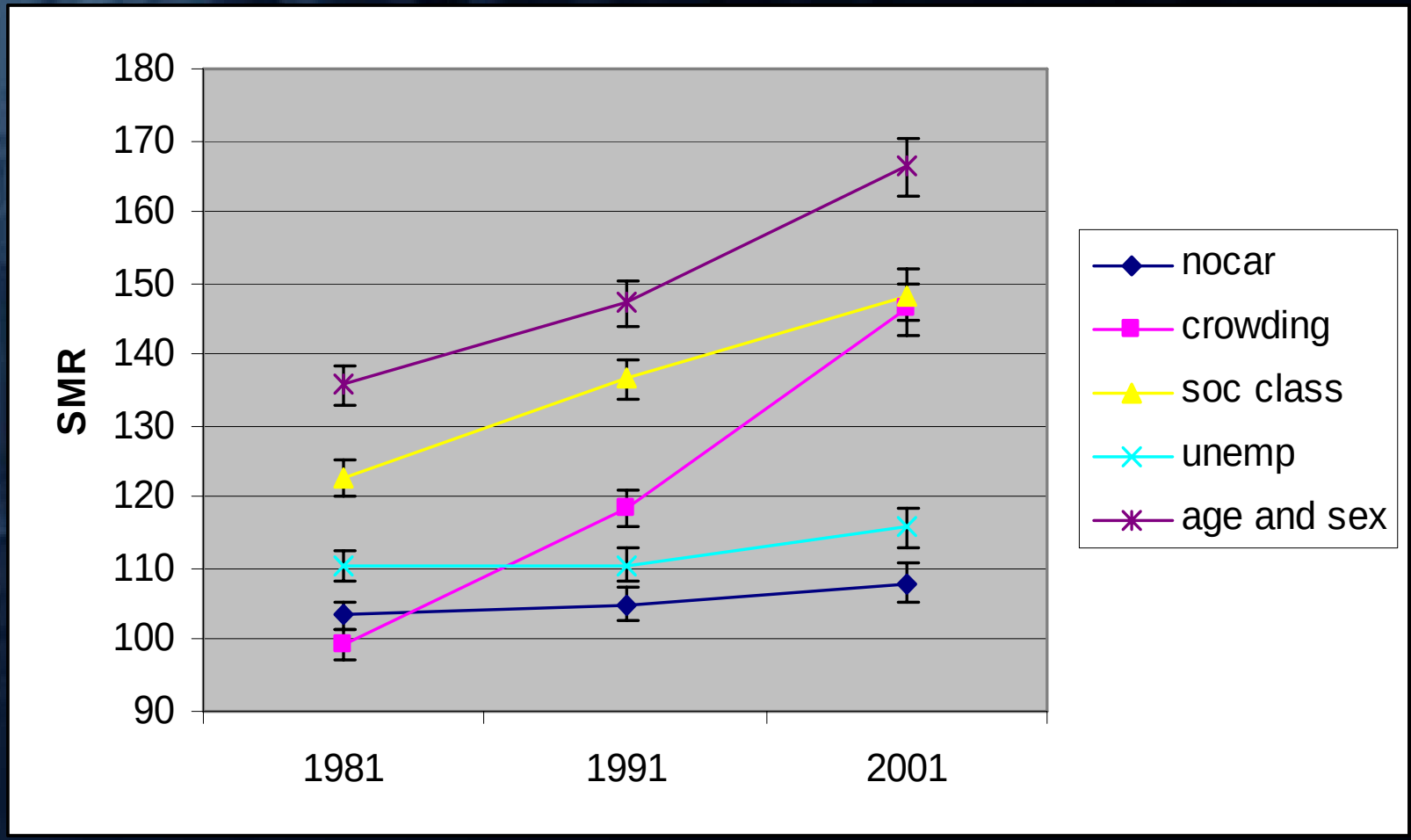
Components of Carstairs

- Carstairs – a combination of four standardised census variables
  - Overcrowding
  - No car
  - Social class IV and V
  - Male unemployment
- These components used as covariates in regression models of death rates.

Comparison of Carstairs elements – large cities



Comparison of Carstairs elements - Glasgow



So, is there a Glasgow effect?

- *YES:*
  - Carstairs deprivation explains more of the excess mortality in other cities than in Glasgow.
  - SMR in Glasgow is still rising despite improvements in Carstairs deprivation
  - Does deprivation explain the rise in age specific mortalities in young men? I'm not sure.
- *NO:*
  - Looking more closely at the variables which compose Carstairs, most of Glasgow's excess can be explained.
  - Probable that no census variable can explain excess mortality

What can the latest Community Health Profiles tell us

Bruce Whyte

Glasgow Centre for Population Health

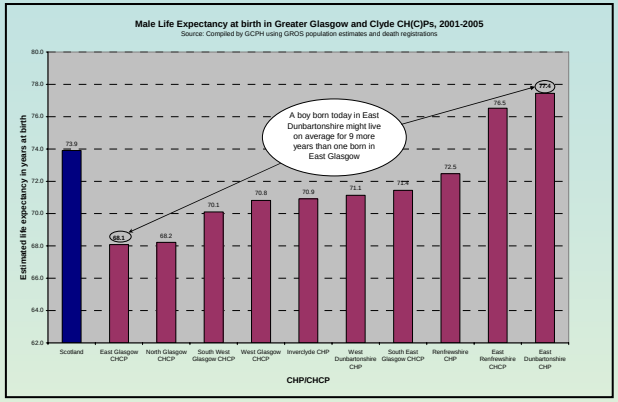
Background

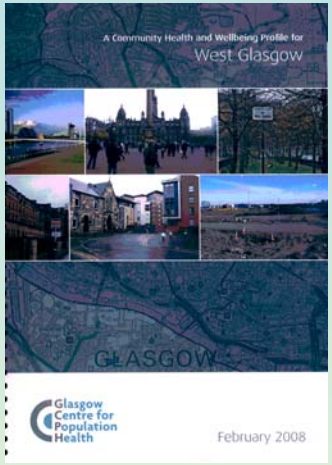
- Community and constituency health profiles(Health Scotland, 2004) (http://www.scotpho.org.uk/communityprofiles)
- ‘Let Glasgow Flourish’ report (GCPH, April 2006) (http://www.gcph.co.uk/background/programmes/strength/strength1.htm)
- New Community Profiles (GCPH, Feb 2008, GCPH)
- ISD Scotland – Scotland profiles (rest of the CHPs and Scotland context) [June 2008]

Purpose

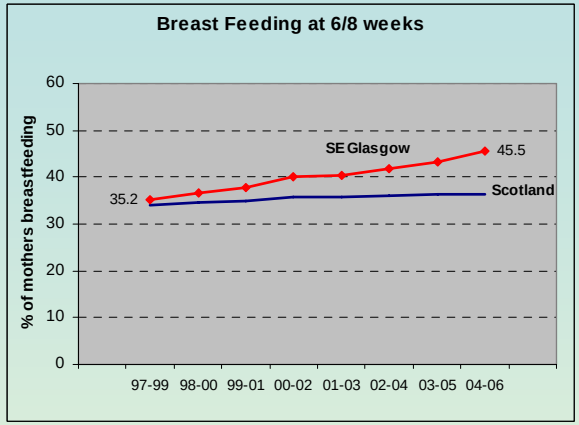
Provide CHP/CHCPs and communities with up-to-date and locally-relevant public health intelligence

Highlight health and social inequalities

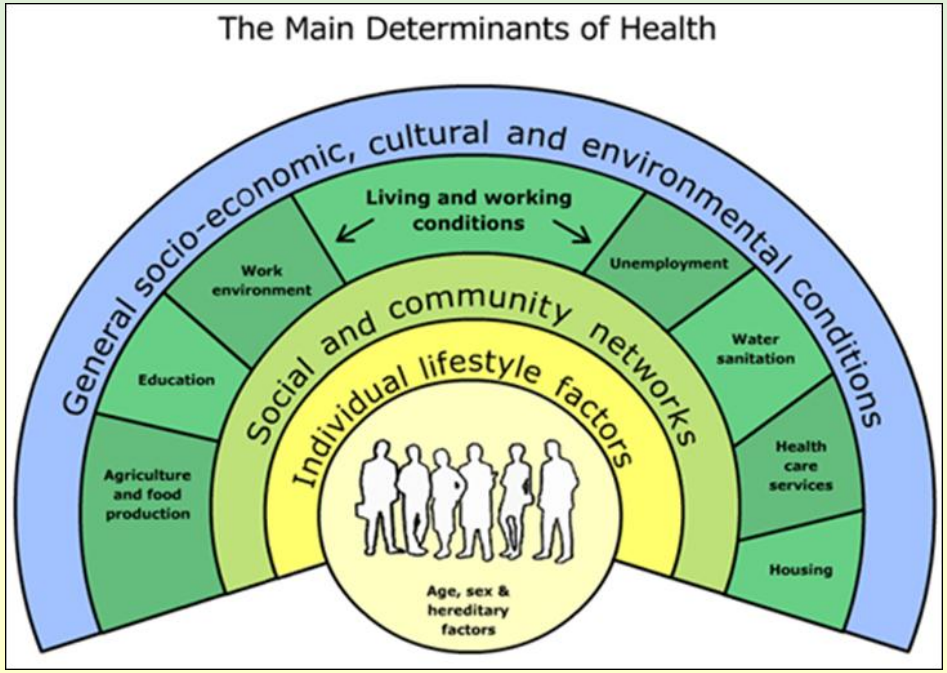




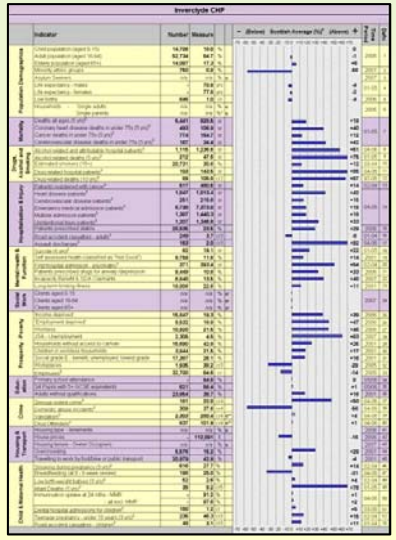
Show trends in key indicators



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



Indicators

70+ indicators are included covering a range of health outcomes (e.g. life expectancy, mortality, hospitalisation) and health determinants (e.g. smoking levels, breastfeeding, income, employment, crime, education).

Indicators lie within the following themes:

Population demographics

Drugs, alcohol and smoking

Mental health and function

Prosperity/Poverty

Crime

Child and maternal health

Mortality

Hospitalisation and injury

Social work

Education

Housing and transport

Geography

- 10 CHP/CHCPs in Greater Glasgow and Clyde (GGC residents in Lanarkshire CHPs not included) are covered

- Health indicators are presented for the overall ‘community’ but also for smaller areas within each CH(C)P

- In Glasgow City, these smaller areas are ‘neighbourhood’ localities

  There are 55 ‘neighbourhood’ areas (as defined for Housing Forums) within Glasgow City, ranging in population size from 1,400 to 19,500.

- Outside Glasgow – in the rest of the Greater Glasgow and Clyde – intermediate zone geographies are used.

  The intermediate zones are aggregations of data zones within local authorities and contain between 2,500 and 6,000 people.

- These localities were chosen through consultation and enable geographical inequalities in social circumstances and health within each CH(C)P area to be investigated.

Examples of the smaller geographies

Intermediate zones within East Dunbartonshire

Neighbourhood	Population (2006)
Auchinairn	4,922
Barloch	3,084
Bishopbriggs North and Kenmure	5,658
Bishopbriggs West and Cadder	5,703
East Clober and Mains Estate	3,489
Harestanes	3,410
Hillhead	3,972
Kessington East	2,852
Kessington West	3,222
Keystone and Dougalston	3,957
Kilmardinny East	2,833
Kilmardinny West	3,443
Kirkintilloch South	3,126
Kirkintilloch West	3,918
Lennoxtown	4,376
Lenzie North	5,738
Lenzie South	3,545
Milton of Campsie	4,015
North Castlehill and Thorn	4,539
Rosebank and Waterside	3,340
South Castlehill and Thorn	4,328
Torrance and Balmore	2,943
Twechar and Harestanes East	2,994
West Clober and Mains Estate	3,037
Westerton East	3,217
Westerton West	2,729
Woodhill East	2,567
Woodhill West	4,503

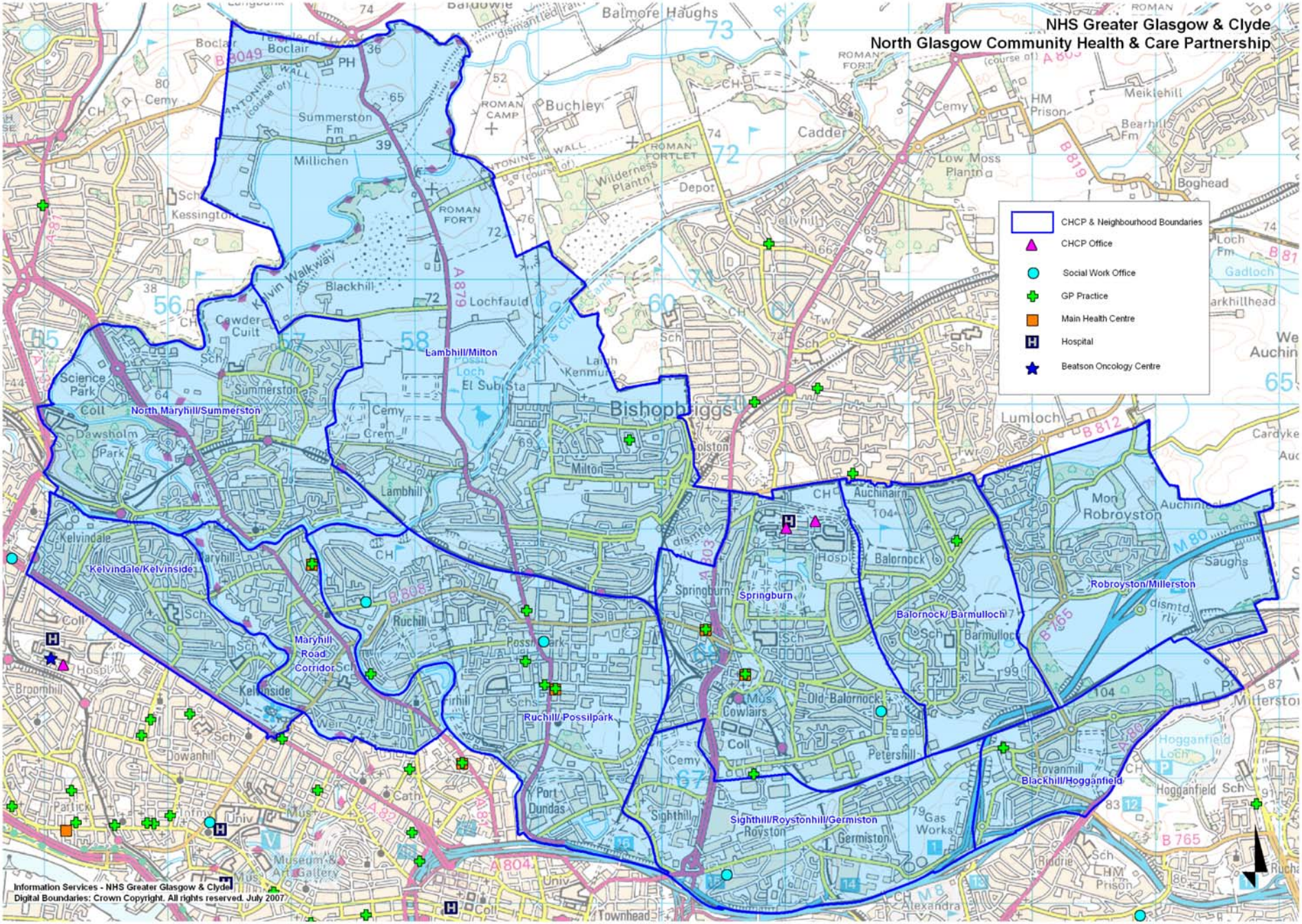
Neighbourhoods within East Glasgow

Neighbourhood	Population (2006)
Baillieston & Garrowhill	17,670
Calton & Bridgeton	12,960
Dennistoun	10,816
Easterhouse	9,239
Haghill & Carntyne	8,490
Mount Vernon & East Shettleston	12,203
Parkhead & Dalmarnock	6,200
Riddrie & Cranhill	10,749
Ruchazie & Garthamlock	6,929
Springboig & Barlanark	13,271
Tollcross & West Shettleston	15,297

Content

- Maps
- Spine graphs
- Trend graphs
- Comparison graphs
- Interpretation
- Notes and caveats

North Glasgow CHCP



Brief statistical interlude

- Please stay awake
- Indicators are shown in a number of ways in the profiles:
    - as percentages, rates e.g. % of children in population
    - as numbers e.g. numbers of social work clients/hospital patients, etc.
    - and, occasionally, in other ways e.g. life expectancy in terms of estimated years of life from birth
    - in comparison to the Scottish average (with a few exceptions)

- Rates of patient hospitalisation or death are shown as age/sex standardised rates. This is to take account of differences in the age/sex structure of an area's population that might affect the rate.

- Summary notes on the source and definition of each indicator are included at the end of the profiles. More detailed notes are provided in excel files for each indicator available on the GCPH web site.

Spine Graphs

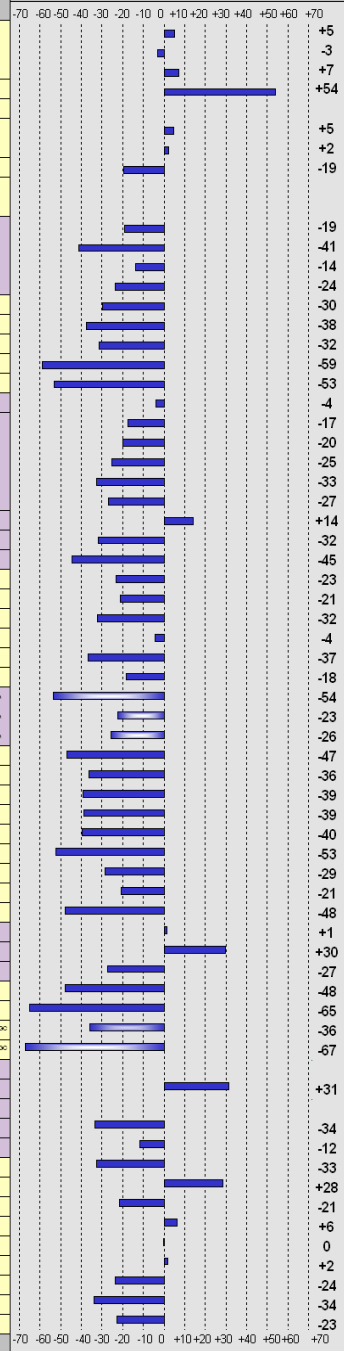
Glasgow Centre for Population Health

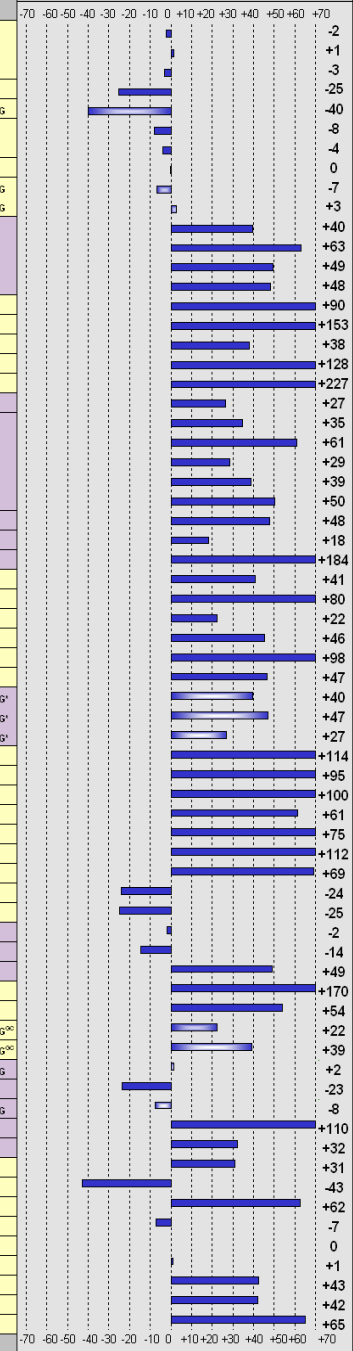
East Dunbartonshire CHP

East Glasgow CHCP

	Indicator	Number	Measure			Time Period	Defn
Population Demographics	Child population (aged 0-15)	19,982	18.9	%		2006	1
	Adult population (aged 16-64)	66,976	63.5	%			
	Elderly population (aged 65+)	18,502	17.5	%			
	Minority ethnic groups	3,350	3.1	%		2001	2
	Asylum Seekers	*n/a*	*n/a*	%	G	2007	3
	Life expectancy - males	-	77.4	yrs		01 -05	4
	Life expectancy - females	-	80.9	yrs			
	Live births	922	0.9	cr		2006	5
	Households - Single adults	*n/a*	*n/a*	%	G	2005	6
	Single parents	*n/a*	*n/a*	%*	G		
Mortality	Deaths all ages (5 yrs)[2]	4,887	636.7	sr		01-05	7
	Coronary heart disease deaths in under 75s (5 yrs)[2]	282	45.0	sr			
	Cancer deaths in under 75s (5 yrs)[2]	785	126.7	sr			
	Cerebrovascular disease deaths in under 75s (5 yrs)[2]	120	18.5	sr			
Drugs, Alcohol and Smoking	Alcohol related and attributable hospital patients[3]	655	521.6	sr		04-06	8
	Alcohol related deaths (5 yrs)[2]	105	16.9	sr		01-05	9
	Estimated smokers	16,059	18.6	%		03-04	10
	Drug related hospital patients[3]	26	31.8	sr		04-06	11
	Drug related deaths (10 yrs)[4]	32	29.6	cr2		97-06	12
Hospitalisation & Injury	Patients registered with cancer[3]	559	404.2	sr		02-04	
	Coronary heart disease patients[3]	853	588.9	sr		04-06	13
	Cerebrovascular disease patients[3]	237	150.6	sr			
	Emergency medical admission patients[3]	5,798	4,670.4	sr			
	Multiple admission patients[3]	1,118	820.7	sr			
	Unintentional Injury patients[3]	861	739.7	sr			
	Patients prescribed statins	23,385	20.8	%		2006	14
	Road traffic accident casualties - adults[3]	235	2.7	cr3		01-04	15
	Assault discharges[3]	61	0.6	cr3		04-06	16
Mental Health & Function	Suicide (5 yrs)[2]	65	12.1	sr		01-05	17
	Self assessed health (classified as "Not Good")	8,686	8.0	%		2001	18
	First hospital admission - psychiatric[3]	198	173.5	sr		02-04	19
	Patients prescribed drugs for anxiety /depression	8,693	7.7	%		2006	20
	Incapacity Benefit & SDA Claimants	3,905	6.1	%		2007	21
	Long-term limiting illness	17,938	16.6	%		2001	22
Social Work	Clients aged 0-15	670	3.4	%	G*	2007	23
	Clients aged 16-64	2,312	3.5	%	G*		
	Clients aged 65+	2,445	13.2	%	G*		
Prosperity - Poverty	'Income deprived'	7,819	7.4	%		2006	24
	'Employment deprived'	5,249	8.2	%		2006	25
	Workless	5,765	8.9	%		2006	26
	JSA - Unemployment	1,095	1.7	%		2007	27
	Households without access to car/van	8,723	20.7	%		2001	28
	Children in workless households	2,192	8.7	%		2001	29
	Social grade E - benefit, unemployed, lowest grade	13,576	16.0	%		2001	30
	Workplaces	2,738	42.7	cr3		2005	31
	Employees[5]	25,000	39.0	cr		2005	32
Educ-ation	Primary school attendance	-	96.4	%		05/06	33
	S4 Pupils with 5+ GCSE equivalents	1,009	75.0	%		05/06	34
	Adults without qualifications	19,170	24.2	%		2001	35
Crime	Serious assault[3]	81	7.6	cr4		04-06	36
	Domestic abuse incidents[3]	316	29.8	cr4		04-06	37
	Vandalism[3]	1,831	172.8	cr4	G∞	04-06	38
	Drug Offenders[3]	350	33.0	cr4	G∞	04-06	39
Housing & Transport	Housing type - tenements	*n/a*	*n/a*	%	G	2006	40
	House prices	-	175,751	£		2006	41
	Housing tenure - Owner Occupiers	*n/a*	*n/a*	%	G	2007	42
	Overcrowding	3,287	7.8	%		2001	43
	Travelling to work by foot/bike or public transport	27,228	39.3	%		2001	44
Child & Maternal Health	Smoking during pregnancy (3 yrs)[2]	452	16.4	%		02-04	45
	Breastfeeding (at 6 - 8 week review)	412	46.8	%		04-06	46
	Low birth-weight babies (3 yrs)[2]	49	1.9	%		02-04	47
	Infant Deaths (5 yrs)[2]	26	5.5	cr5		01-05	48
	Immunisation uptake at 24 mths - MMR	-	89.9	%		04-06	49
	Immunisation uptake at 24 mths - all excl. MMR	-	97.8	%		04-06	
	Dental Hospital admissions for children[3]	177	0.9	cr3		03-06	50
	Teenage Pregnancy - under 18 years (3 yrs)[2]	174	26.7	cr3		02-04	51
	Road traffic accident casualties - children[2]	46	2.2	cr3		01-04	15

	Indicator	Number	Measure			Time Period	Defn
Population Demographics	Child population (aged 0-15)	21,788	17.6	%		2006	1
	Adult population (aged 16-64)	82,424	66.6	%			
	Elderly population (aged 65+)	19,612	15.8	%			
	Minority ethnic groups	1,917	1.5	%		2001	2
	Asylum Seekers	725	0.6	%	G	2007	3
	Life expectancy - males	-	68.1	yrs		01 -05	4
	Life expectancy - females	-	76.0	yrs			
	Live births	1,340	1.1	cr		2006	5
	Households - Single adults	23,907	39.9	%	G	2005	6
	Single parents	6,514	38.9	%*	G		
Mortality	Deaths all ages (5 yrs)[2]	8,887	1,097.9	sr		01-05	7
	Coronary heart disease deaths in under 75s (5 yrs)[2]	821	124.9	sr			
	Cancer deaths in under 75s (5 yrs)[2]	1,458	219.1	sr			
	Cerebrovascular disease deaths in under 75s (5 yrs)[2]	248	35.8	sr			
Drugs, Alcohol and Smoking	Alcohol related and attributable hospital patients[3]	1,963	1,506.3	sr		04-06	8
	Alcohol related deaths (5 yrs)[2]	427	68.7	sr		01-05	9
	Estimated smokers	38,449	37.5	%		03-04	10
	Drug related hospital patients[3]	220	176.8	sr		04-06	11
	Drug related deaths (10 yrs)[4]	264	206.7	cr2		97-06	12
Hospitalisation & Injury	Patients registered with cancer[3]	804	532.3	sr		02-04	
	Coronary heart disease patients[3]	1,397	961.2	sr		04-06	13
	Cerebrovascular disease patients[3]	476	303.3	sr			
	Emergency medical admission patients[3]	10,931	8,044.2	sr			
	Multiple admission patients[3]	2,405	1,695.3	sr			
	Unintentional Injury patients[3]	1,957	1,517.5	sr			
	Patients prescribed statins	36,267	27.0	%		2006	14
	Road traffic accident casualties - adults[3]	480	4.7	cr3		01-04	15
	Assault discharges[3]	363	2.9	cr3		04-06	16
Mental Health & Function	Suicide (5 yrs)[2]	140	22.1	sr		01-05	17
	Self assessed health (classified as "Not Good")	23,284	18.3	%		2001	18
	First hospital admission - psychiatric[3]	421	313.5	sr		02-04	19
	Patients prescribed drugs for anxiety /depression	15,829	11.8	%		2006	20
	Incapacity Benefit & SDA Claimants	15,220	19.0	%		2007	21
	Long-term limiting illness	37,977	29.8	%		2001	22
Social Work	Clients aged 0-15	2,206	10.1	%	G*	2007	23
	Clients aged 16-64	5,399	6.6	%	G*		
	Clients aged 65+	4,424	22.6	%	G*		
Prosperity - Poverty	'Income deprived'	36,795	29.8	%		2006	24
	'Employment deprived'	19,682	25.1	%		2006	25
	Workless	23,600	29.4	%		2006	26
	JSA - Unemployment	3,590	4.5	%		2007	27
	Households without access to car/van	35,058	59.7	%		2001	28
	Children in workless households	10,676	39.0	%		2001	29
	Social grade E - benefit, unemployed, lowest grade	38,022	37.9	%		2001	30
	Workplaces	3,210	40.9	cr3		2005	31
	Employees[5]	44,200	56.3	cr		2005	32
Educ-ation	Primary school attendance	-	93.2	%		05/06	33
	S4 Pupils with 5+ GCSE equivalents	728	49.5	%		05/06	34
	Adults without qualifications	46,517	49.6	%		2001	35
Crime	Serious assault[3]	490	39.6	cr4		04-06	36
	Domestic abuse incidents[3]	1,626	131.5	cr4		04-06	37
	Vandalism[3]	4,079	330.0	cr4	G∞	04-06	38
	Drug Offenders[3]	1,737	140.5	cr4	G∞	04-06	39
Housing & Transport	Housing type - tenements	31,482	50.6	%	G	2006	40
	House prices	-	102,483	£		2006	41
	Housing tenure - Owner Occupiers	29,731	47.0	%	G	2007	42
	Overcrowding	14,452	24.6	%		2001	43
	Travelling to work by foot/bike or public transport	38,850	58.9	%		2001	44
Child & Maternal Health	Smoking during pregnancy (3 yrs)[2]	1250	31.8	%		02-04	45
	Breastfeeding (at 6 - 8 week review)	238	20.8	%		04-06	46
	Low birth-weight babies (3 yrs)[2]	141	4.0	%		02-04	47
	Infant Deaths (5 yrs)[2]	32	4.8	cr5		01-05	48
	Immunisation uptake at 24 mths - MMR	-	90.4	%		04-06	49
	Immunisation uptake at 24 mths - all excl. MMR	-	97.1	%		04-06	
	Dental Hospital admissions for children[3]	361	1.6	cr3		03-06	50
	Teenage Pregnancy - under 18 years (3 yrs)[2]	438	57.4	cr3		02-04	51
	Road traffic accident casualties - children[2]	109	4.6	cr3		01-04	15





Robroyston & Millerston

Indicator	Number	Measure			(Below) Scottish Average (%)[1] (Above)	Period	Time	Defn
Child population (aged 0-15)	1,133	21.5	%		+20	2006	1	
Adult population (aged 16-64)	3,759	71.4	%		+9			
Elderly population (aged 65+)	370	7.0	%		-57			
Minority ethnic groups	342	7.1	%		+252	2001	2	
Asylum Seekers	18	0.3	%	G	-65	2007	3	
Life expectancy - males	-	75.3	yrs		+2	01 -05	4	
Life expectancy - females	-	77.8	yrs		-2			
Live births	73	1.4	cr		+28	2006	5	
Households - Single adults	401	20.2	%	G	-53	2005	6	
Single parents	136	15.3	%*	G	-60			
Deaths all ages (5 yrs)[4]	160	881.8	sr		+12	01-05	7	
Coronary heart disease deaths in under 75s (5 yrs)[2]	7	65.5	sr		-14			
Cancer deaths in under 75s (5 yrs)[2]	18	176.4	sr		+20			
Cerebrovascular disease deaths in under 75s (5 yrs)[2]	1	8.7	sr		-64			
Alcohol related and attributable hospital patients[3]	23	553.2	sr		+24	04-06	8	
Alcohol related deaths (5 yrs)[2]	2	10.0	sr		-63	01-05	9	
Estimated smokers	1,030	28.4	%		+4	03-04	10	
Drug related hospital patients[3]	0	7.0	sr		-91	04-06	11	
Drug related deaths (10 yrs)[4]	1	20.6	cr2		-67	97-06	12	
Patients registered with cancer[3]	11	355.2	sr		-16	02-04	13	
Coronary heart disease patients[3]	18	579.4	sr		-19	04-06		
Cerebrovascular disease patients[3]	5	152.9	sr		-19			
Emergency medical admission patients[3]	225	5,077.7	sr		-19			
Multiple admission patients[3]	37	924.4	sr		-24			
Unintentional Injury patients[3]	41	867.8	sr		-14			
Patients prescribed statins	1,164	23.4	%		+28	2006	14	
Road traffic accident casualties - adults[3]	9	2.2	cr3		-45	01-04	15	
Assault discharges[3]	1-4	0.8	cr3		-27	04-06	16	
Suicide (5 yrs)[2]	1	3.6	sr		-77	01-05	17	
Self assessed health (classified as "Not Good")	344	7.1	%		-30	2001	18	
First hospital admission - psychiatric[3]	7	146.2	sr		-43	02-04	19	
Patients prescribed drugs for anxiety /depression	476	9.6	%		+18	2006	20	
Incapacity Benefit & SDA Claimants	170	4.6	%		-52	2007	21	
Long-term limiting illness	575	11.9	%		-42	2001	22	
Clients aged 0-15	22	1.9	%	G'	-73	2007	23	
Clients aged 16-64	49	1.3	%	G'	-71			
Clients aged 65+	68	18.4	%	G'	+4			
'Income deprived'	317	6.0	%		-57	2006	24	
'Employment deprived'	208	5.6	%		-56	2006	25	
Workless	265	7.1	%		-52	2006	26	
JSA - Unemployment	30	0.8	%		-71	2007	27	
Households without access to car/van	178	9.9	%		-71	2001	28	
Children in workless households	95	7.4	%		-60	2001	29	
Social grade E - benefit, unemployed, lowest grade	222	6.3	%		-72	2001	30	
Workplaces	58	15.7	cr3		-71	2005	31	
Employees[5]	800	22.9	cr		-69	2005	32	
Primary school attendance	-	95.9	%		+1	05/06	33	
S4 Pupils with 5+ GCSE equivalents	47	68.1	%		+18	05/06	34	
Adults without qualifications	830	23.7	%		-29	2001	35	
Serious assault[3]	2	3.8	cr4		-74	04-06	36	
Domestic abuse incidents[3]	21	40.4	cr4		-53	04-06	37	
Vandalism[3]	81	154.2	cr4	G∞	-43	04-06	38	
Drug Offenders[3]	30	56.2	cr4	G∞	-44	04-06	39	
Housing type - tenements	44	2.4	%	G	-95	2006	40	
House prices	-	137,489	£		+3	2006	41	
Housing tenure - Owner Occupiers	1,814	95.1	%	G	+87	2007	42	
Overcrowding	191	10.6	%		-10	2001	43	
Travelling to work by foot/bike or public transport	769	21.5	%		-52	2001	44	
Smoking during pregnancy (3 yrs)[2]	35	11.7	%		-52	02-04	45	
Breastfeeding (at 6 - 8 week review)	24	34.8	%		-4	04-06	46	
Low birth-weight babies (3 yrs)[2]	5	1.8	%		-26	02-04	47	
Immunisation uptake at 24 mths - MMR	-	97.3	%		+8	04-06	49	
Immunisation uptake at 24 mths - all excl. MMR	-	99.6	%		+4	04-06		
Dental Hospital admissions for children[3]	12	1.0	cr3		-11	03-06	50	
Teenage Pregnancy - under 18 years (3 yrs)[2]	10	43.9	cr3		+9	02-04	51	
Road traffic accident casualties - children[2]	1-4	1.0	cr3		-64	01-04	15	

-70 -60 -50 -40 -30 -20 -10 0 +10 +20 +30 +40 +50 +60 +70

Ruchill & Possilpark

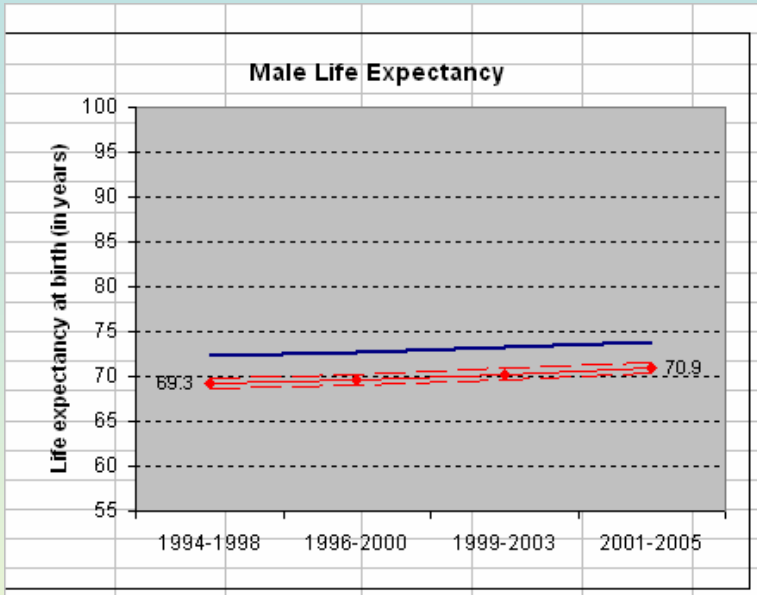
Indicator	Number	Measure			(Below) Scottish Average (%)[1] (Above)	Period	Time	Defn
Child population (aged 0-15)	1,771	19.4	%		+7	2006	1	
Adult population (aged 16-64)	5,950	65.0	%		-1			
Elderly population (aged 65+)	1,430	15.6	%		-5			
Minority ethnic groups	134	1.5	%		-27	2001	2	
Asylum Seekers	24	0.3	%	G	-73	2007	3	
Life expectancy - males	-	63.4	yrs		-14	01 -05	4	
Life expectancy - females	-	72.1	yrs		-9			
Live births	122	1.3	cr		+23	2006	5	
Households - Single adults	2,244	47.1	%	G	+10	2005	6	
Single parents	779	56.0	%*	G	+48			
Deaths all ages (5 yrs)[4]	826	1,412.5	sr		+80	01-05	7	
Coronary heart disease deaths in under 75s (5 yrs)[2]	82	175.8	sr		+130			
Cancer deaths in under 75s (5 yrs)[2]	127	271.7	sr		+85			
Cerebrovascular disease deaths in under 75s (5 yrs)[2]	32	62.8	sr		+159			
Alcohol related and attributable hospital patients[3]	174	1,922.8	sr		+191	04-06	8	
Alcohol related deaths (5 yrs)[2]	33	72.1	sr		+166	01-05	9	
Estimated smokers	3,387	47.3	%		+74	03-04	10	
Drug related hospital patients[3]	20	242.1	sr		+212	04-06	11	
Drug related deaths (10 yrs)[4]	32	350.0	cr2		+454	97-06	12	
Patients registered with cancer[3]	62	582.0	sr		+38	02-04	13	
Coronary heart disease patients[3]	100	969.9	sr		+36	04-06		
Cerebrovascular disease patients[3]	37	339.9	sr		+81			
Emergency medical admission patients[3]	947	9,690.7	sr		+55			
Multiple admission patients[3]	219	2,159.7	sr		+77			
Unintentional Injury patients[3]	165	1,781.1	sr		+76			
Patients prescribed statins	2,652	25.2	%		+38	2006	14	
Road traffic accident casualties - adults[3]	26	3.6	cr3		-10	01-04	15	
Assault discharges[3]	28	3.0	cr3		+194	04-06	16	
Suicide (5 yrs)[2]	19	45.5	sr		+190	01-05	17	
Self assessed health (classified as "Not Good")	2,091	22.9	%		+125	2001	18	
First hospital admission - psychiatric[3]	47	522.9	sr		+104	02-04	19	
Patients prescribed drugs for anxiety /depression	1,346	12.8	%		+58	2006	20	
Incapacity Benefit & SDA Claimants	1,615	28.0	%		+191	2007	21	
Long-term limiting illness	3,153	34.5	%		+70	2001	22	
Clients aged 0-15	296	16.7	%	G'	+133	2007	23	
Clients aged 16-64	676	11.4	%	G'	+154			
Clients aged 65+	319	22.3	%	G'	+26			
'Income deprived'	3,880	42.6	%		+207	2006	24	
'Employment deprived'	2,056	36.7	%		+186	2006	25	
Workless	2,605	45.1	%		+207	2006	26	
JSA - Unemployment	430	7.7	%		+175	2007	27	
Households without access to car/van	3,596	77.8	%		+127	2001	28	
Children in workless households	1,286	60.8	%		+231	2001	29	
Social grade E - benefit, unemployed, lowest grade	3,590	51.3	%		+129	2001	30	
Workplaces	252	45.0	cr3		-17	2005	31	
Employees[5]	3,400	61.6	cr		-18	2005	32	
Primary school attendance	-	92.1	%		-3	05/06	33	
S4 Pupils with 5+ GCSE equivalents	34	27.6	%		-52	05/06	34	
Adults without qualifications	4,116	63.0	%		+90	2001	35	
Serious assault[3]	36	39.9	cr4		+172	04-06	36	
Domestic abuse incidents[3]	129	141.4	cr4		+65	04-06	37	
Vandalism[3]	414	454.9	cr4	G∞	+69	04-06	38	
Drug Offenders[3]	367	403.3	cr4	G∞	+300	04-06	39	
Housing type - tenements	2,608	50.8	%	G	+2	2006	40	
House prices	-	99,835	£		-25	2006	41	
Housing tenure - Owner Occupiers	1,292	24.8	%	G	-51	2007	42	
Overcrowding	1,459	31.5	%		+169	2001	43	
Travelling to work by foot/bike or public transport	2,882	74.0	%		+66	2001	44	
Smoking during pregnancy (3 yrs)[2]	157	45.2	%		+86	02-04	45	
Breastfeeding (at 6 - 8 week review)	21	18.7	%		-49	04-06	46	
Low birth-weight babies (3 yrs)[2]	12	3.9	%		+59	02-04	47	
Immunisation uptake at 24 mths - MMR	-	89.6	%		-1	04-06	49	
Immunisation uptake at 24 mths - all excl. MMR	-	98.6	%		+3	04-06		
Dental Hospital admissions for children[3]	36	2.0	cr3		+74	03-06	50	
Teenage Pregnancy - under 18 years (3 yrs)[2]	45	76.9	cr3		+90	02-04	51	
Road traffic accident casualties - children[2]	8	4.5	cr3		+60	01-04	15	

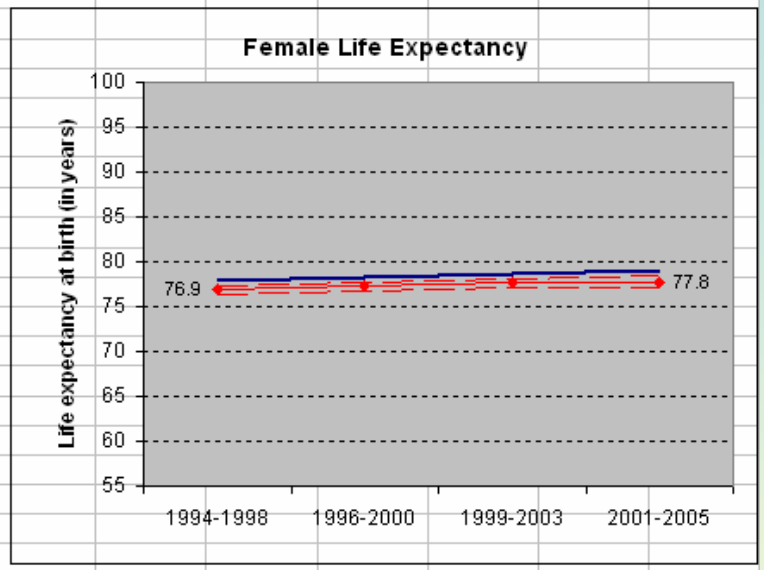
-70 -60 -50 -40 -30 -20 -10 0 +10 +20 +30 +40 +50 +60 +70

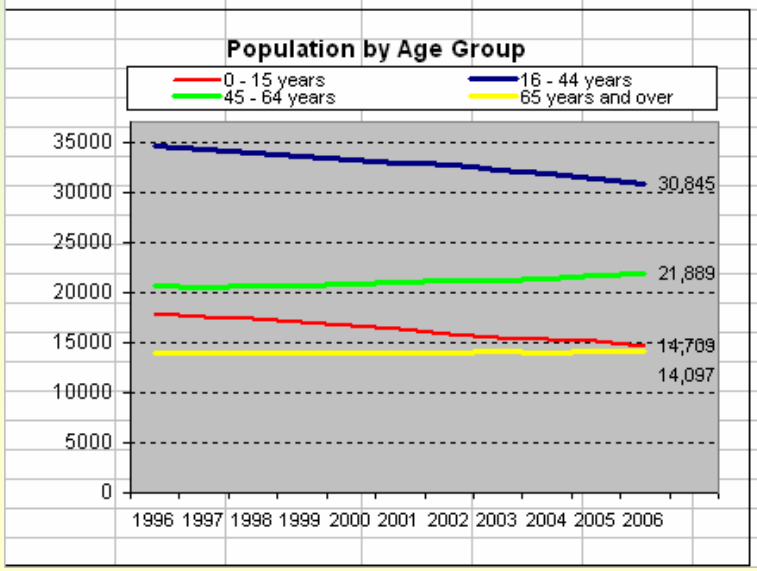
Trend Graphs

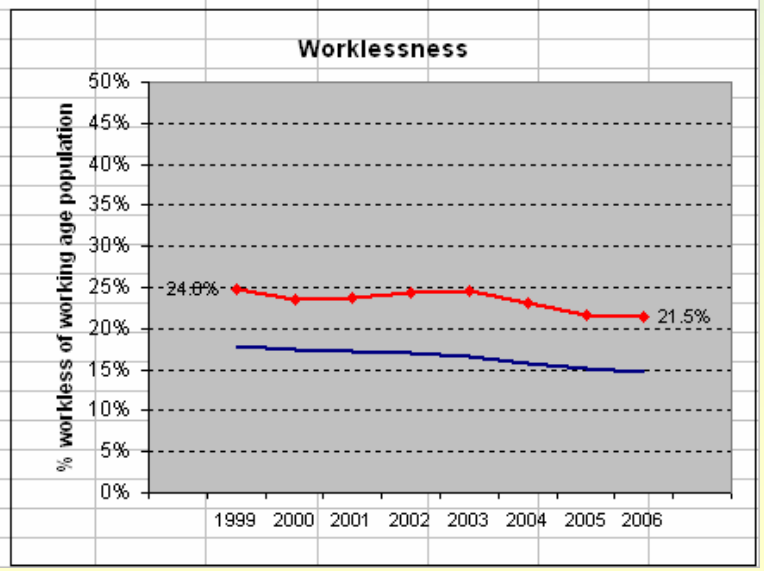
Glasgow Centre for Population Health

Trends - Inverclyde (1)

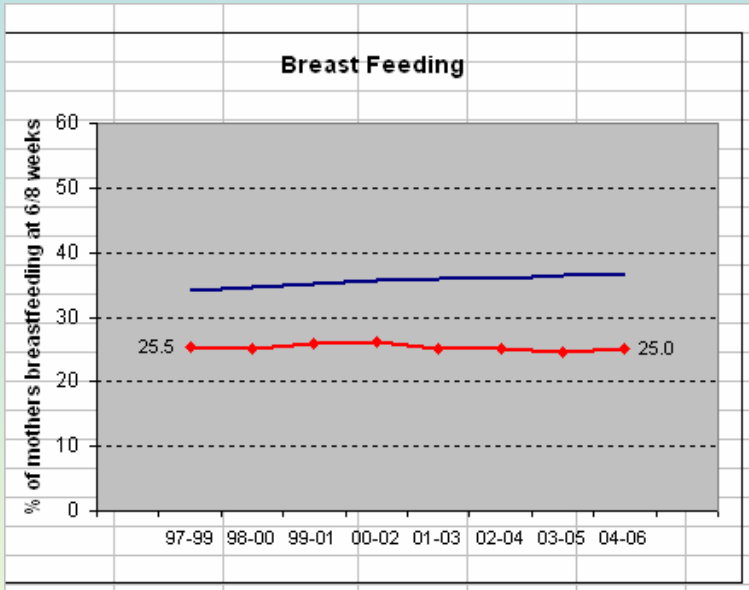


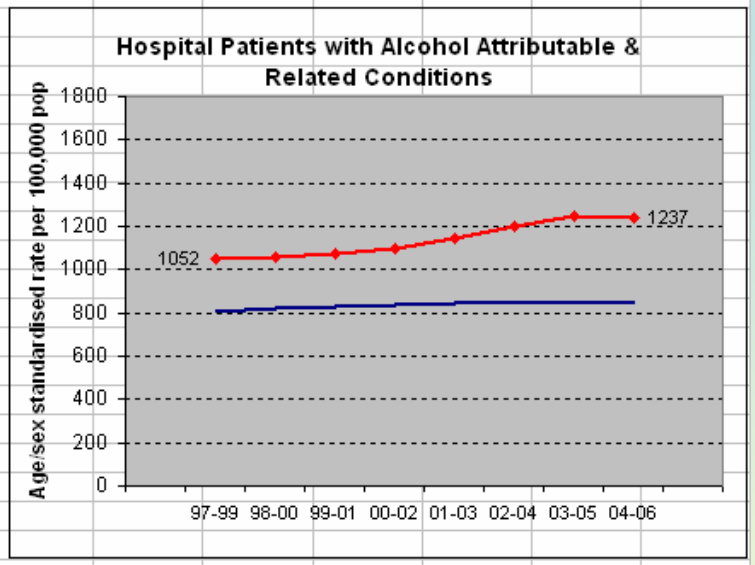


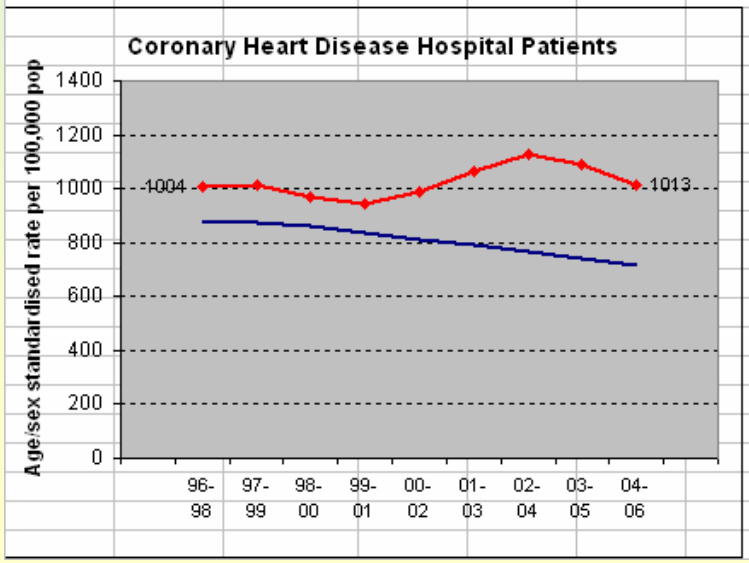


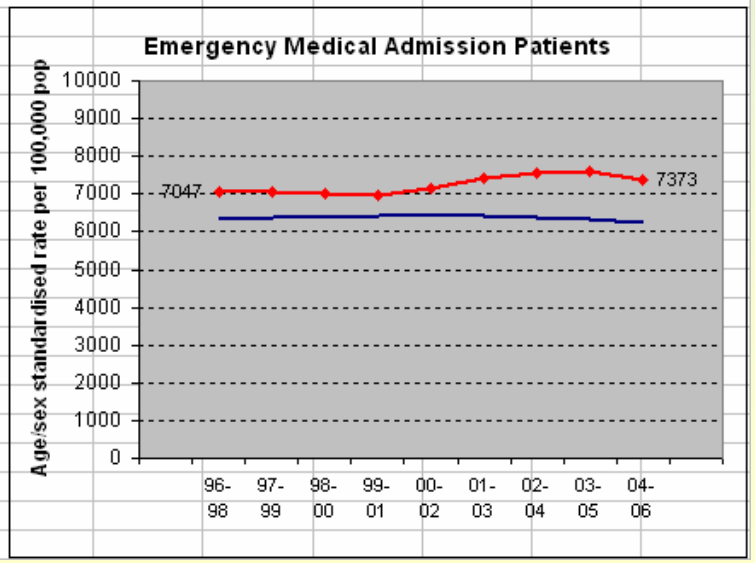


Trends – Inverclyde (2)





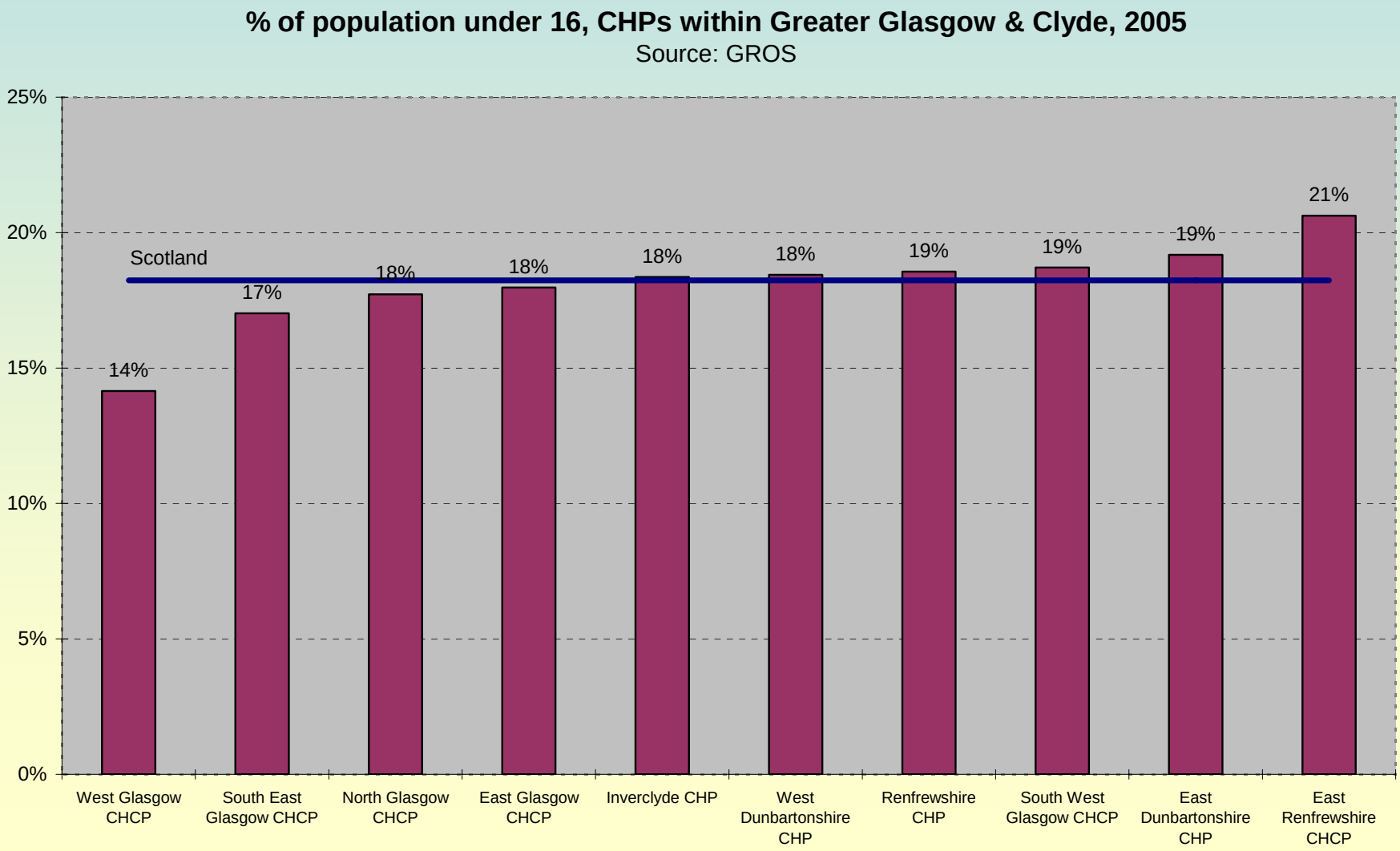




Demography

Glasgow Centre for Population Health

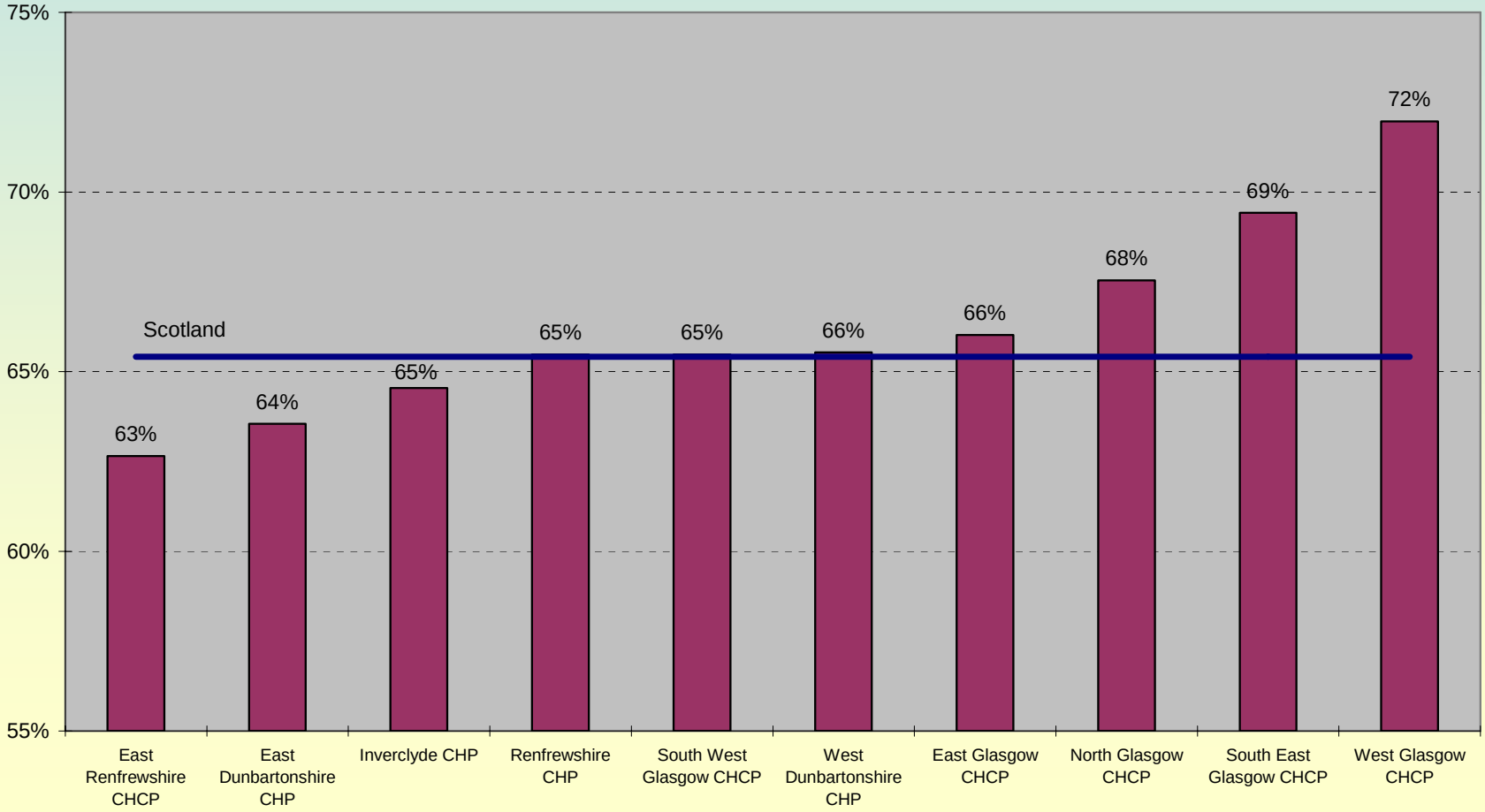
Demography - Children



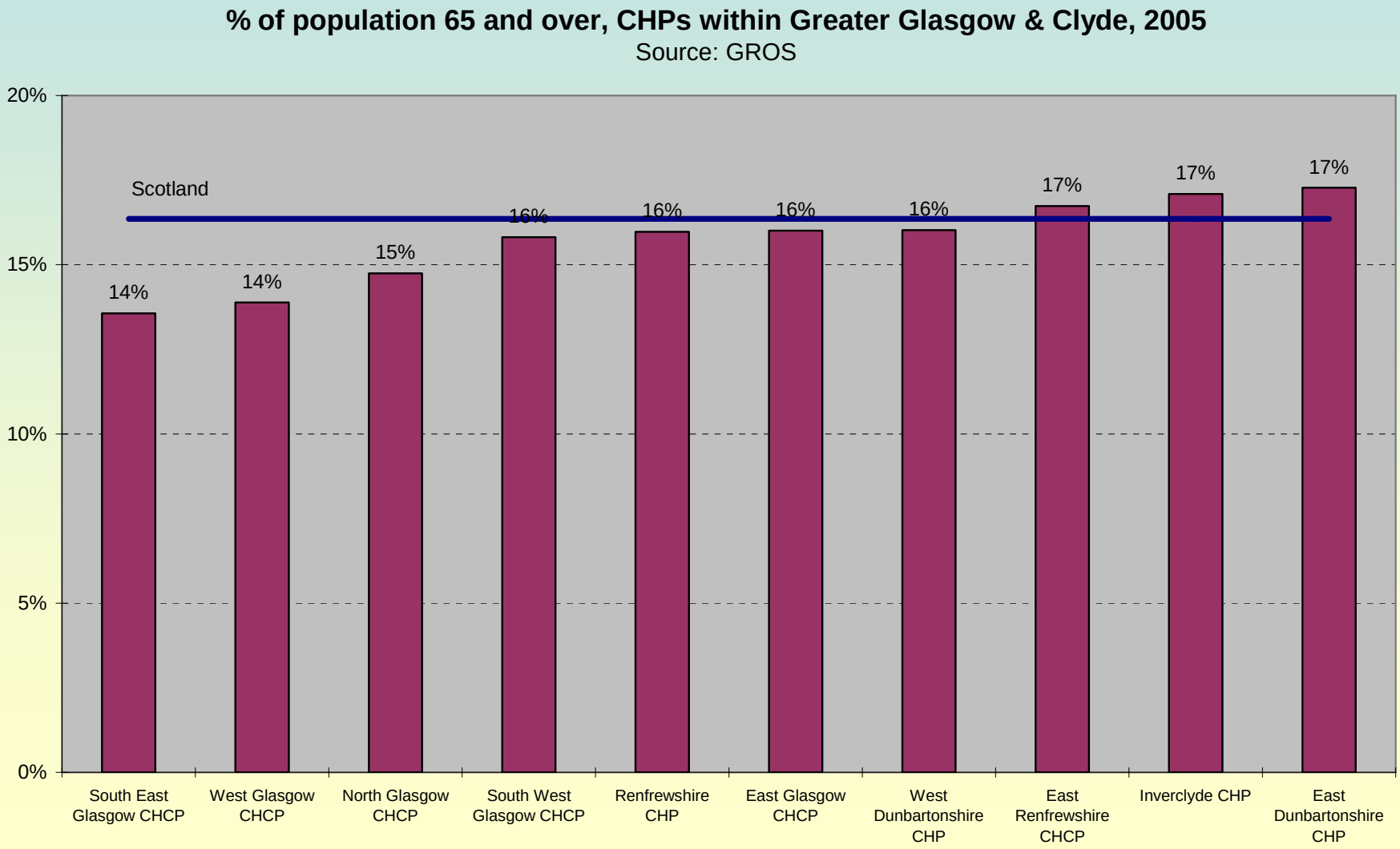
Demography - Adults

% of population 16-64 years, CHPs within Greater Glasgow & Clyde, 2005

Source: GROS



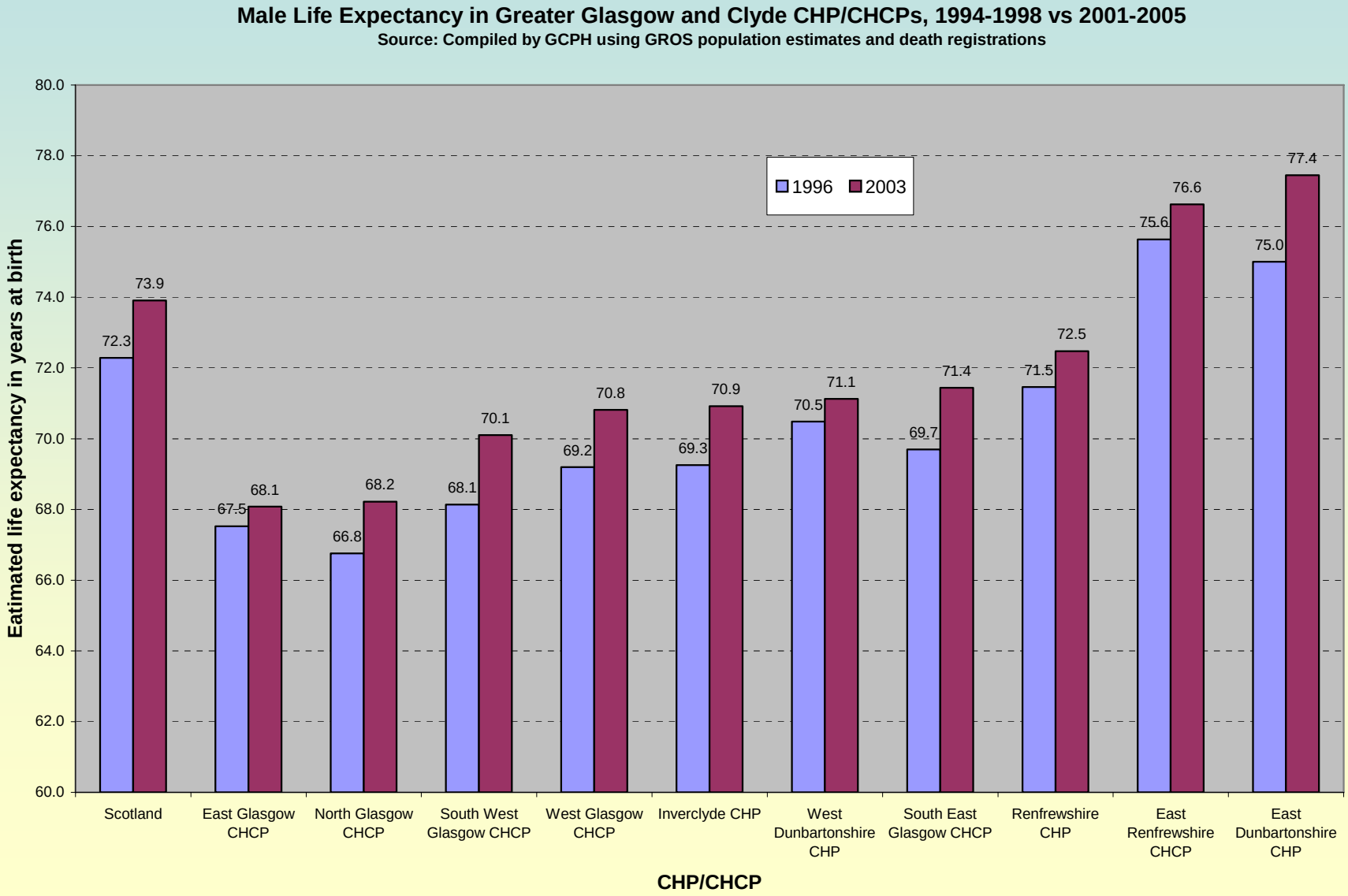
Demography - Elderly



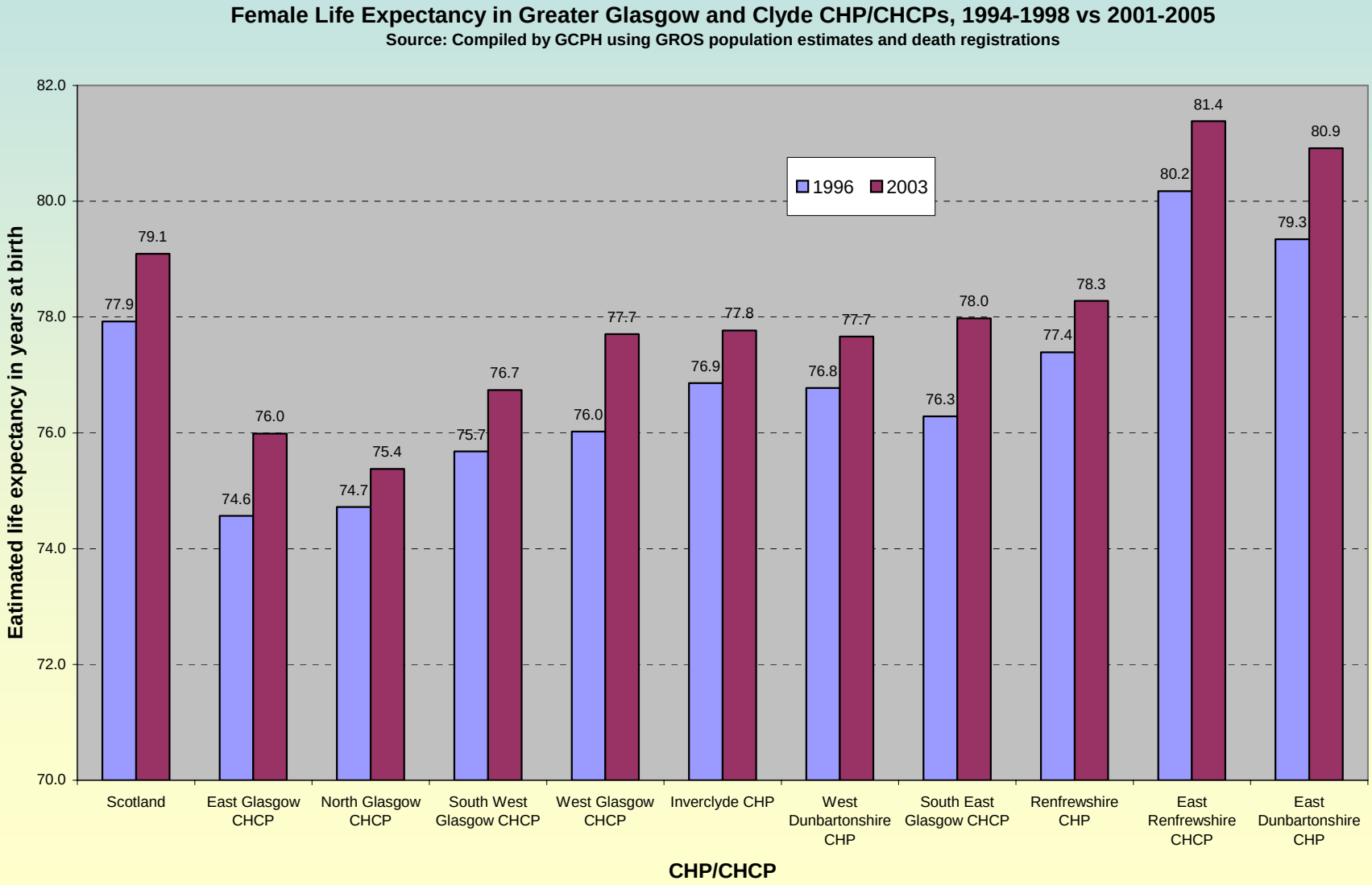
Glasgow Centre for Population Health

Life Expectancy & Mortality

Male Life Expectancy

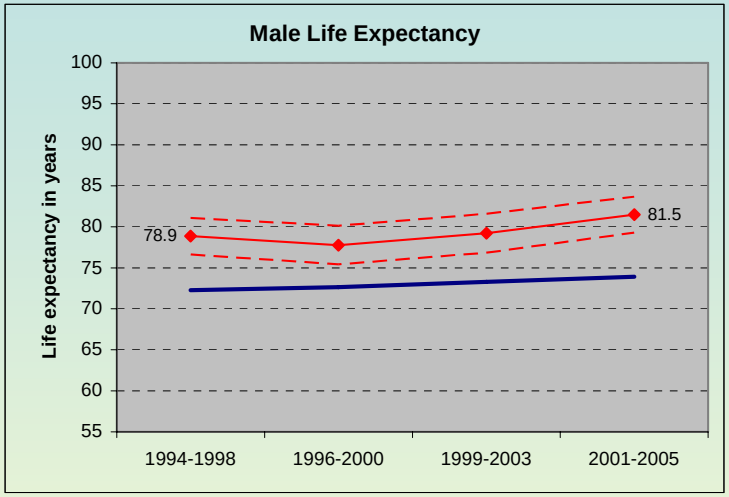


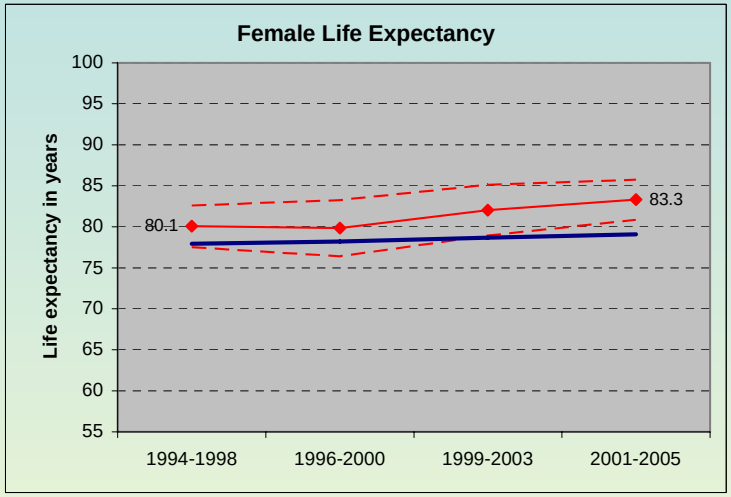
Female Life Expectancy



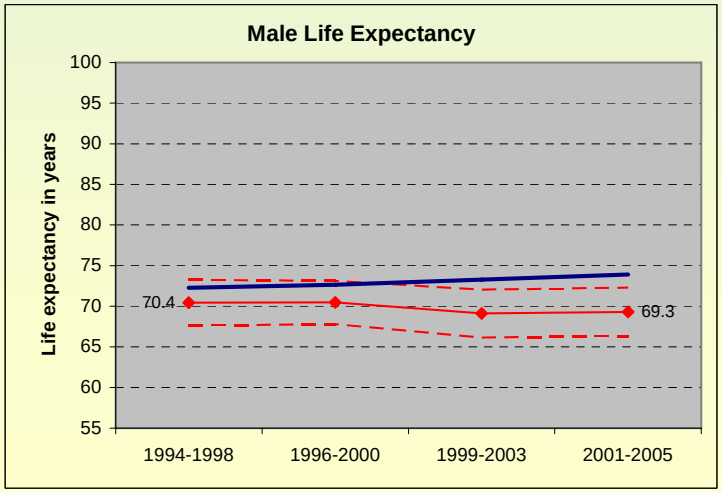
Life Expectancy

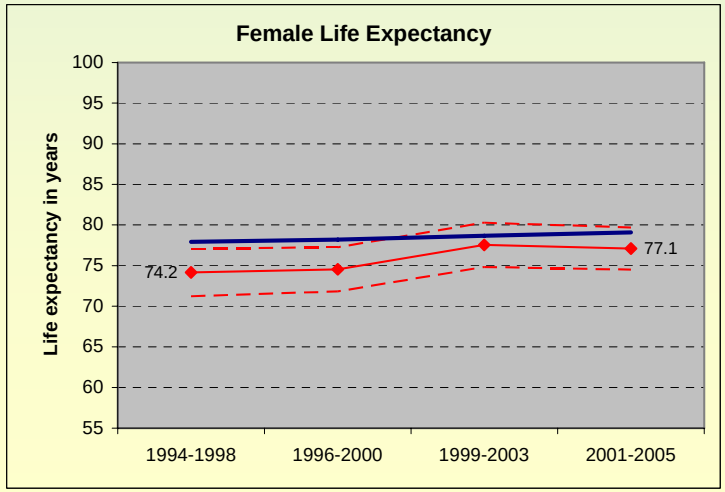
Kilmardinny West





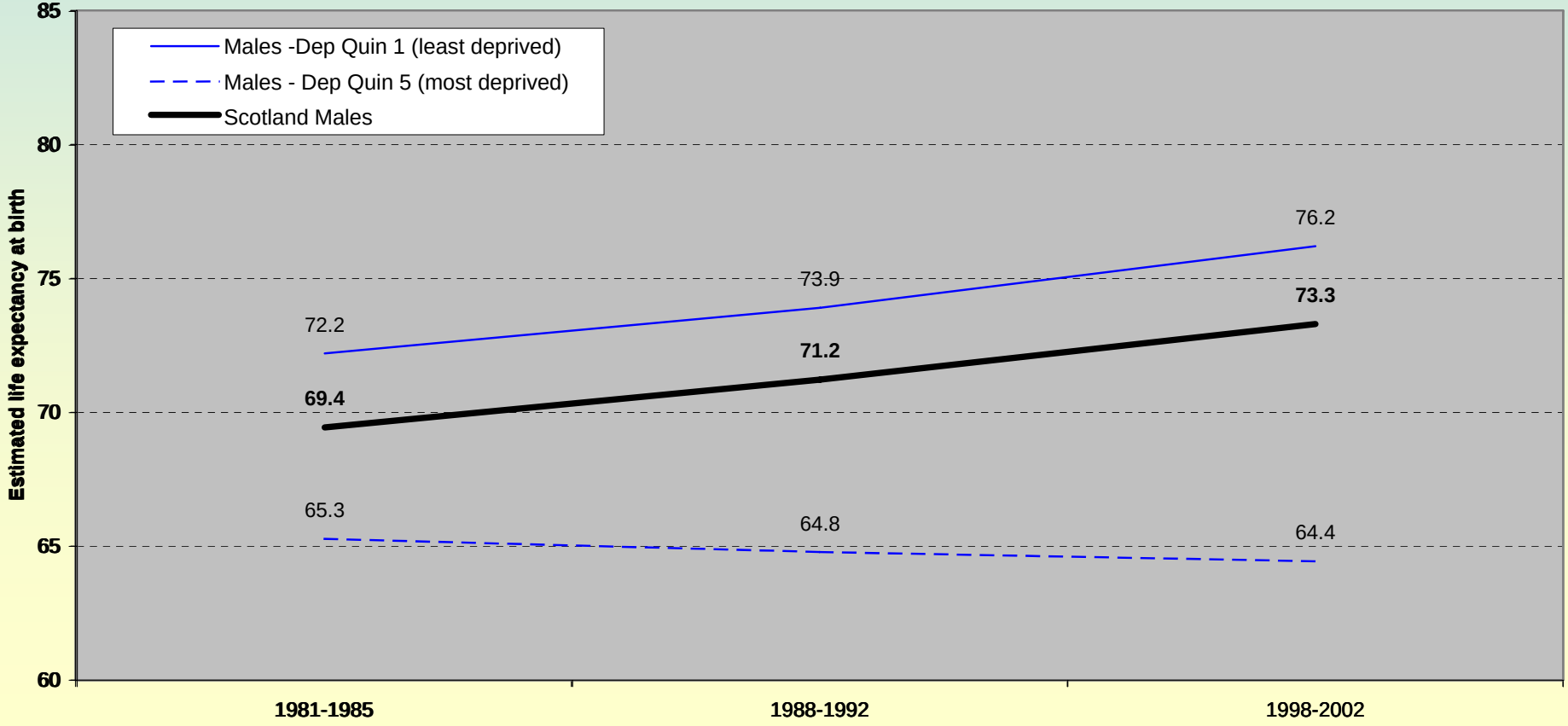
Hillhead, East Dunbartonshire



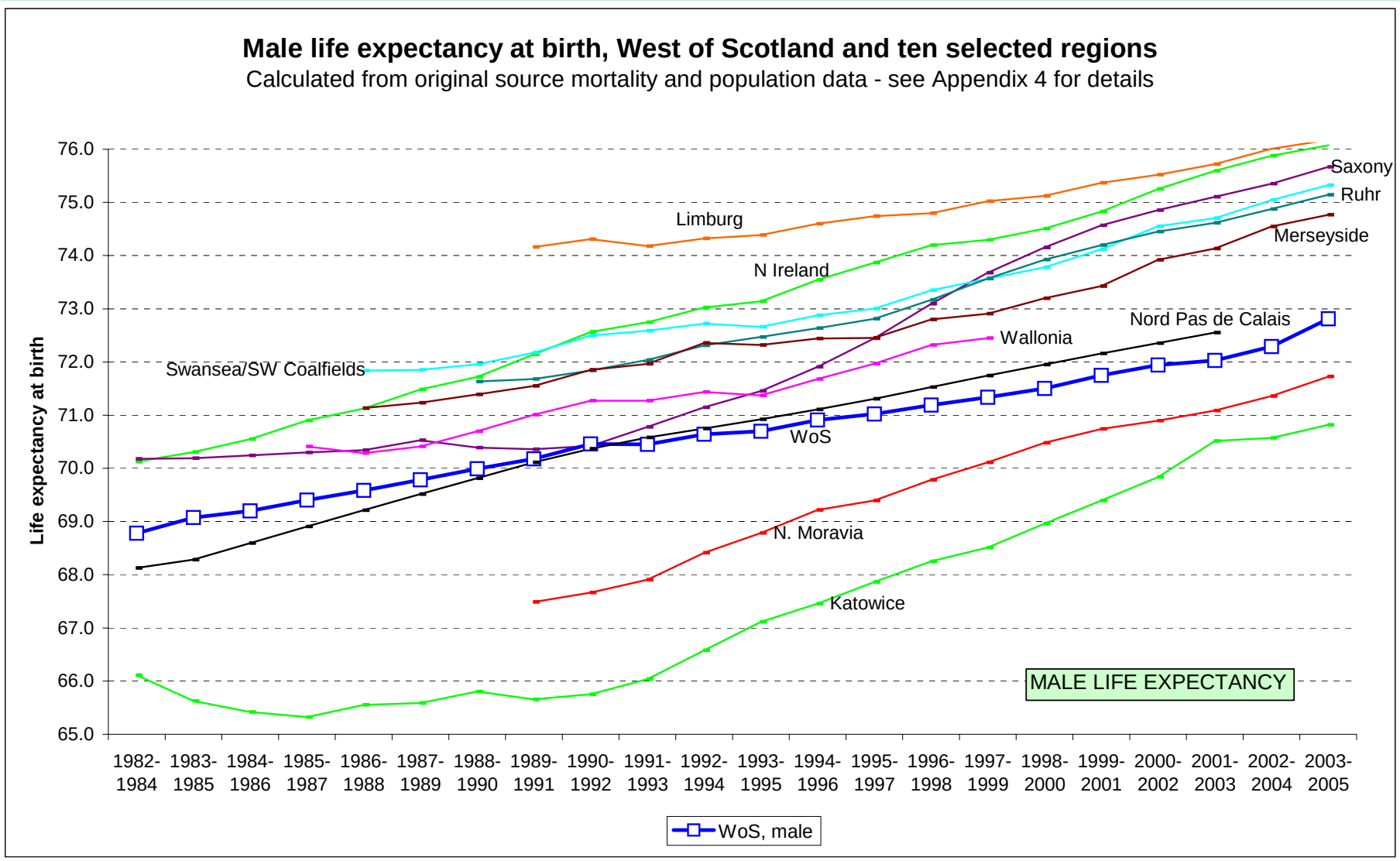


Life expectancy trend by deprivation

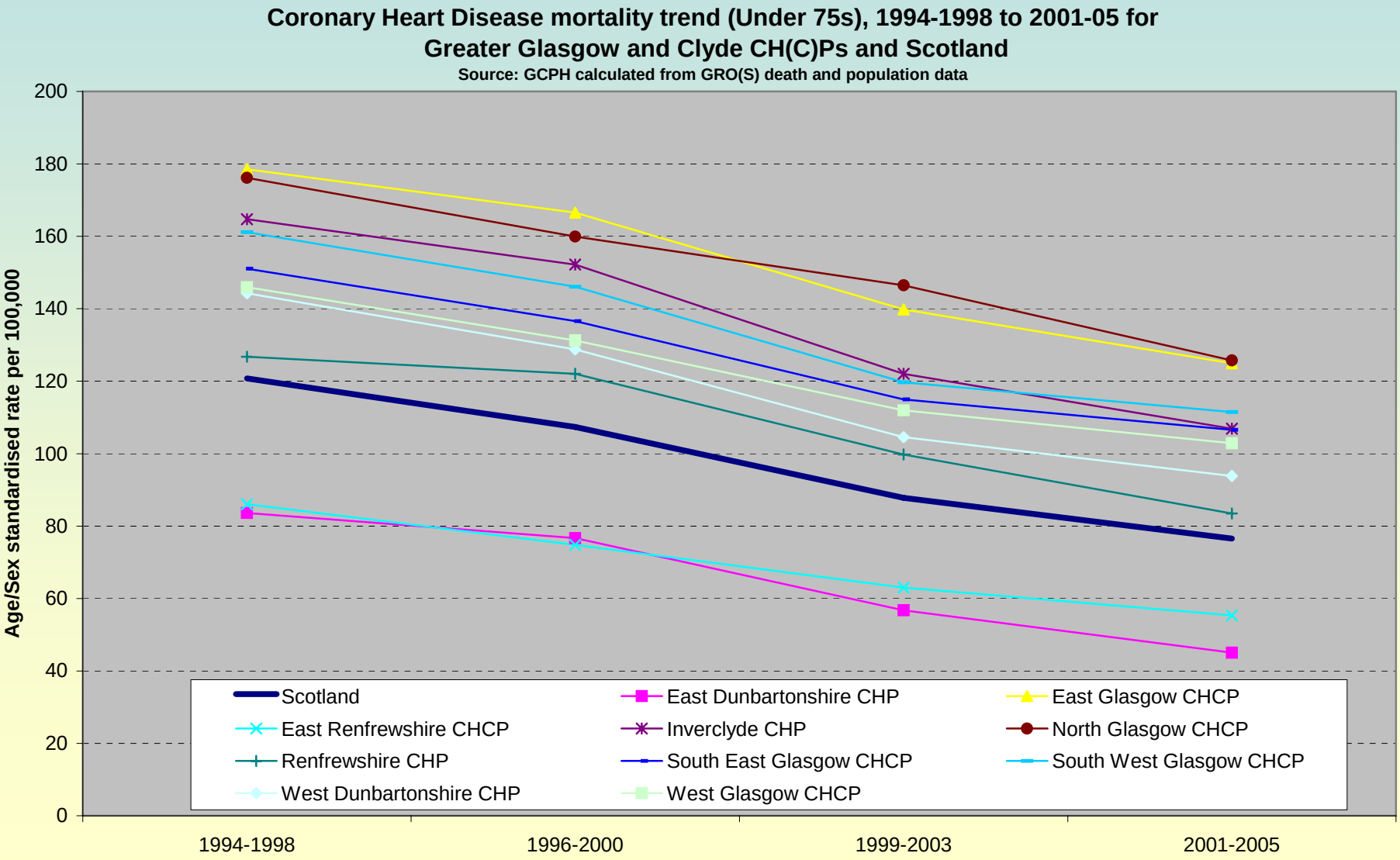
Estimates of male life expectancy, least and most deprived Carstairs quintiles, 1981/85 - 1998/2002 (areas fixed to their deprivation quintile in 1981)
Greater Glasgow
Source: calculated from GROS death registrations and Census data (1981, 1991, 2001)



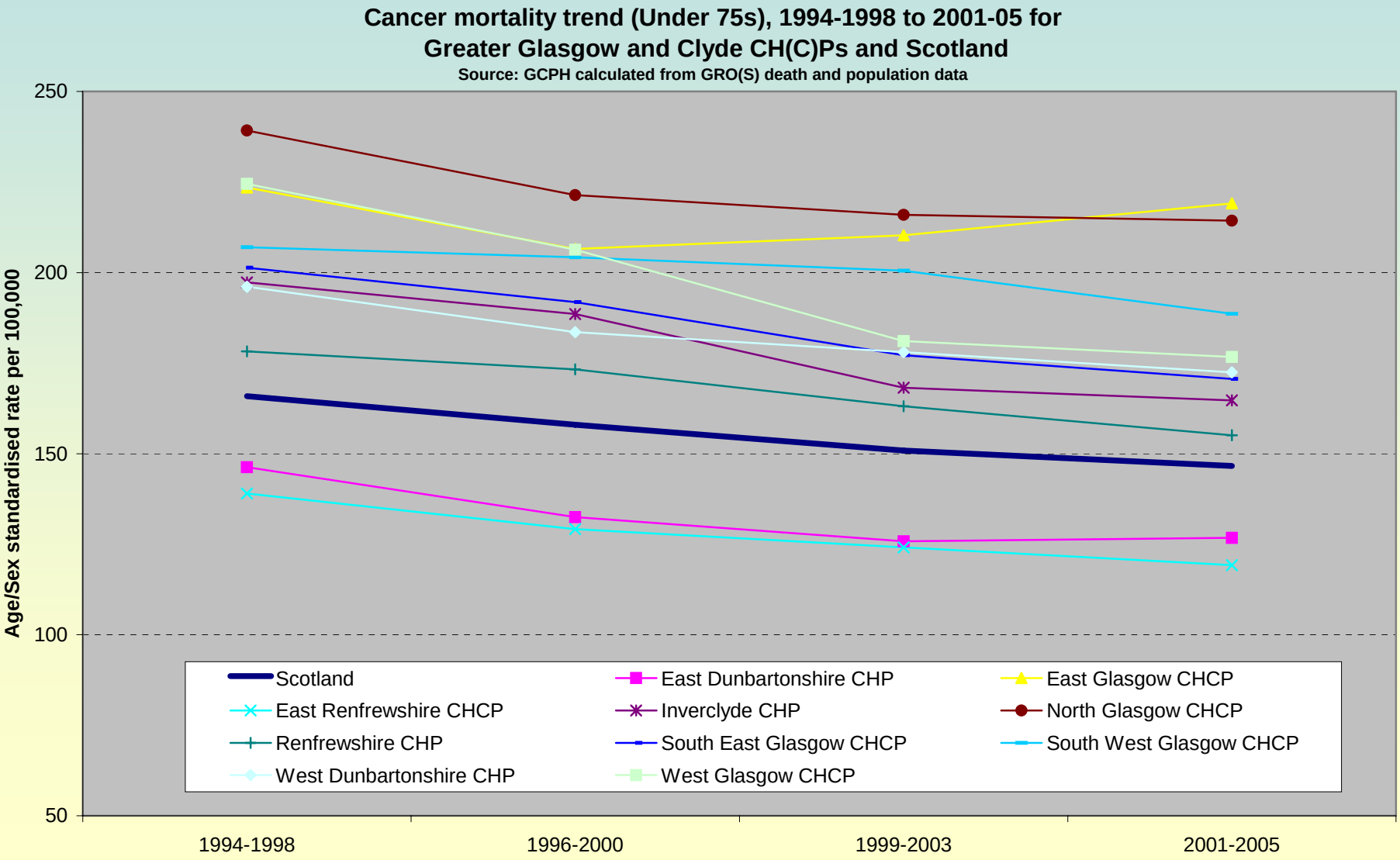
Life Expectancy in European Context



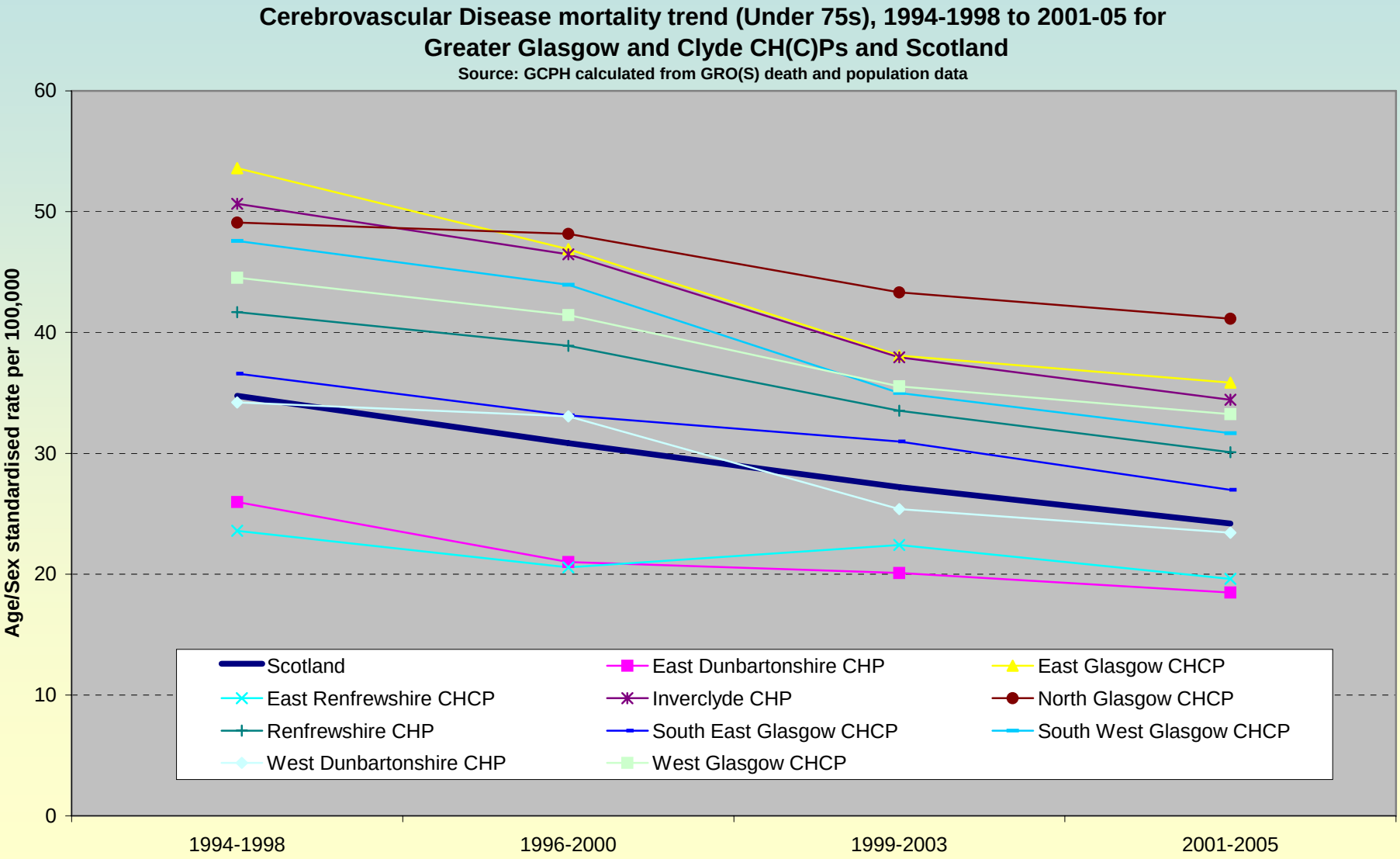
Heart Disease Mortality



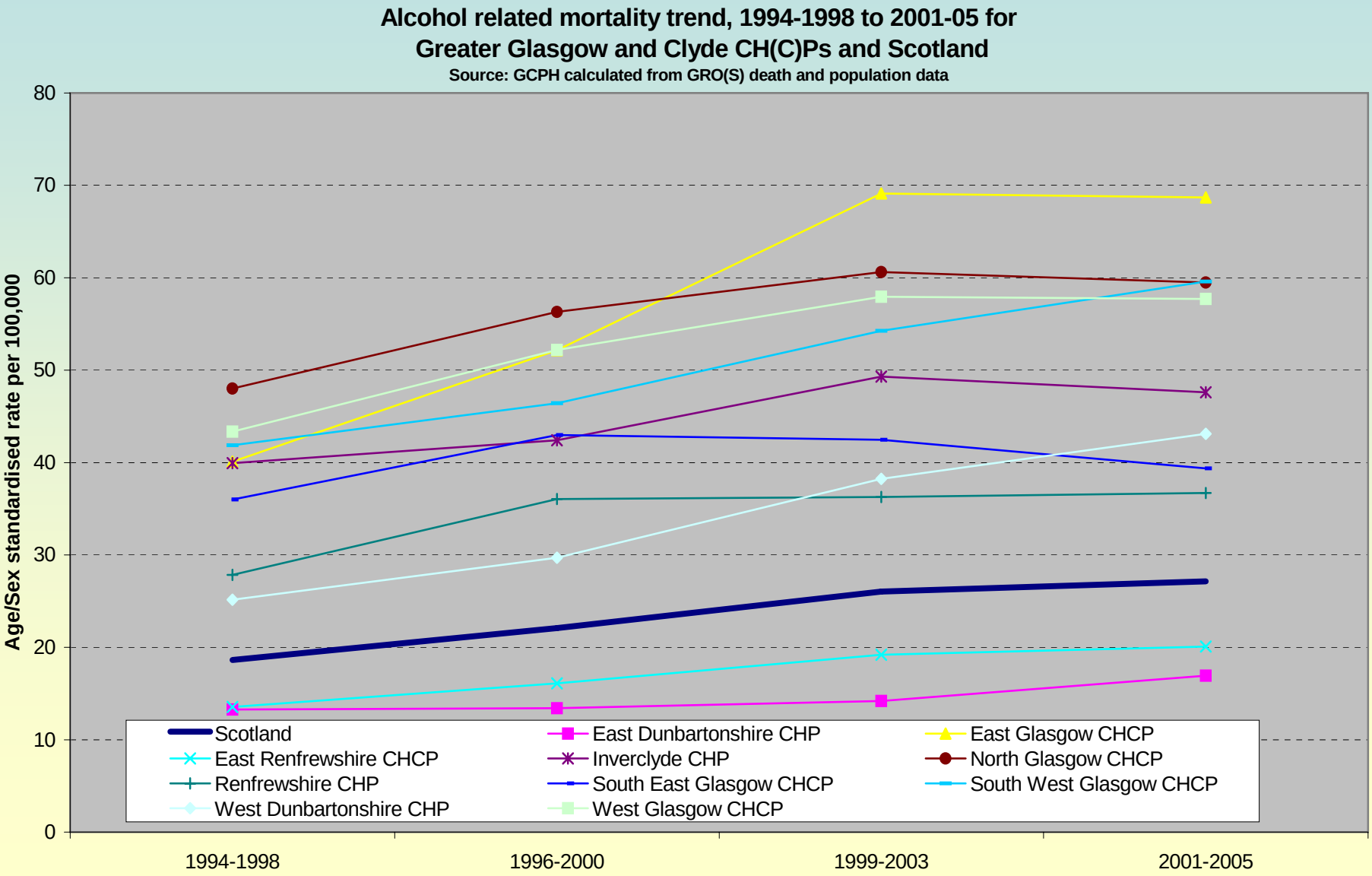
Cancer Mortality



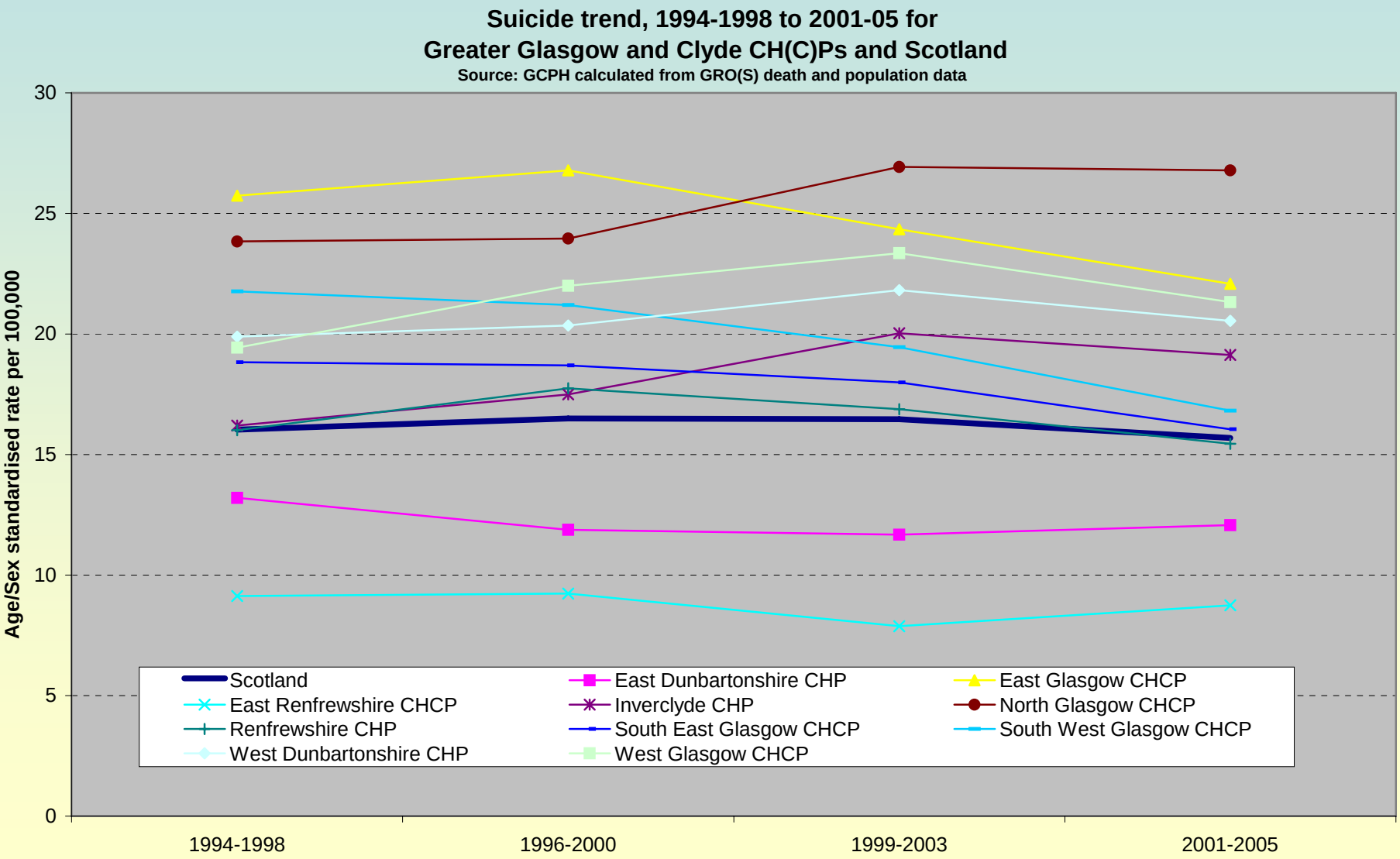
Cerebrovascular Disease Mortality



Alcohol related deaths



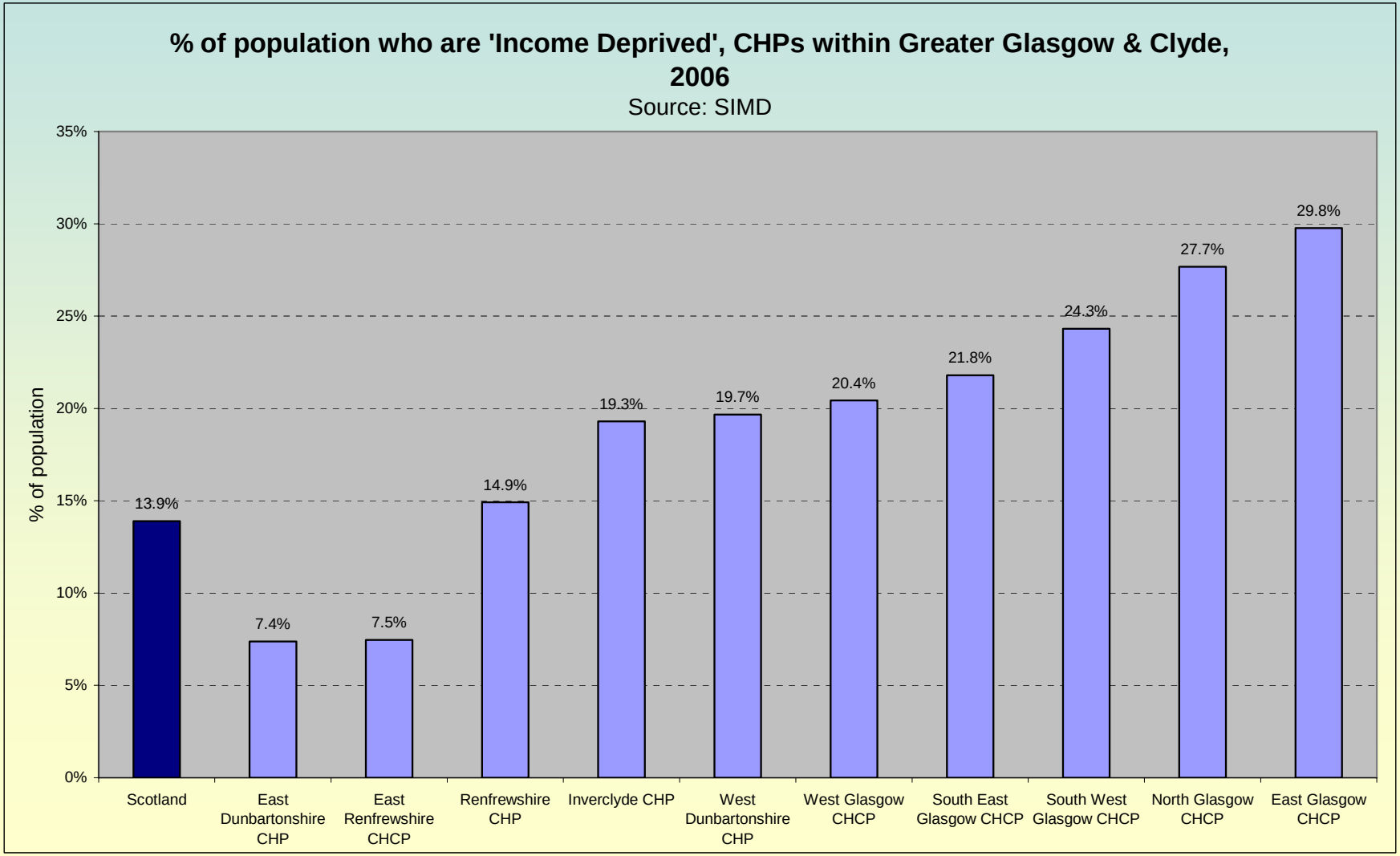
Suicides


Suicide trend, 1994-1998 to 2001-05 for
Greater Glasgow and Clyde CH(C)Ps and Scotland
Source: GCPH calculated from GRO(S) death and population data
Age/Sex standardised rate per 100,000
30
25
20
15
10
5
0
1994-1998
1996-2000
1999-2003
2001-2005
Scotland
East Dunbartonshire CHP
East Glasgow CHCP
East Renfrewshire CHCP
Inverclyde CHP
North Glasgow CHCP
Renfrewshire CHP
South East Glasgow CHCP
South West Glasgow CHCP
West Dunbartonshire CHP
West Glasgow CHCP

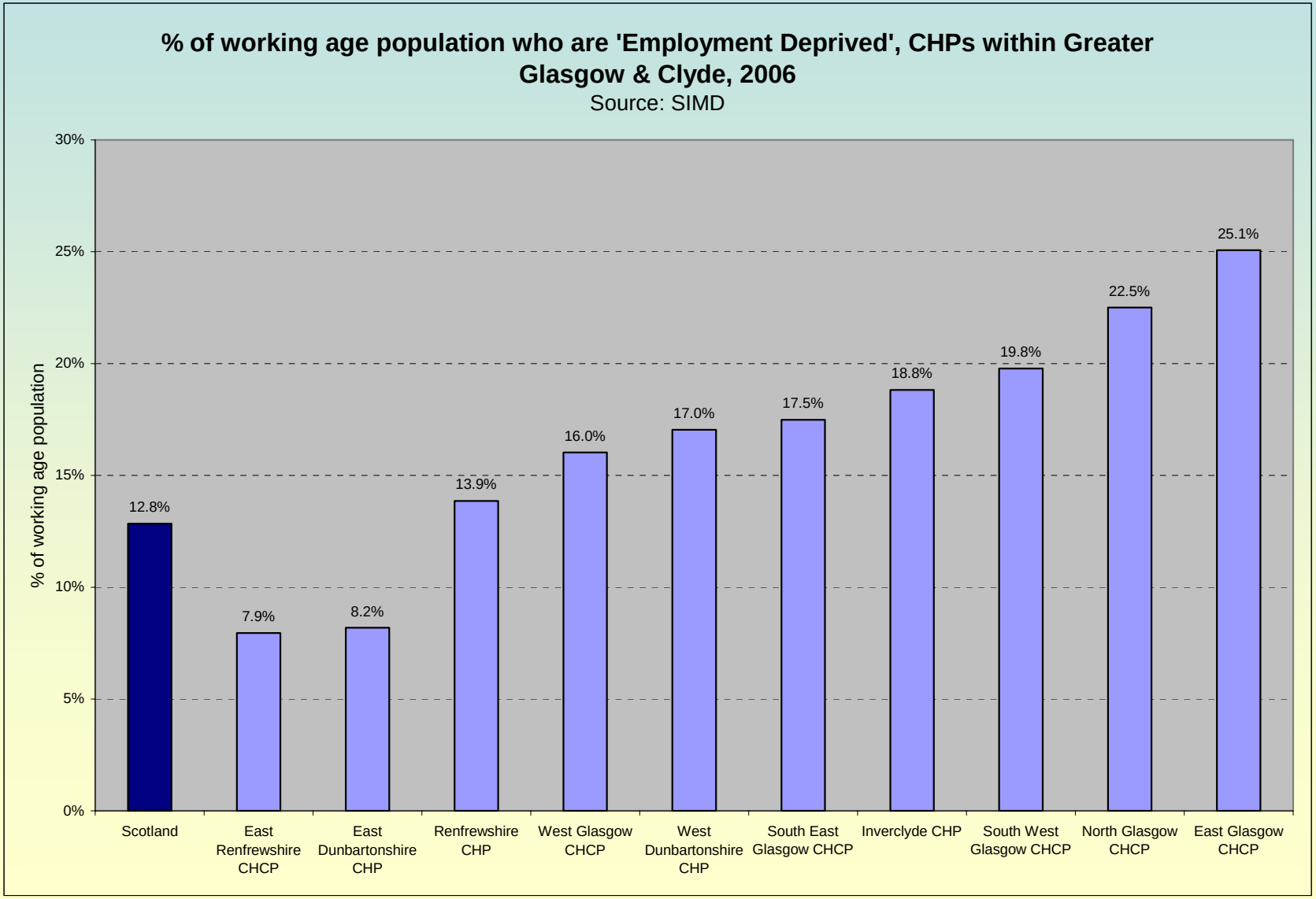
Glasgow Centre for Population Health

Deprivation

Deprivation – Income Deprived



Deprivation – Employment Deprived

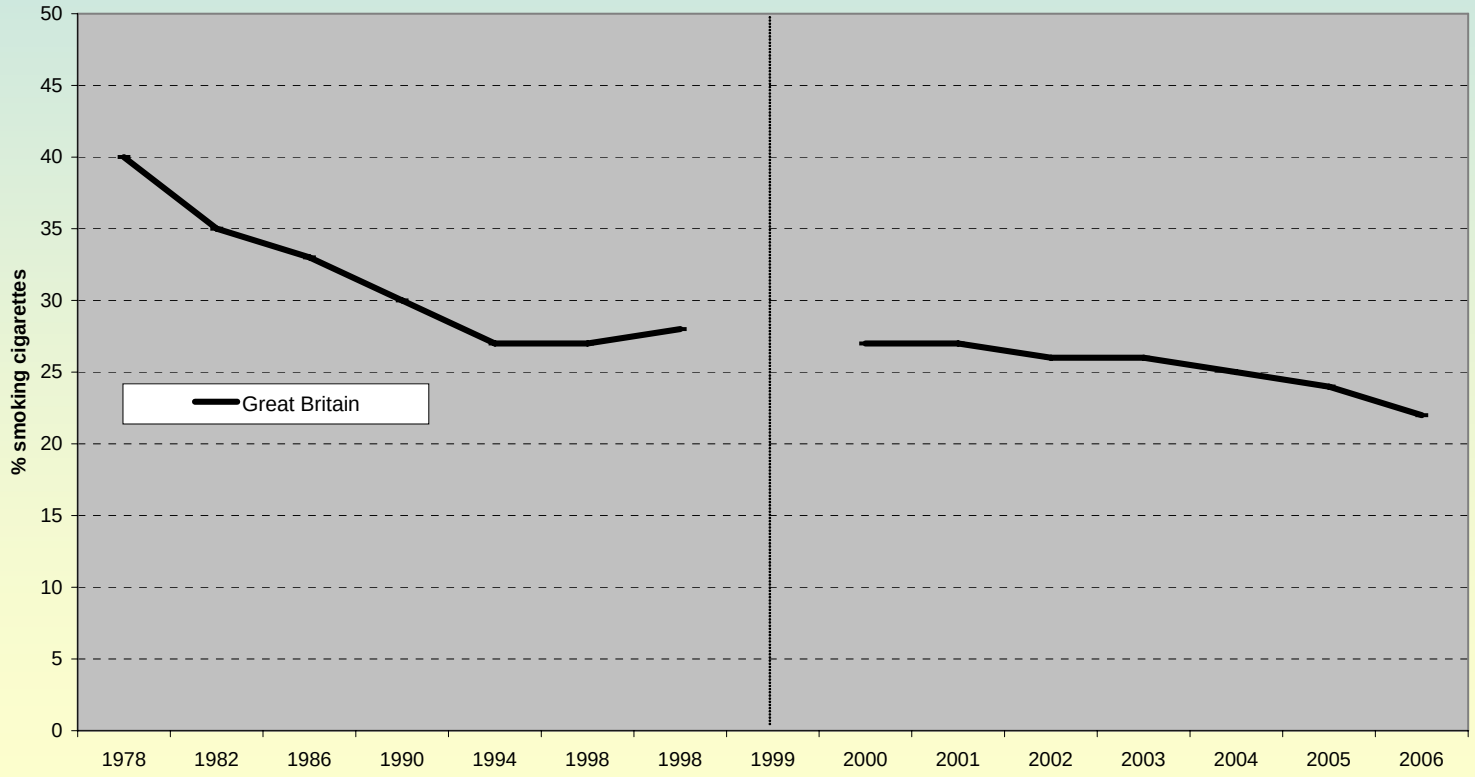


Improvements

Glasgow Centre for Population Health

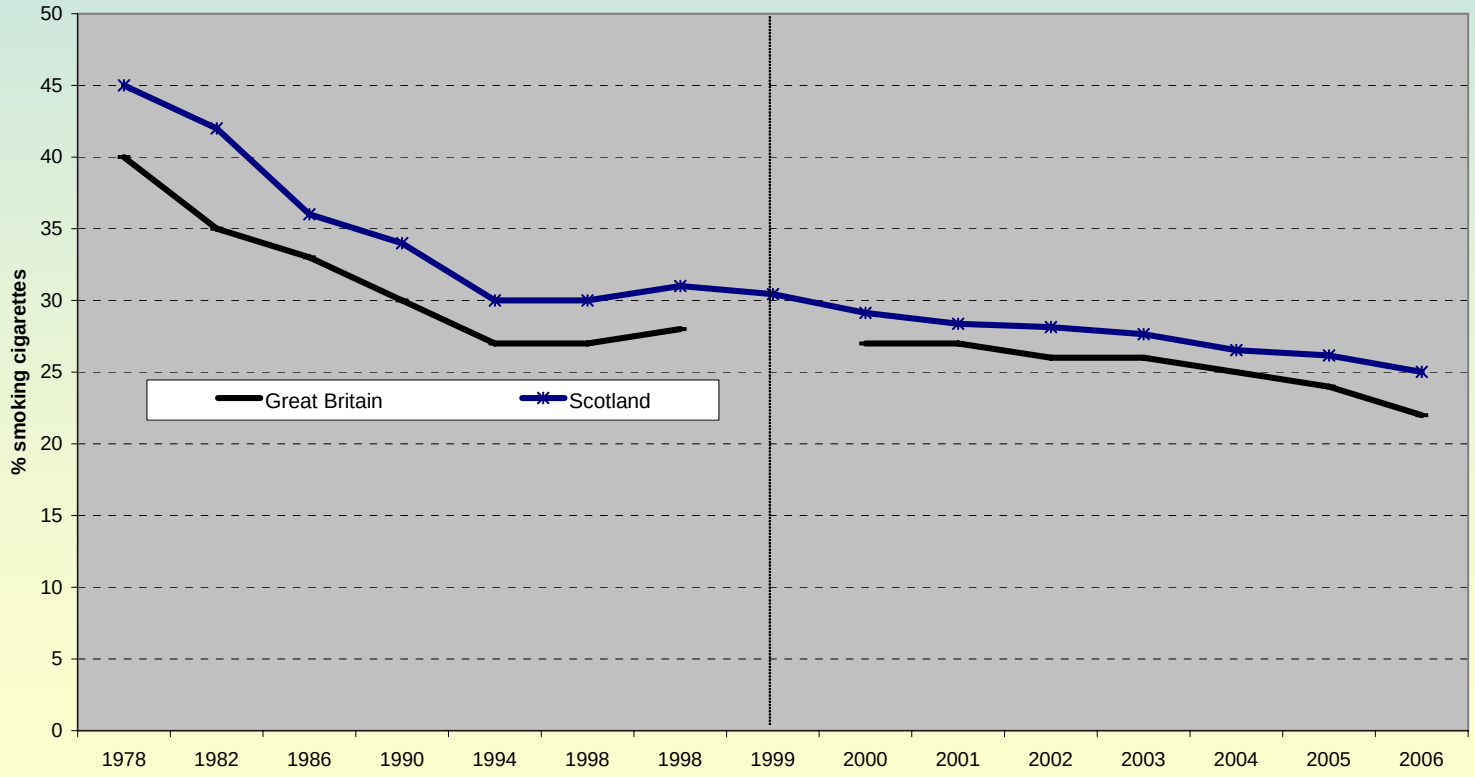
Smoking trends

Prevalence of adult (16+) cigarette smoking, GB, Scotland, Greater Glasgow and Clyde, Glasgow City, 1978 to 2006

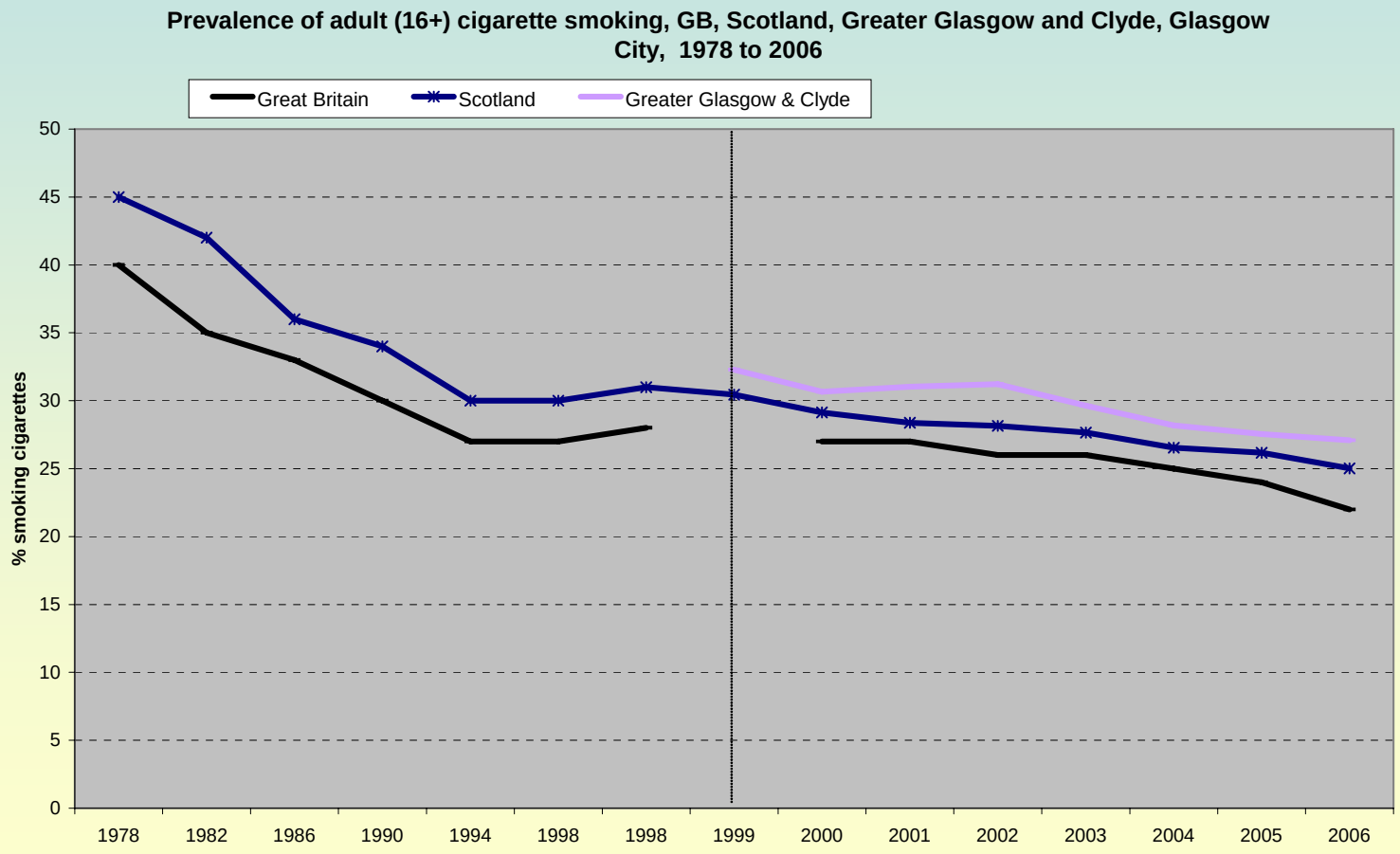


Smoking trends

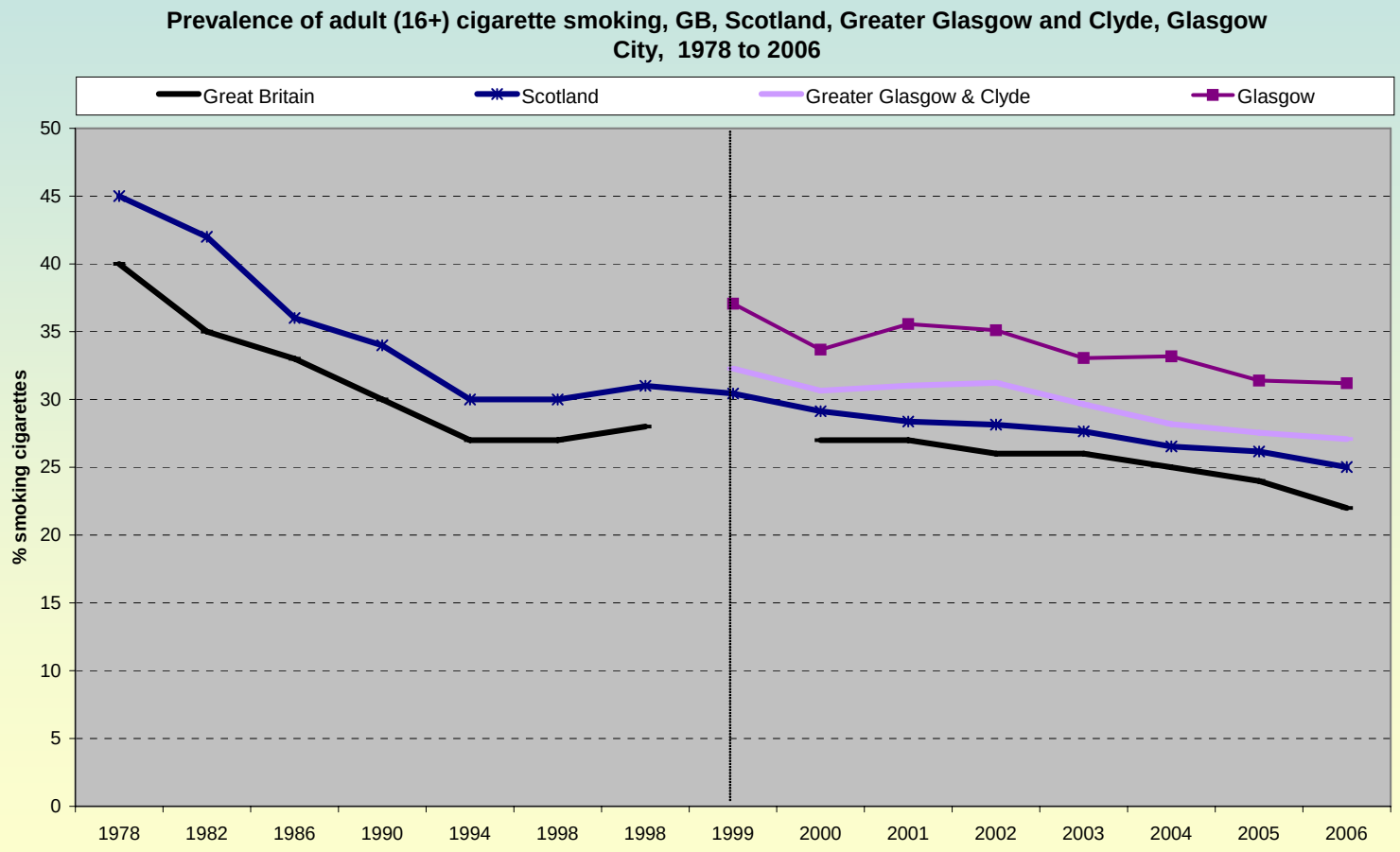
Prevalence of adult (16+) cigarette smoking, GB, Scotland, Greater Glasgow and Clyde, Glasgow City, 1978 to 2006



Smoking trends



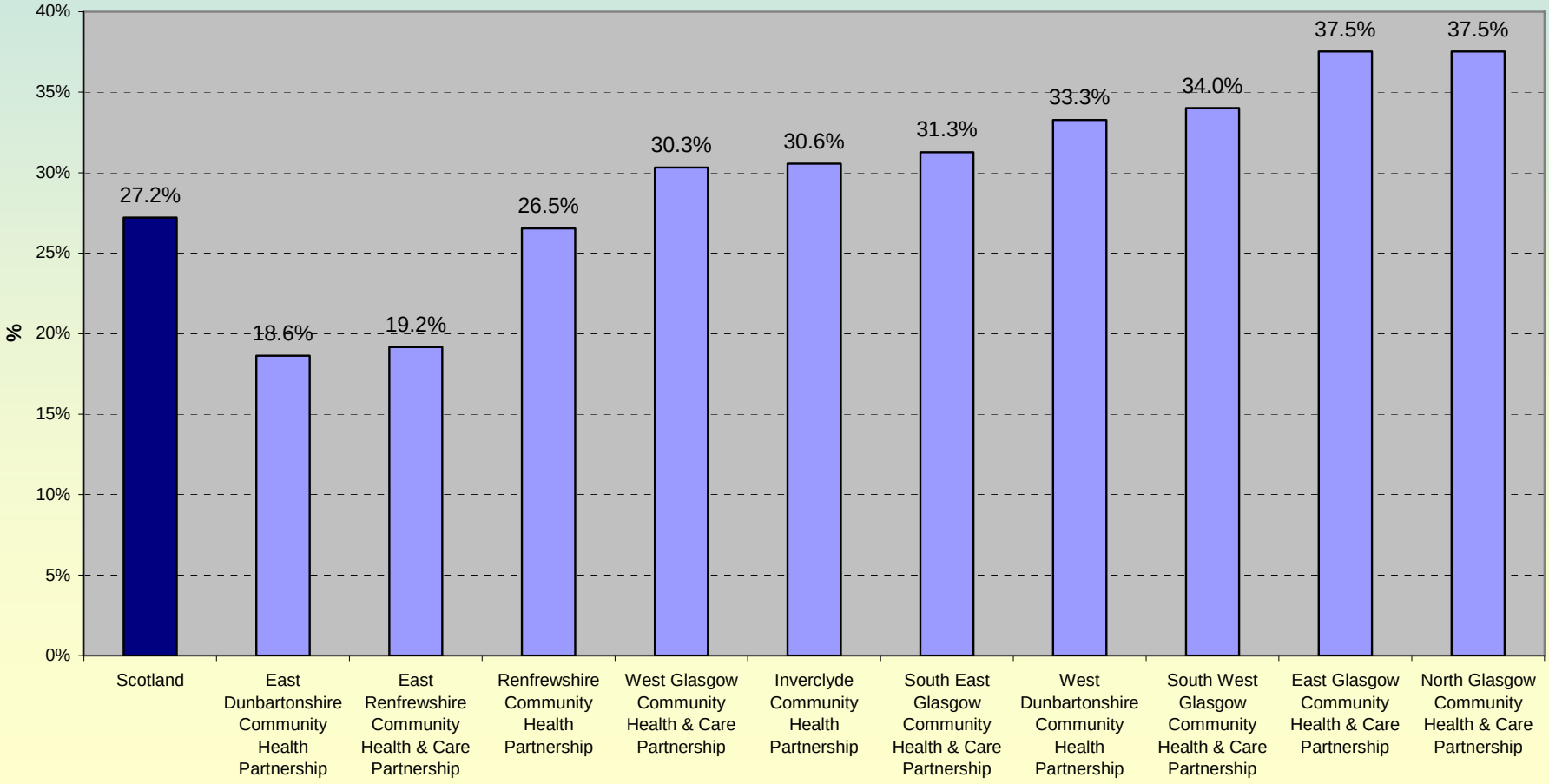
Smoking trends



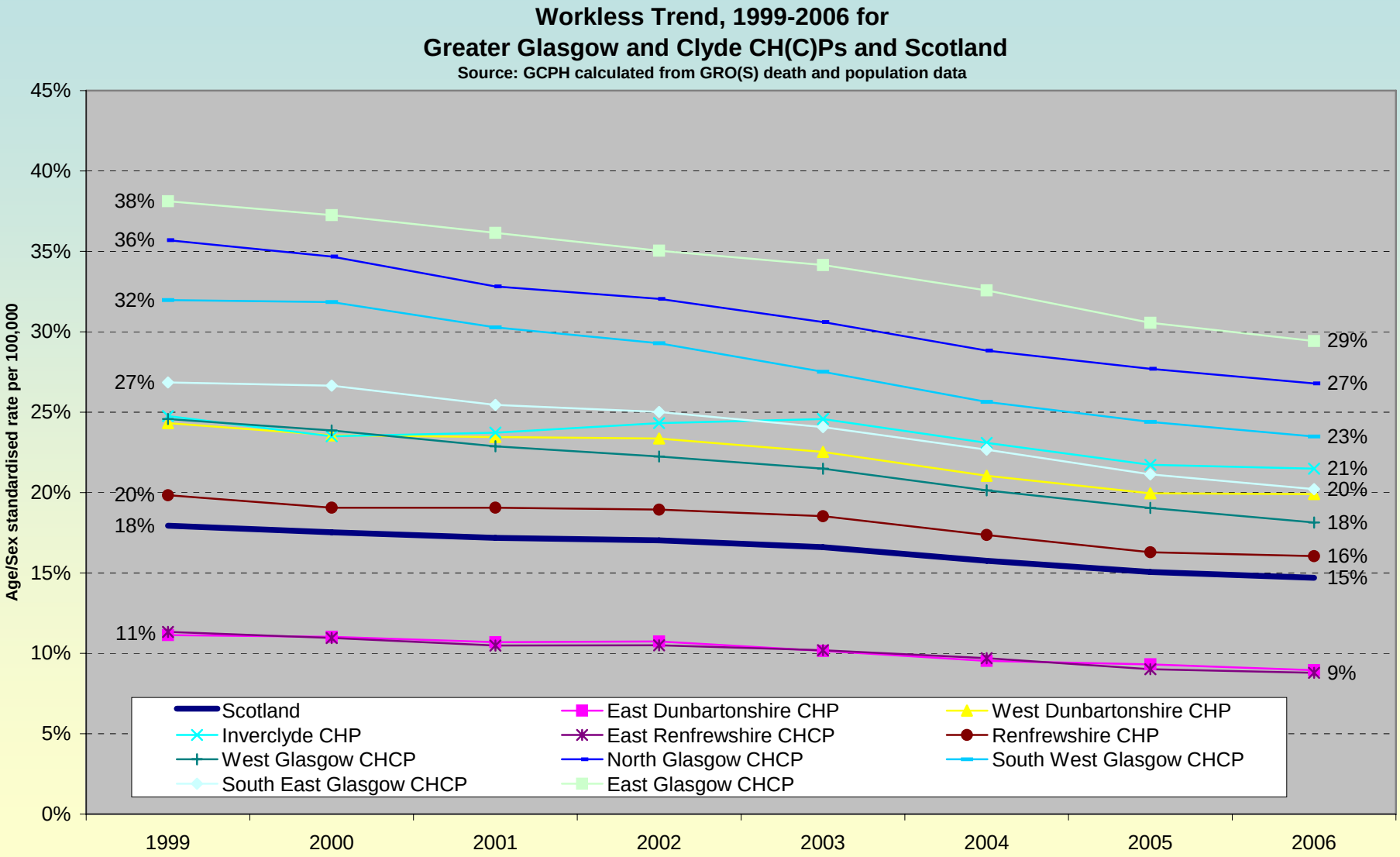
Smoking

Modelled estimates of smoking prevalence based on 2001 Census and 2003/04 Scottish Household Survey, Greater Glasgow and Clyde CHP/CHCPs

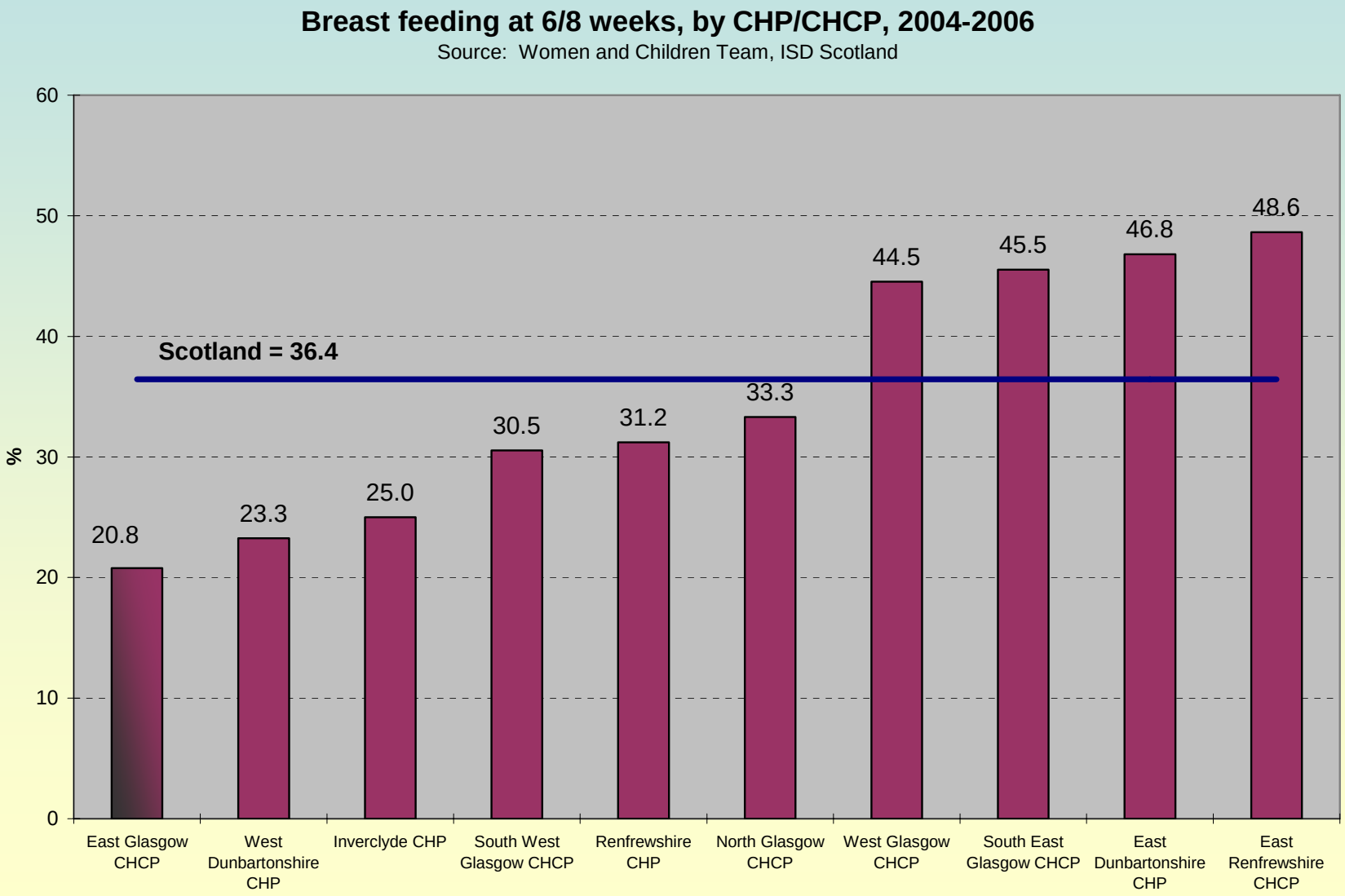
Source: Moon et al for NHS Health Scotland



Workless

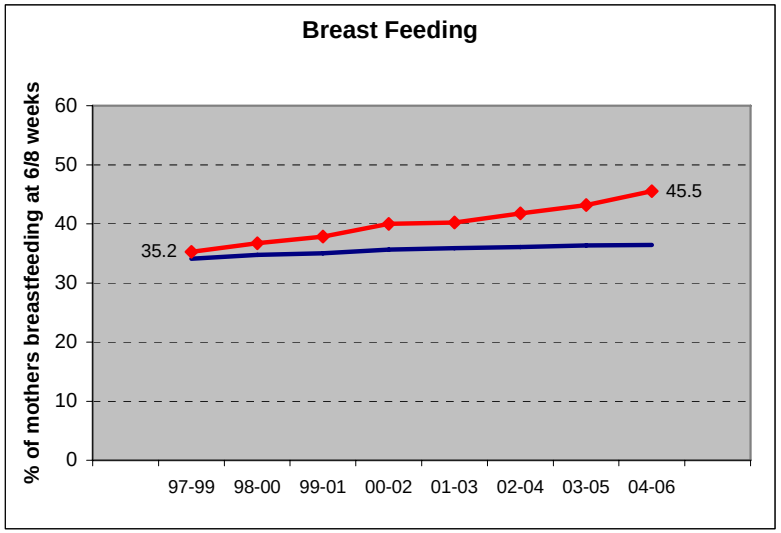

Workless Trend, 1999-2006 for
Greater Glasgow and Clyde CH(C)Ps and Scotland
Source: GCPH calculated from GRO(S) death and population data
Age/Sex standardised rate per 100,000
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
1999
2000
2001
2002
2003
2004
2005
2006
38%
36%
32%
27%
20%
18%
11%
29%
27%
23%
21%
20%
18%
16%
15%
9%
Scotland
East Dunbartonshire CHP
West Dunbartonshire CHP
Inverclyde CHP
East Renfrewshire CHCP
Renfrewshire CHP
West Glasgow CHCP
North Glasgow CHCP
South West Glasgow CHCP
South East Glasgow CHCP
East Glasgow CHCP

Breast feeding by CHP/CHCP

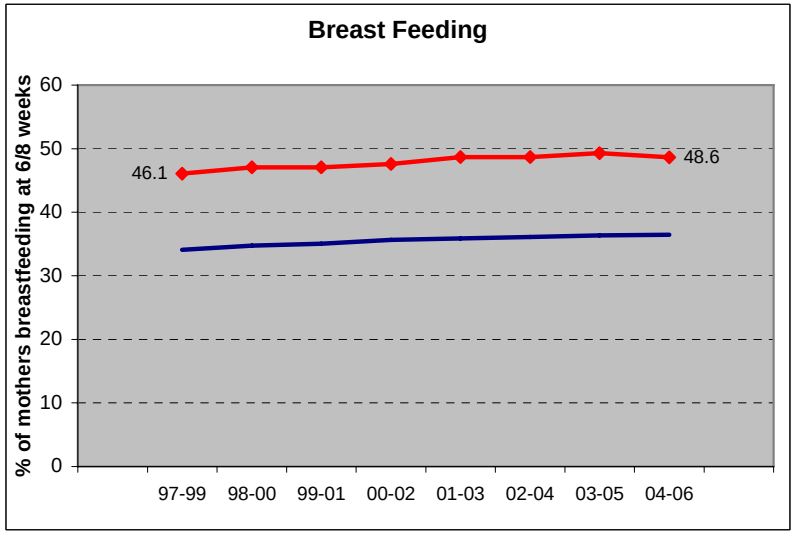


Breast feeding trends

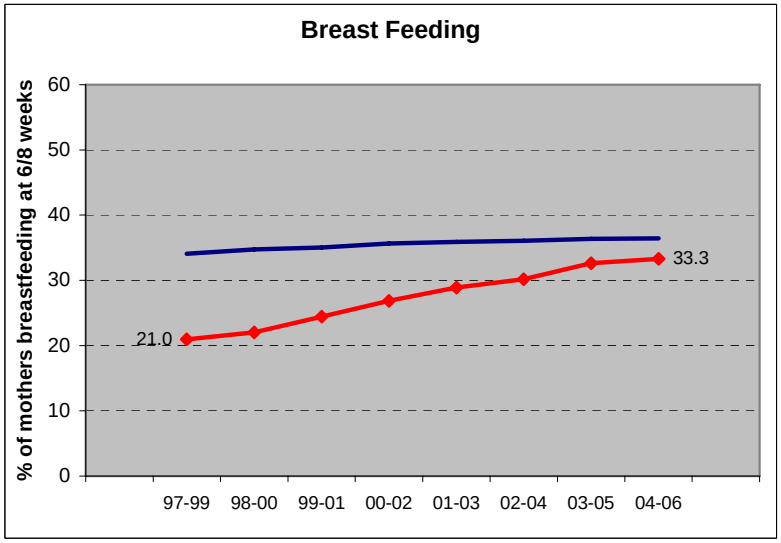
South East Glasgow



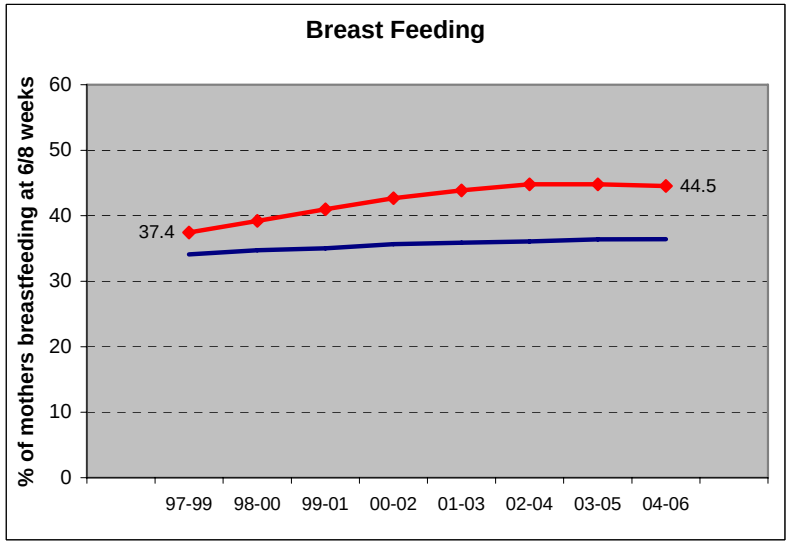
East Renfrewshire



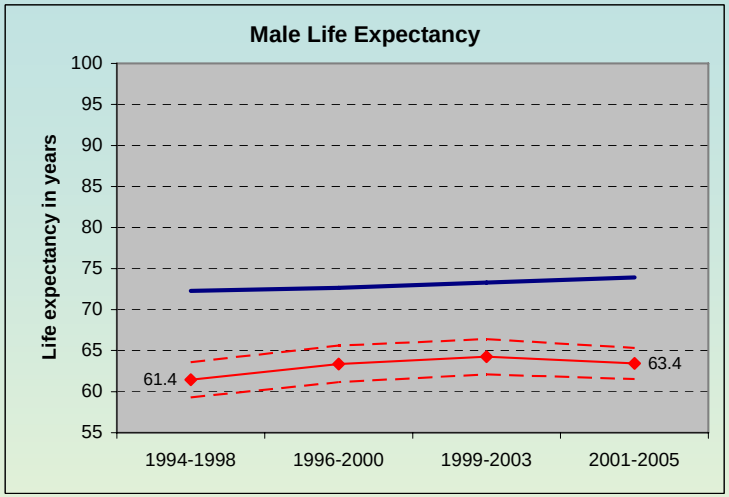
North Glasgow

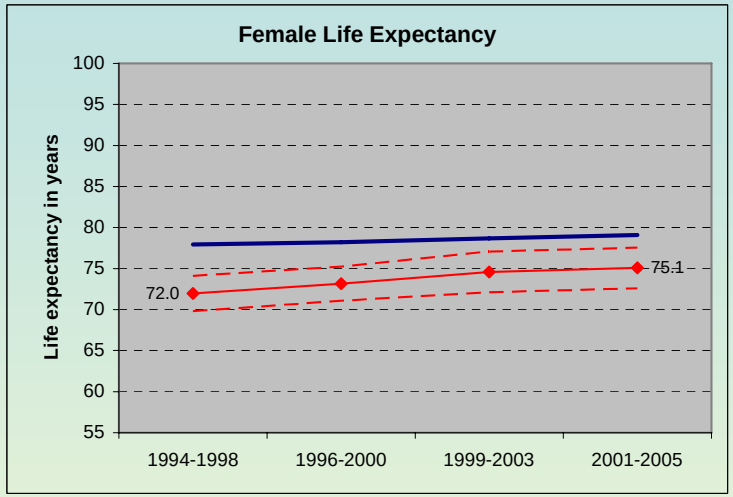


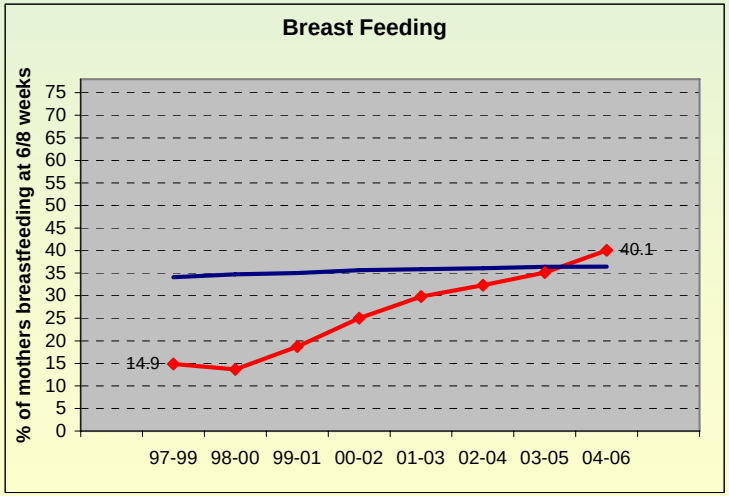
West Glasgow

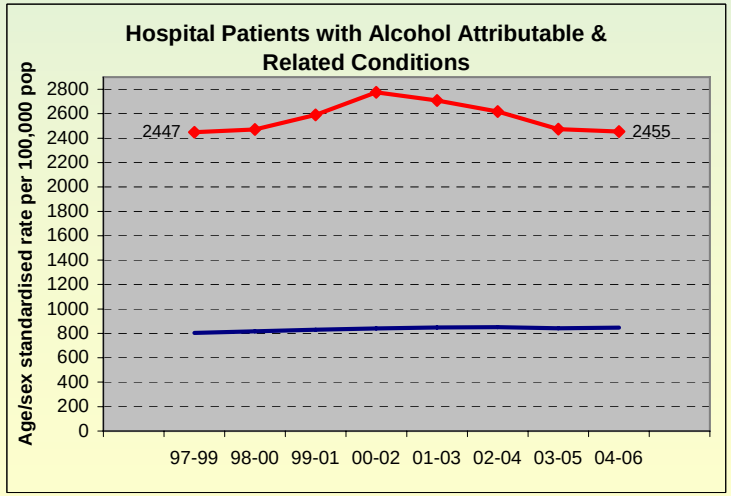


Greater Gorbals







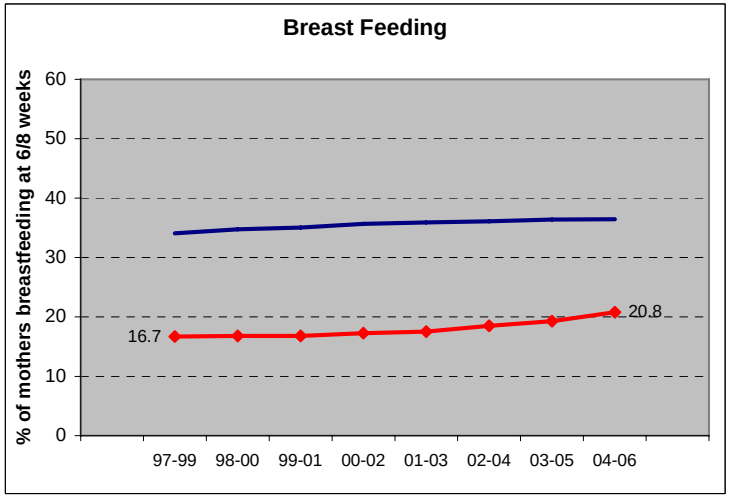


No real improvement

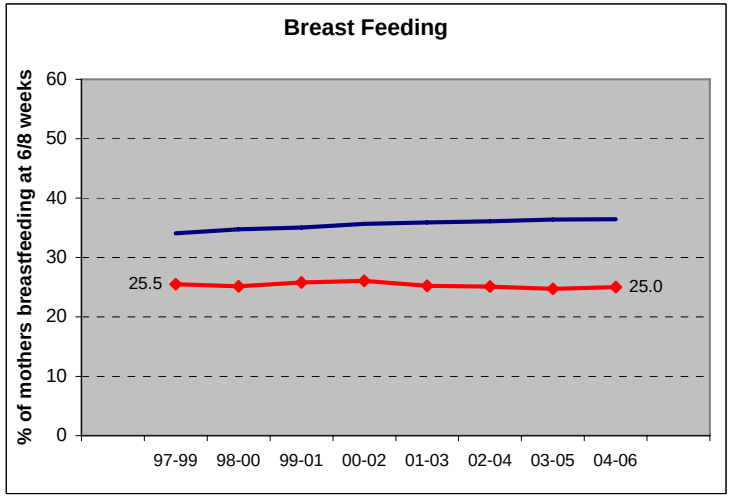
Glasgow Centre for Population Health

Breast feeding trends

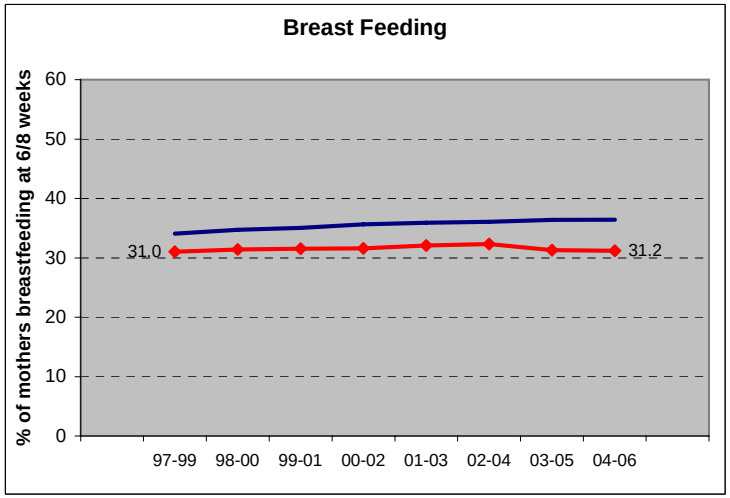
East Glasgow



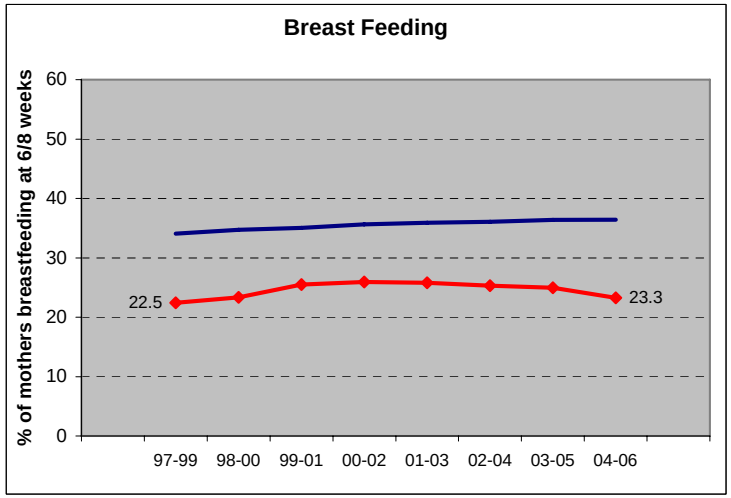
Inverclyde



Renfrewshire



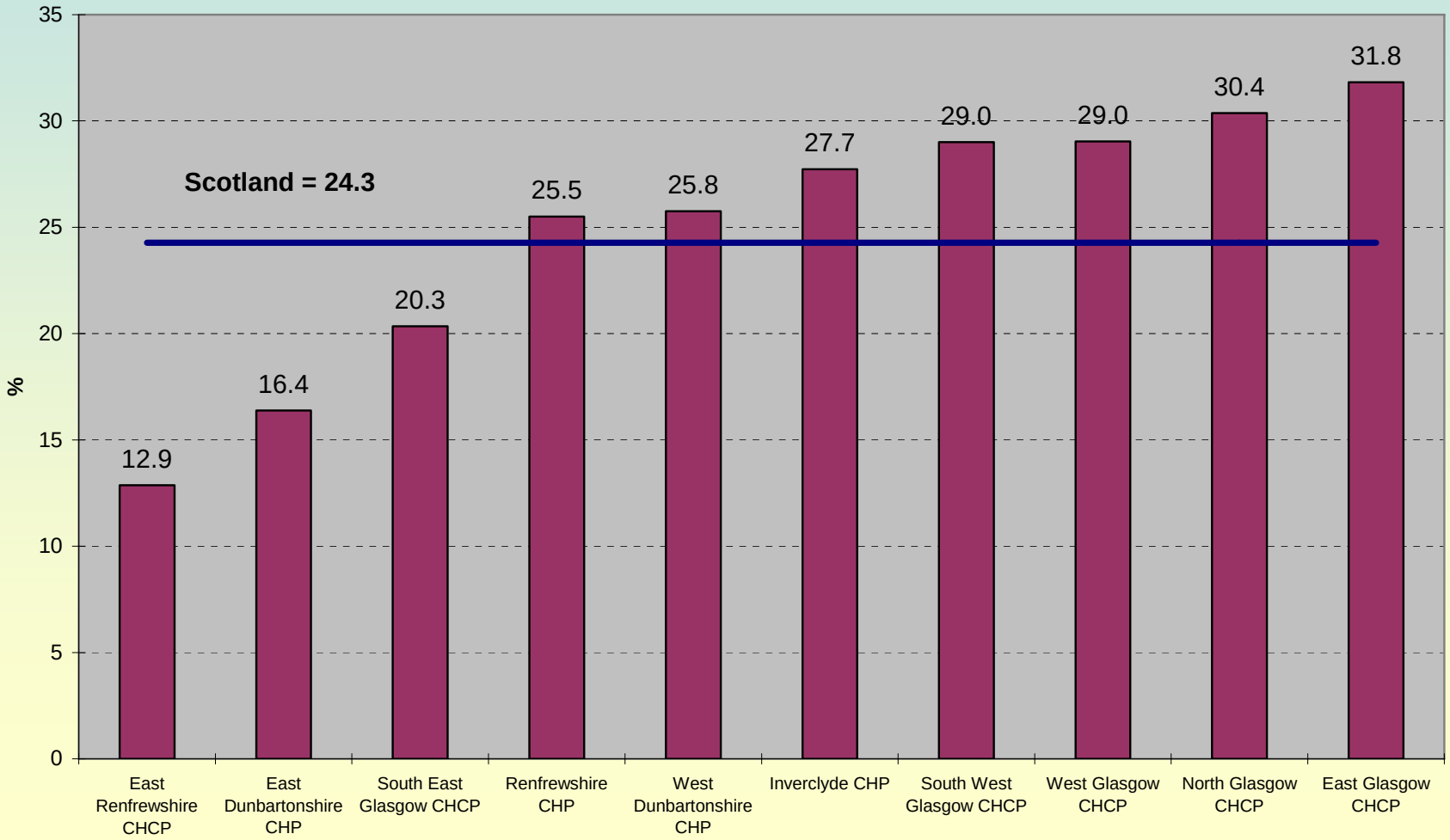
West Dunbartonshire



Smoking in Pregnancy

Smoking at booking, 2002-2004, Greater Glasgow and Clyde CH(C)Ps and Scotland

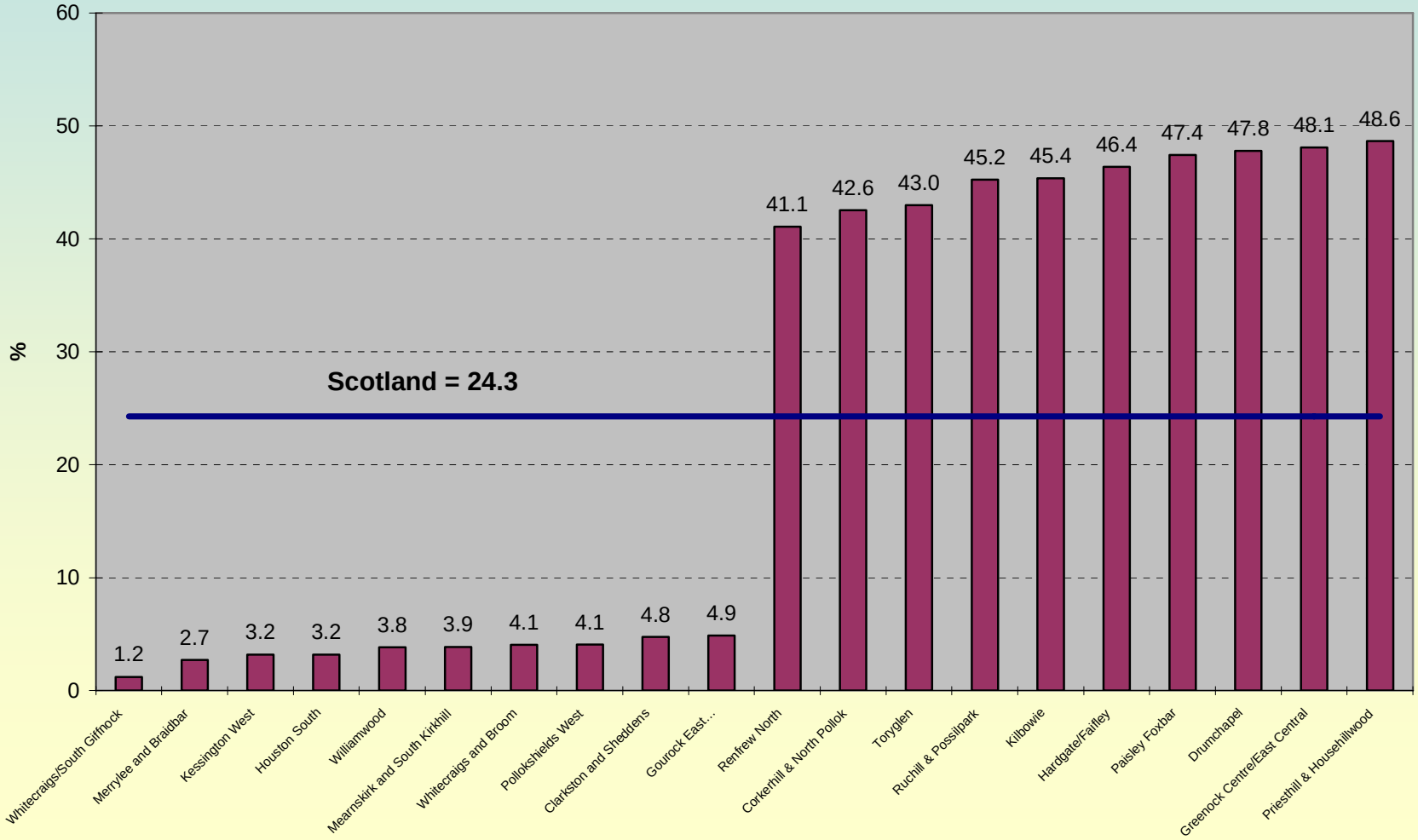
Source: Women and Children Team, ISD Scotland



Smoking in Pregnancy

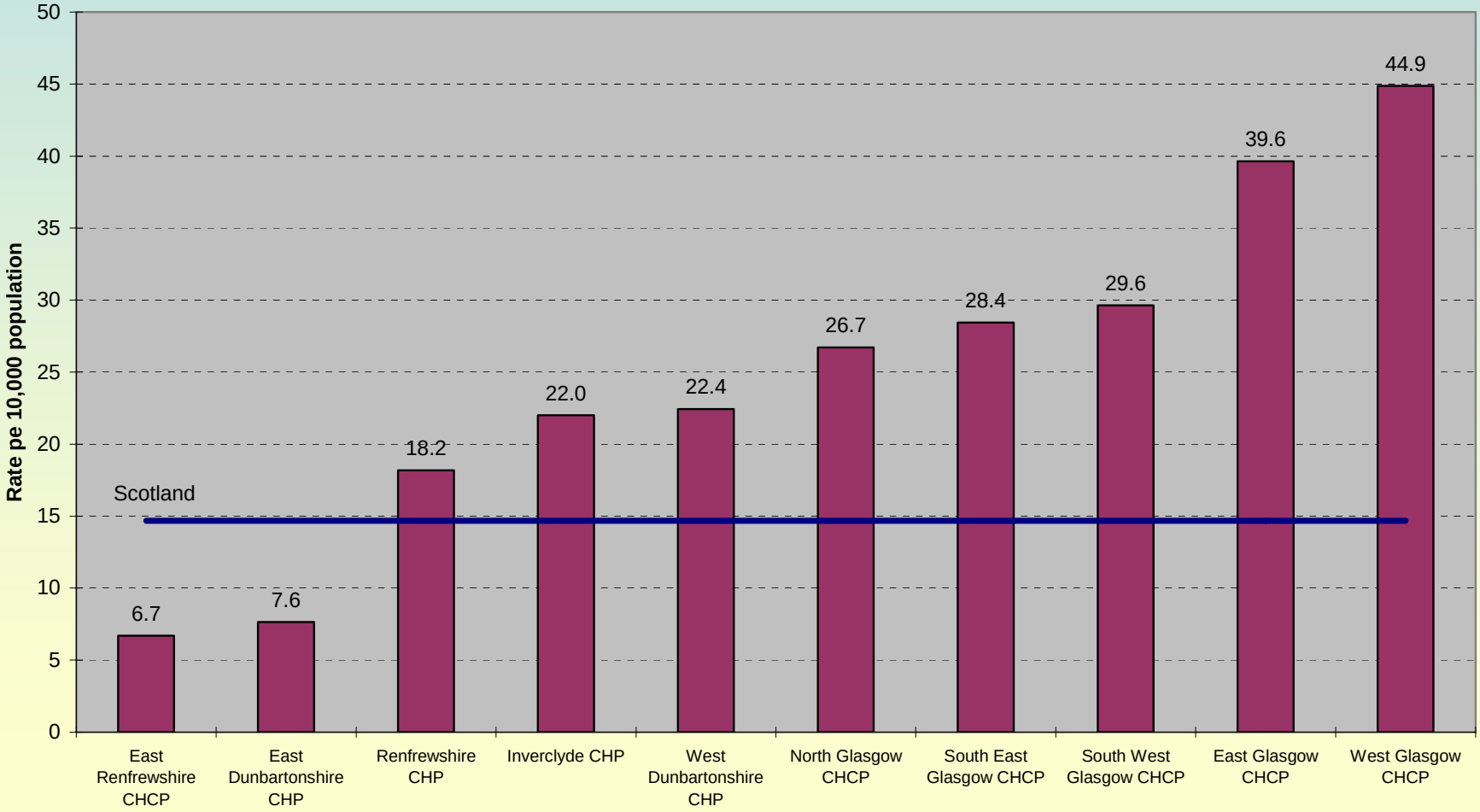
Smoking at booking, 2002-2004, Greater Glasgow and Clyde CH(C)Ps and Scotland

Source: Women and Children Team, ISD Scotland



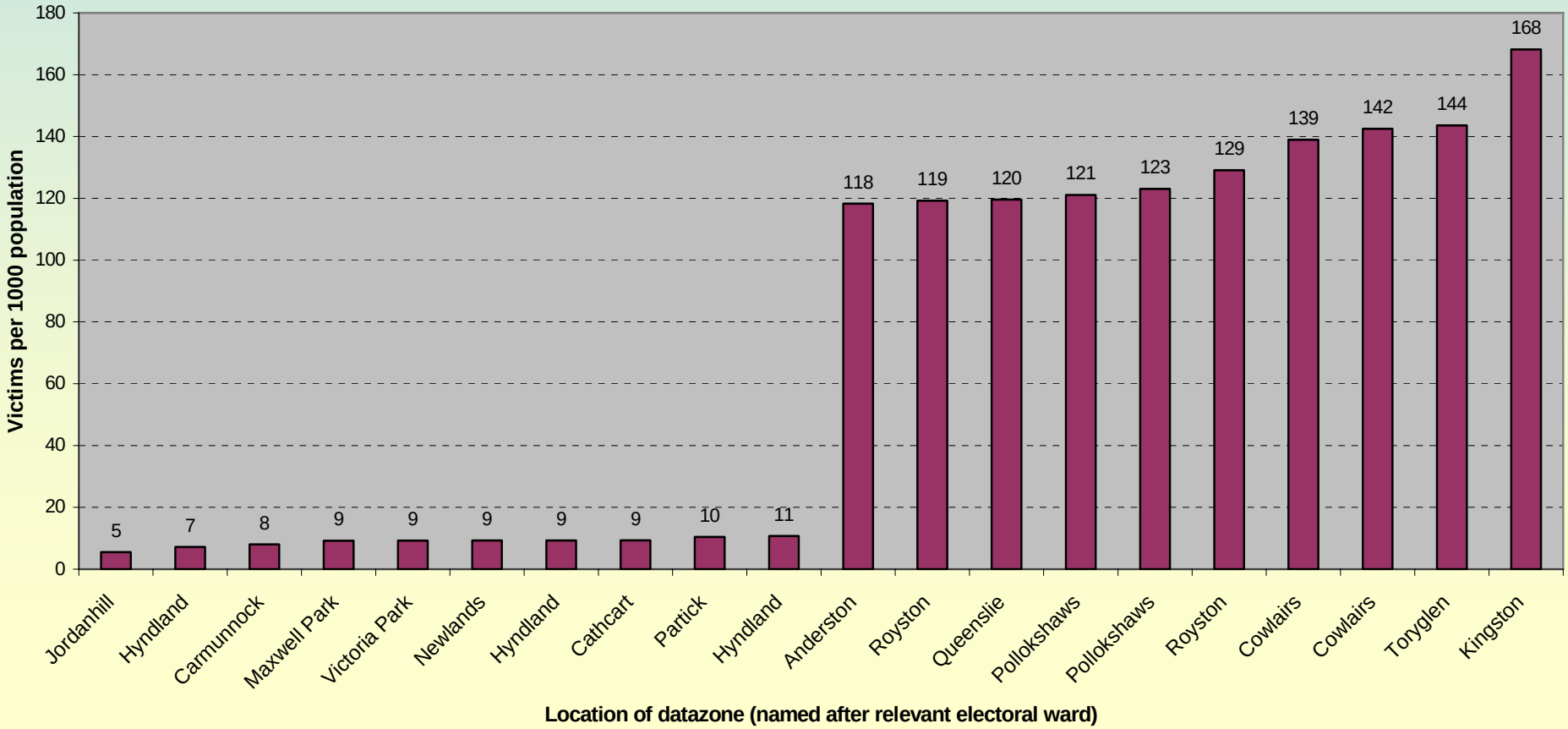
Serious Assault

Serious Violent Crime per 10,000 population, 3 year average (04-05 to 06-07)
Source: Violence Reduction Unit



Violent crime - victims

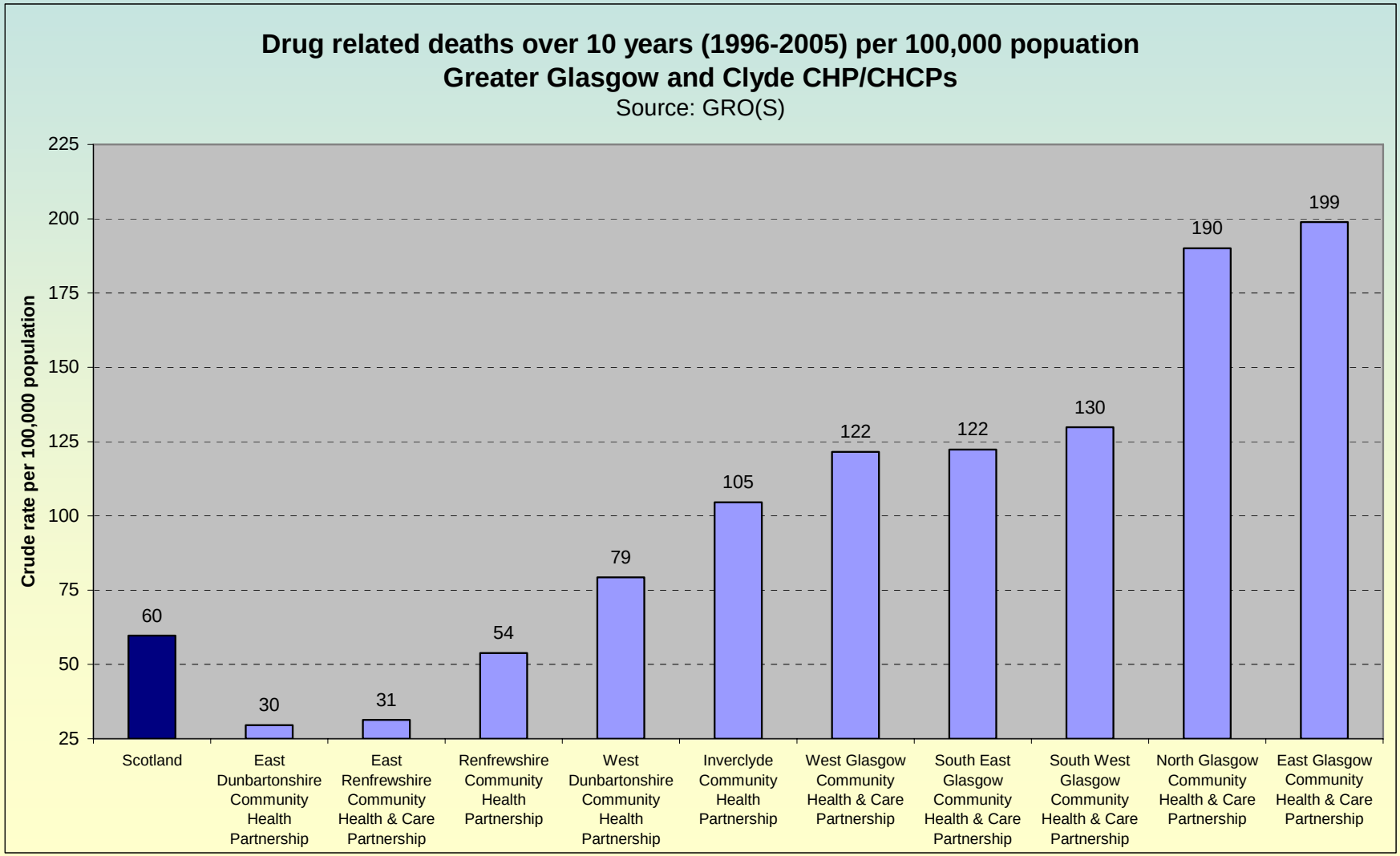
Victims of violent crime per 1,000 population, Glasgow City, July 2002 - June 2005
Datazones with 10 highest rates vs. datazones with 10 lowest rates (over 3 years)
Source: Violence Reduction Unit, Strathclyde Police



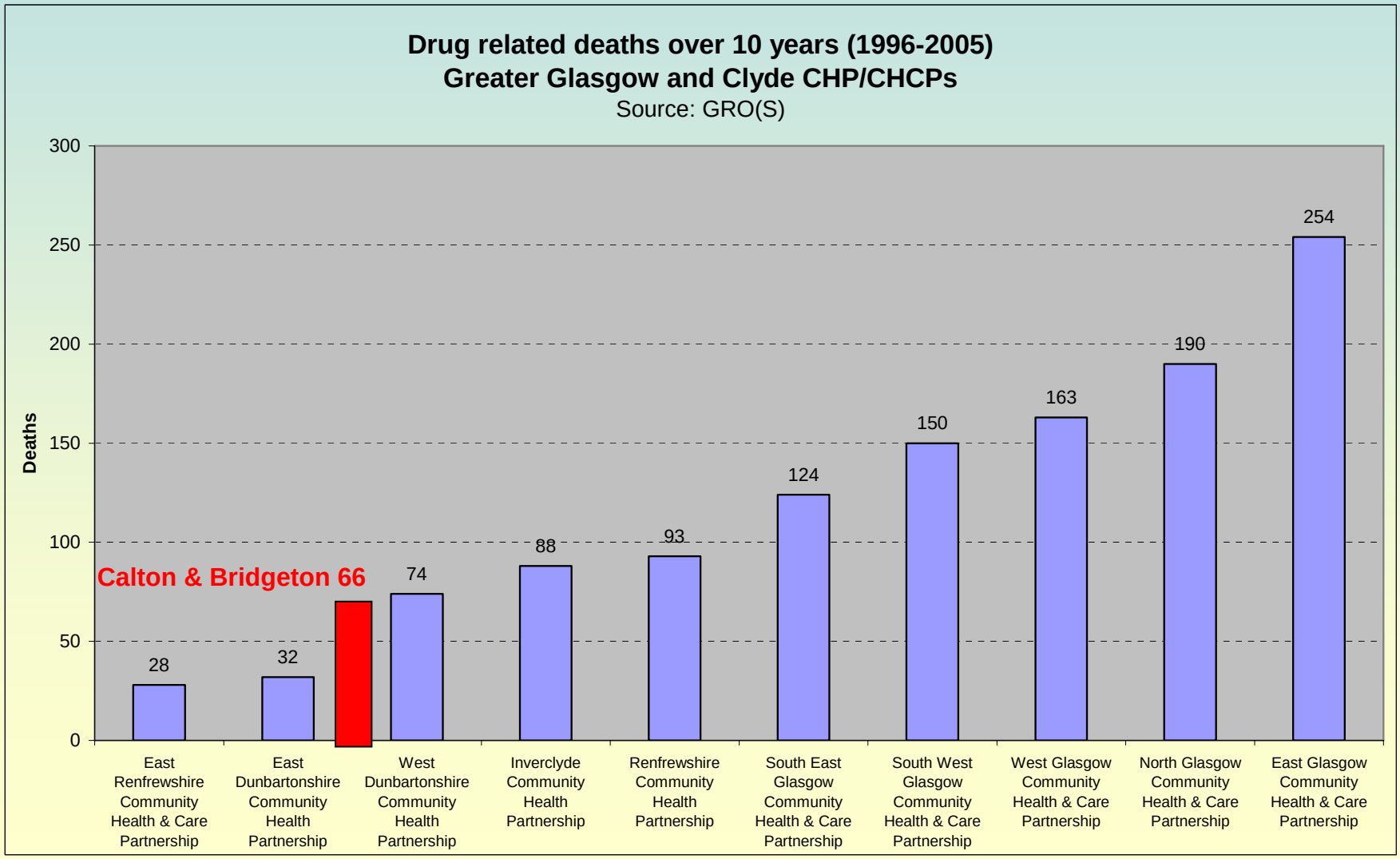
Worsening

Glasgow Centre for Population Health

Drug related deaths - rates

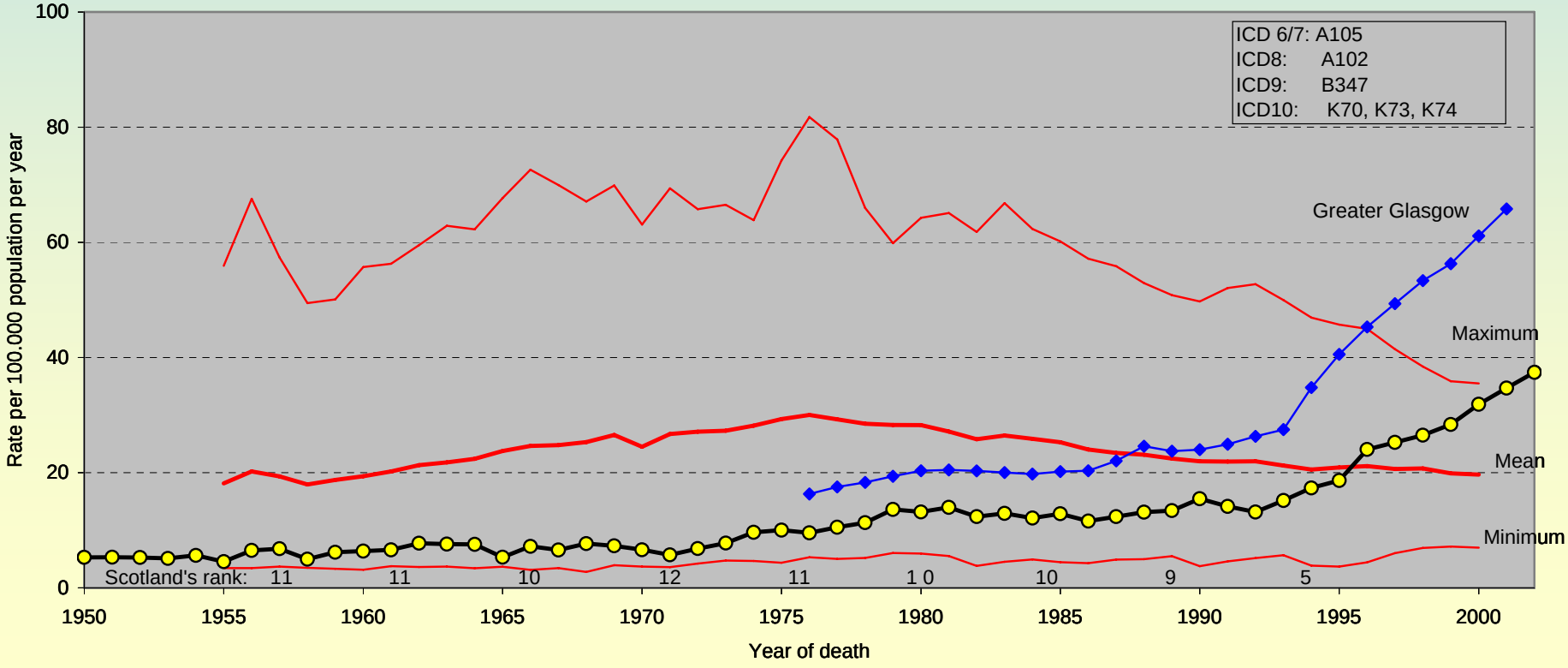


Drug related deaths



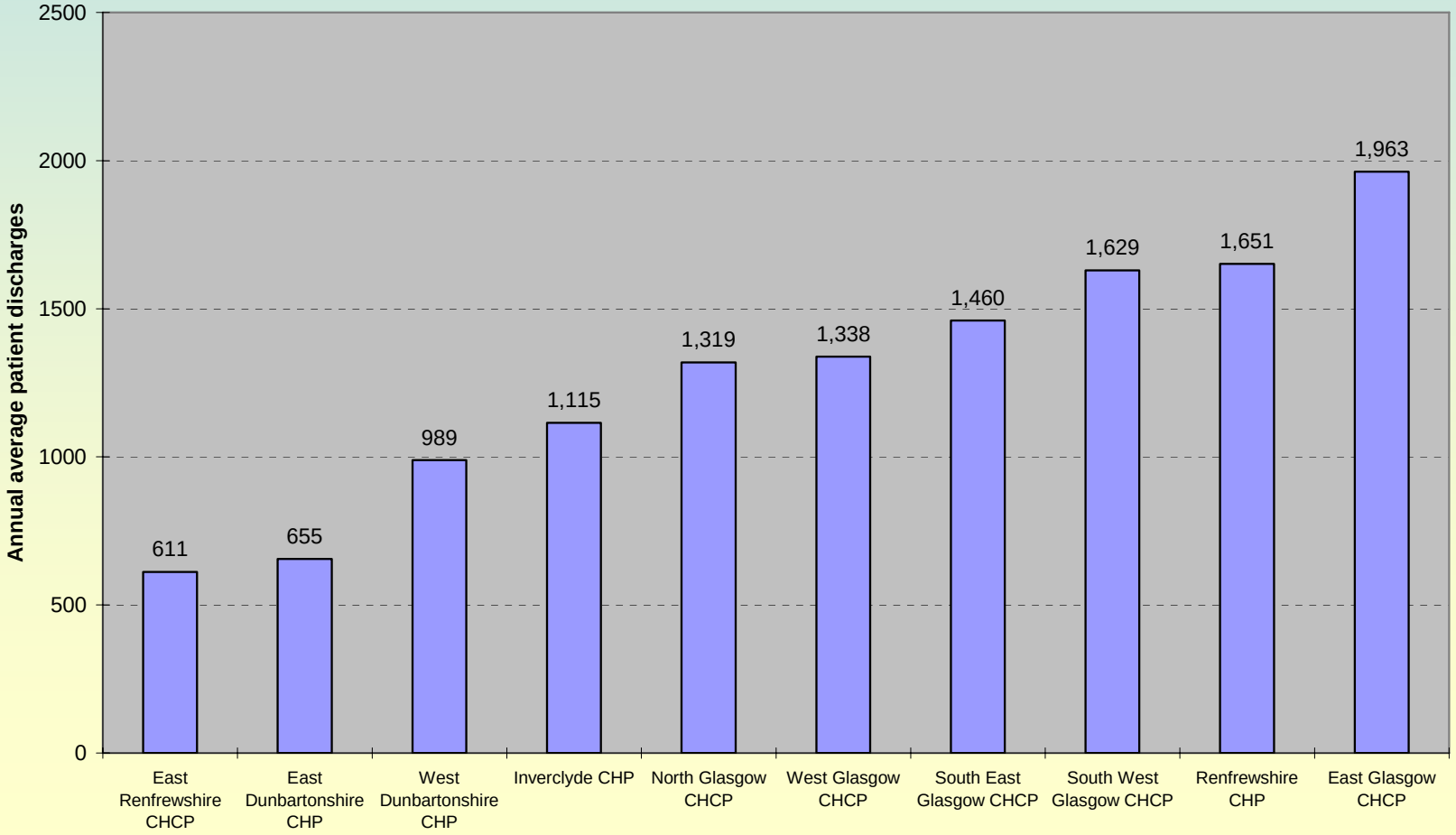
Liver cirrhosis mortality

Liver cirrhosis mortality age standardised rates among men aged 15-74 years
Scotland in context of maximum, minimum, and mean rates for 16 Western European countries
Source: WHOSIS (Dec 2004)

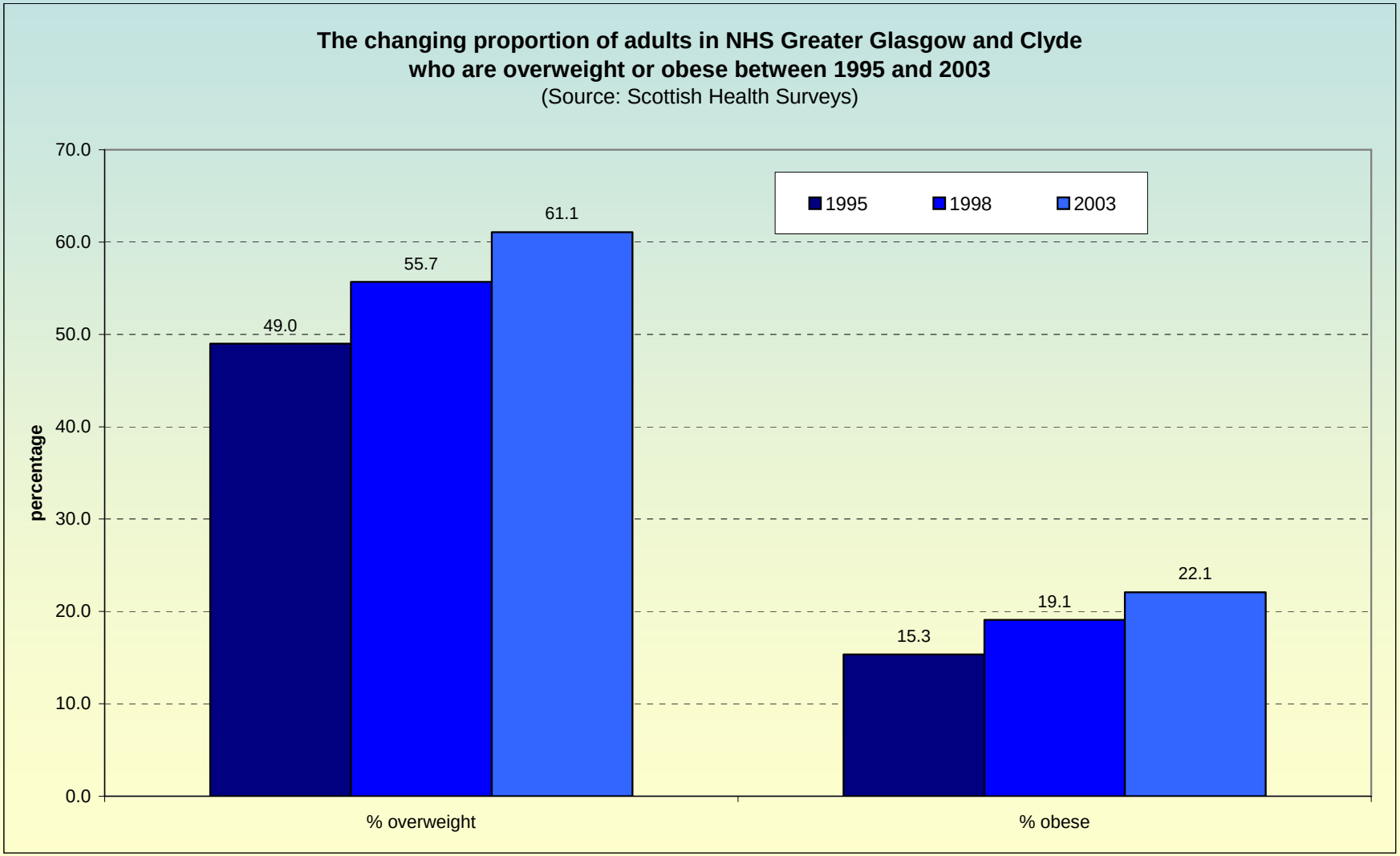


Patients with alcohol attributable and related conditions

Patients with alcohol attributable and related conditions by CHP/CHCP, annual average patient discharges, 2004-06
Source: ISD Scotland

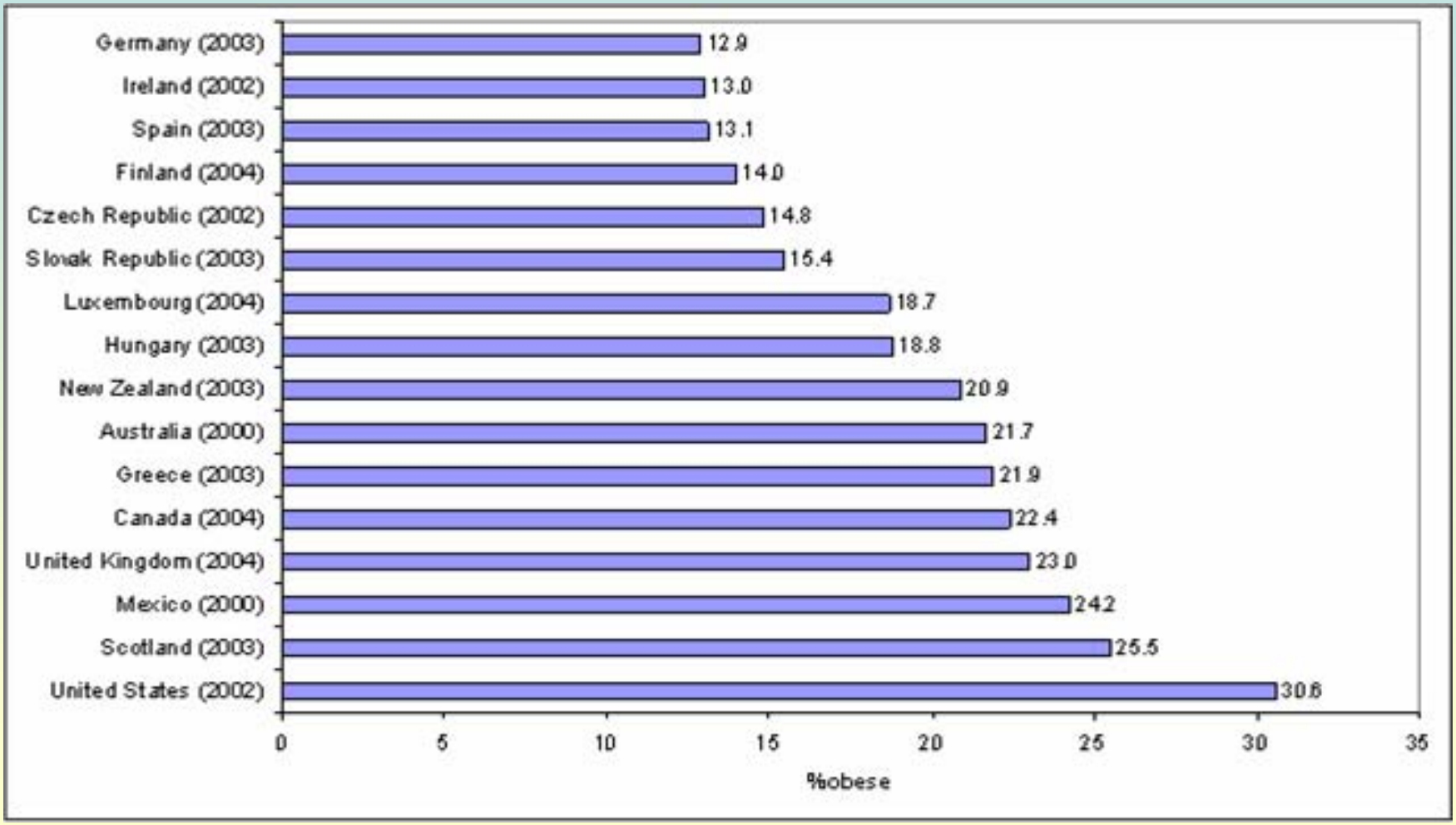


Obesity/Overweight



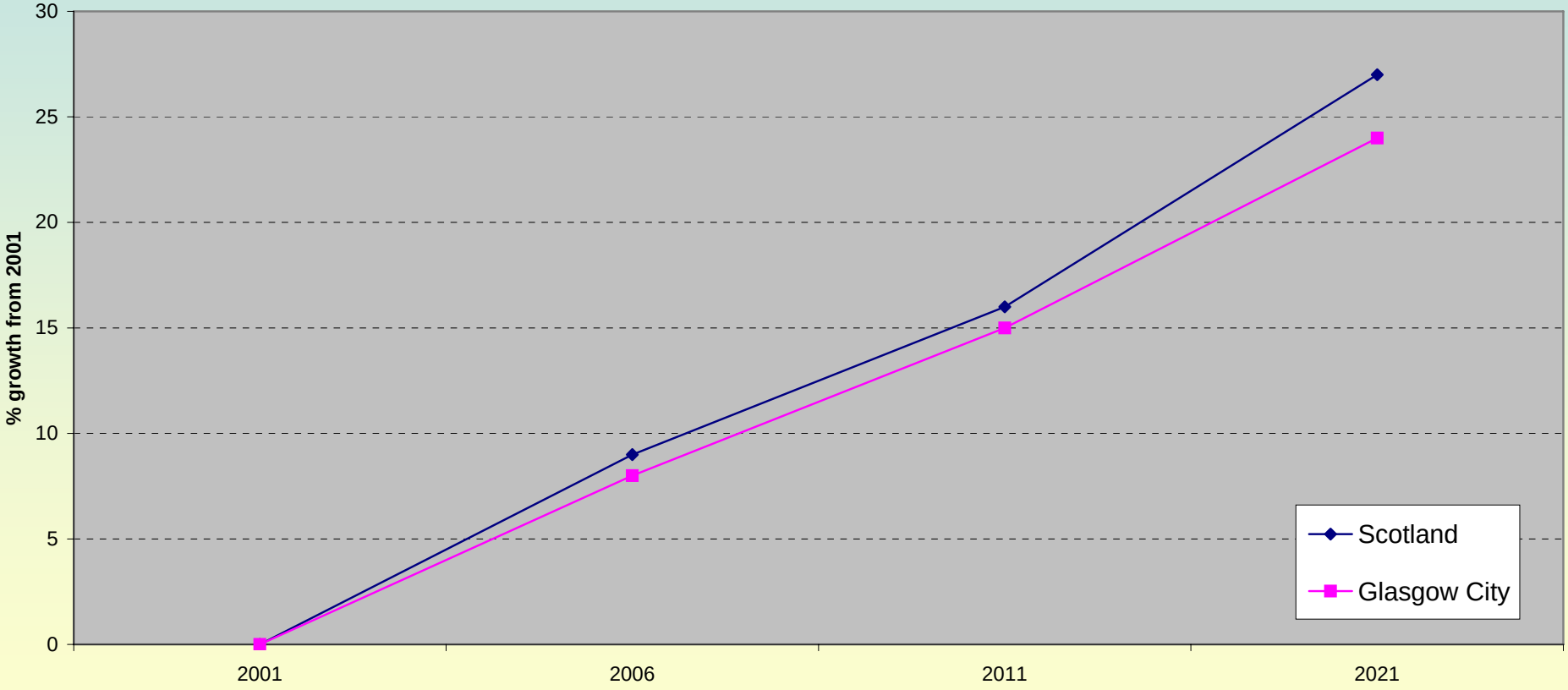
Obesity/Overweight

Source: ScotPHO report, derived from Obesity in OECD countries, percentage of adult population, aged from 15 years and over, with a BMI>30kg/m2



Traffic Growth

Background traffic growth from 2001, Scotland & Glasgow*
Source: Scottish Executive

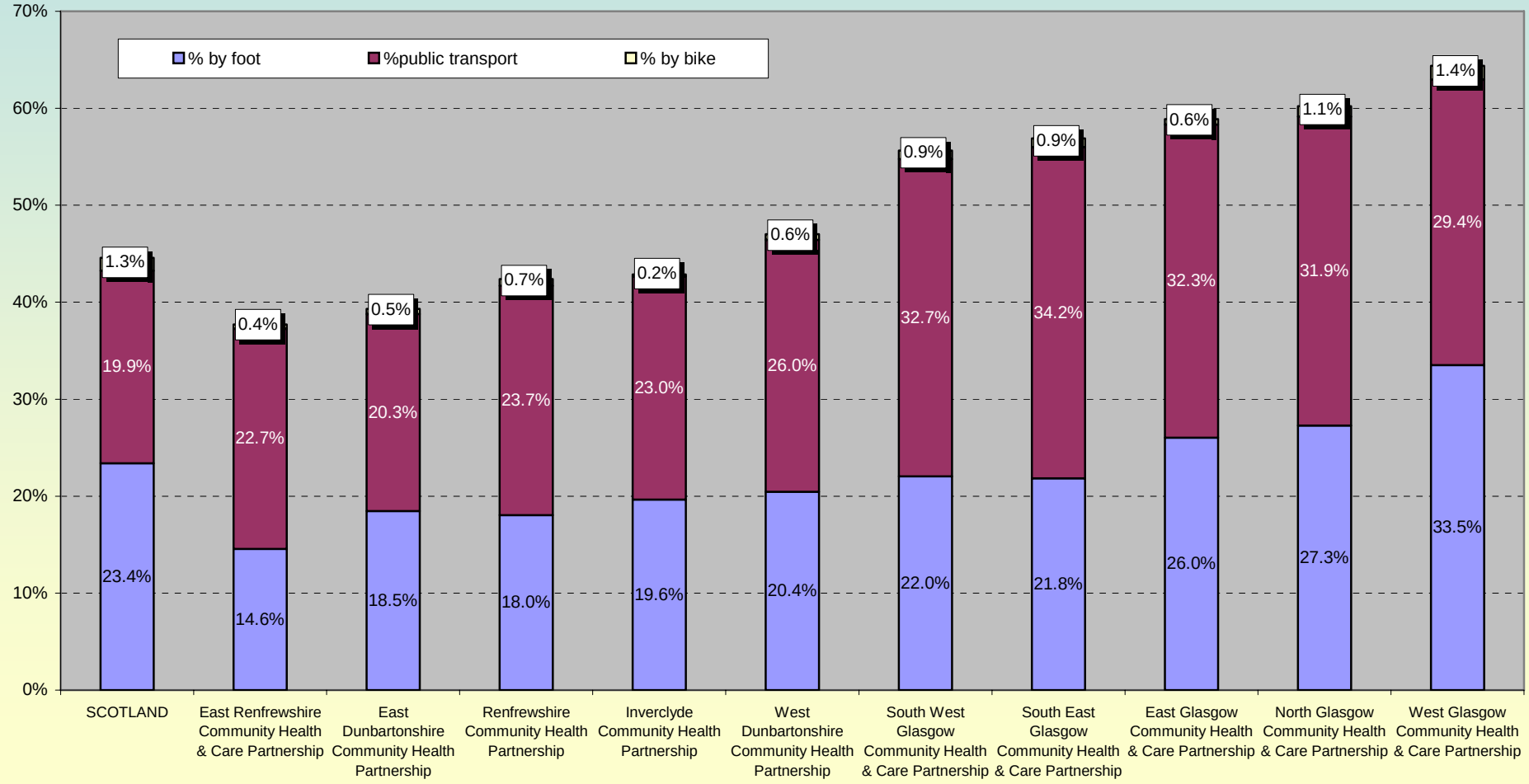


* all traffic originating from Glasgow City

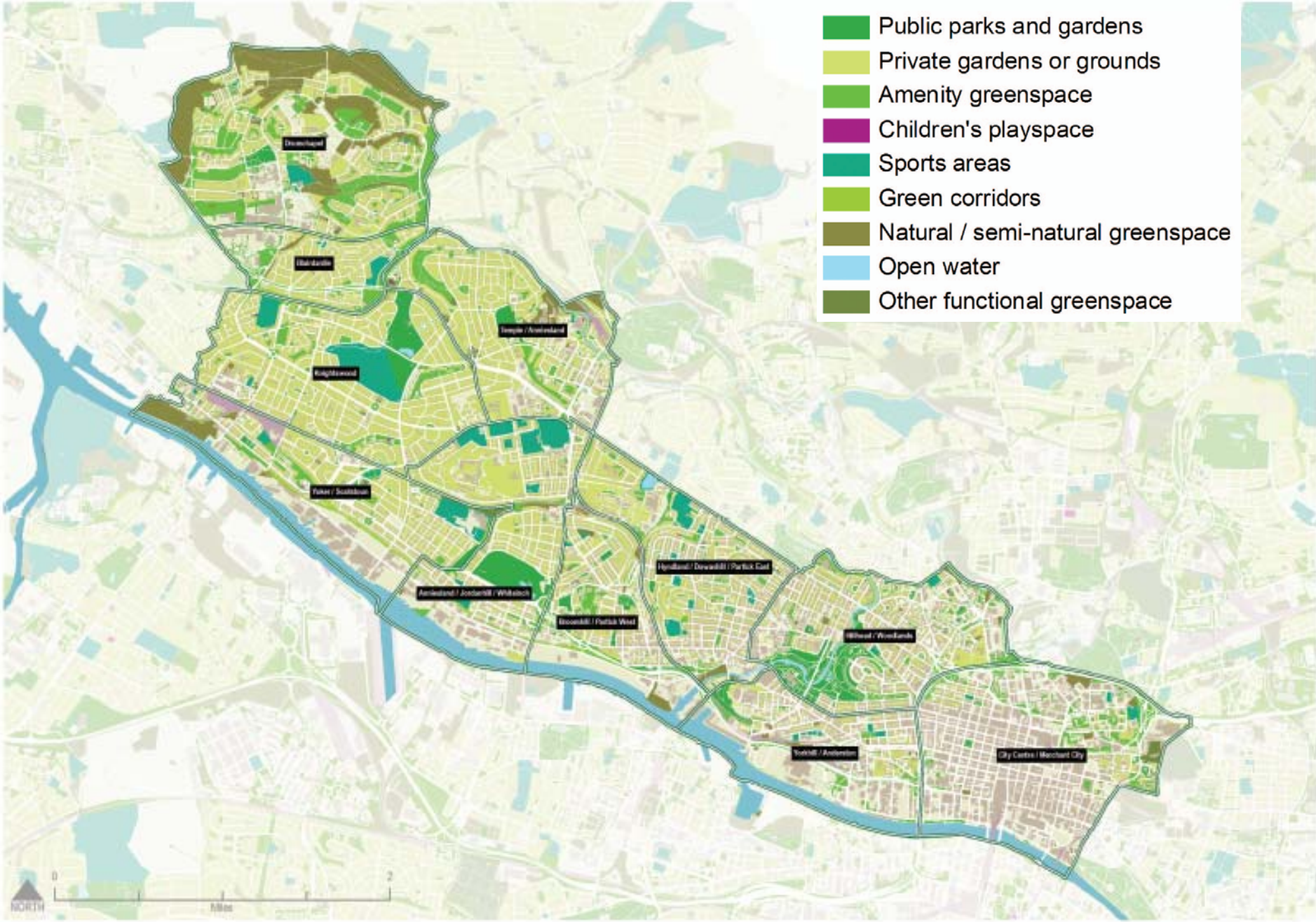
‘Non-car’ Commuting

% of commuters who travel to work by foot, bike or public transport, Greater Glasgow and Clyde CH(C)Ps and Scotland, 2001.

Source: Census



Greenspace map of West Glasgow



Summary (1)

- There has been an overall improvement in health in Greater Glasgow and Clyde in the last 10 years but
  - Improvements in health are slow compared to other parts of Scotland/UK/Europe
  - Inequalities in relation to gender, geography and deprivation persist
  - Health and health trends often vary greatly in neighbouring communities
- There have been impressive reductions in mortality from chronic diseases but increases in mortality in young people (Leyland et al, 2007)
- Deprivation is still a key part of the story of ill-health in the West of Scotland but it does not explain everything

Summary (2)

- In terms of what has been ***improving***, smoking trends are downward, as are mortality rates from cancer, stroke and heart disease, levels of worklessness and some local breast feeding trends

- Areas where there has been ***little improvement***, if any, include: breast feeding in many areas, violence, smoking in pregnancy

- Issues that are clearly ***worsening***, include: drug related deaths, alcohol harm, obesity, transport trends and **inequalities** in many health related areas

However in relation to physical activity and obesity perhaps there are opportunities -

- Impetus of Commonwealth Games
- Relatively high levels of active commuting
- Use of greenspace

For more information contact:

Bruce Whyte
Glasgow Centre for Population Health
0141 221 9439
Bruce.whyte@drs.glasgow.gov.uk

Glasgow Centre for Population Health

GLASGOW CALEDONIAN UNIVERSITY

World's apart or singing from the same songsheet?

Community responses to the *Let Glasgow Flourish* report

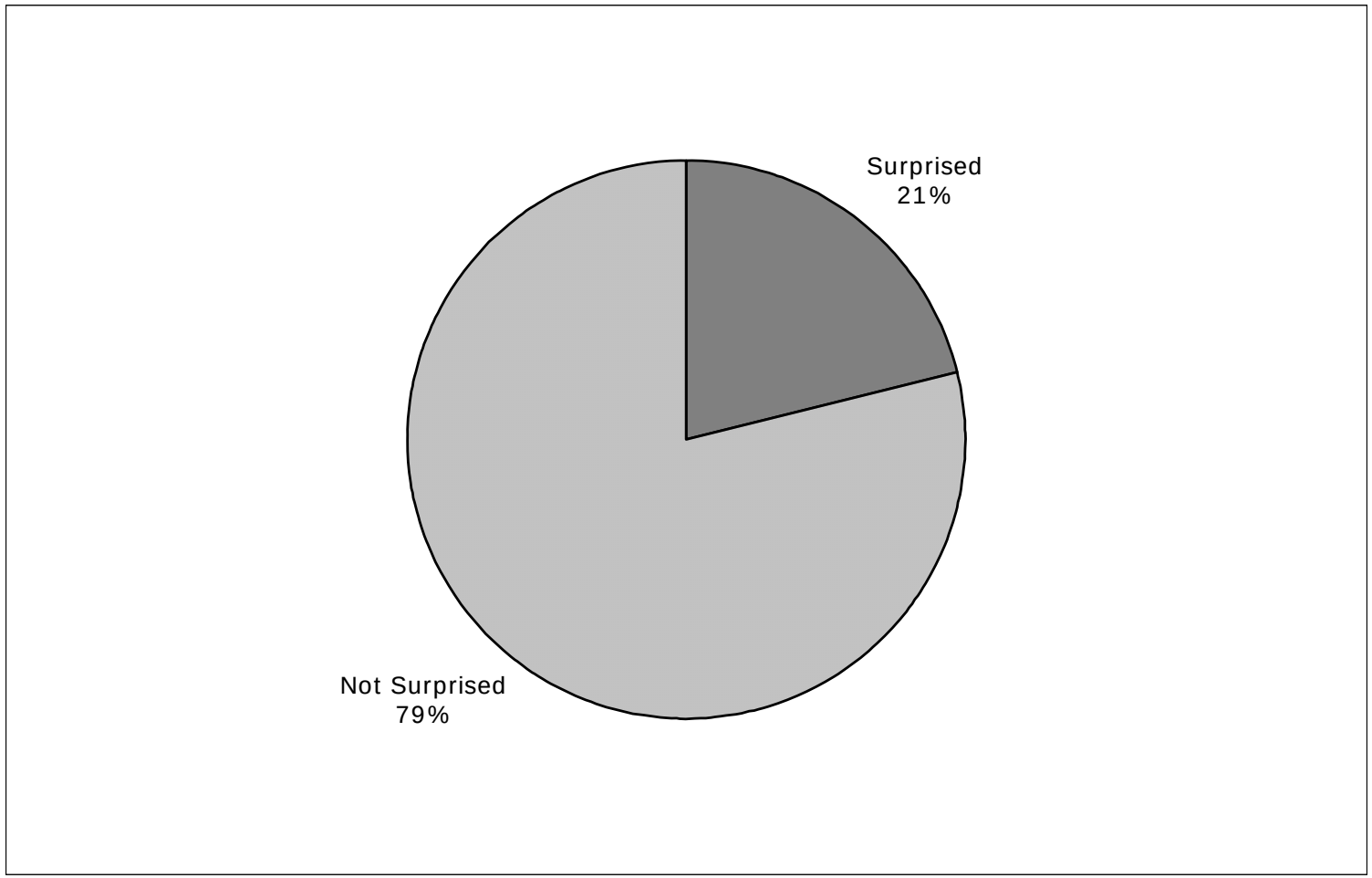
Dr John McKendrick
Scottish Poverty Information Unit

Glasgow's Healthier Future Forum, Radisson SAS Hotel, Glasgow, 28th May 2008

Presentation

- Introduction
  - Scottish Poverty Information Unit
  - *Let Glasgow Flourish*
  - About the SPIU study for GCPH
  - Overview of presentation
- Recognising key findings
- Accounting for key findings
- Acknowledging the social determinants of health
- Key health issues in Greater Glasgow
- Conclusion

Recognition of key findings, *1 of 3*



Recognition of key findings, *2 of 3*

Variation in recognition - across key findings

- Ranged from 93% recognition to 44% recognition
- Most surprise was noted at a key finding which presented a 'positive' health trend in recent years (failing deaths from heart disease and strokes), whilst least surprise was noted at a key finding which presented as 'negative' health trend in recent years (rising alcohol related deaths).
- Lowest levels of surprise were expressed at key findings that described enduring social problems (problems of alcohol, substance misuse, crime and poor housing).
- For all but one key finding, at least two thirds of the people of Greater Glasgow share the opinion of not being surprised.

Recognition of key findings, *3 of 3*

Variation in recognition - across social groups

- No discernable differences (men 77% agree, women 82% agree)

Variation in recognition - across social groups for individual key findings

- Cautious interpretation and speculative conclusions only
- Area Type: variations in recognition for 8 of 20 key findings
  - E.g. More surprise in 'excluded' areas that "On average, men from South Cambuslang live 10 years longer than men from West Easterhouse"
- Work status: variations in recognition for 4 of 20 key findings
  - E.g. More surprise in households with less work that "Almost one fifth of the working age population of Greater Glasgow are classified as being unable to work due to illness or disability."

Presentation

- Introduction
  - Scottish Poverty Information Unit
  - *Let Glasgow Flourish*
  - About the SPIU study for GCPH
  - Overview of presentation
- Recognising key findings
- Accounting for key findings
- Acknowledging the social determinants of health
- Key health issues in Greater Glasgow
- Conclusion

Accounting for key findings, *1 of 3*

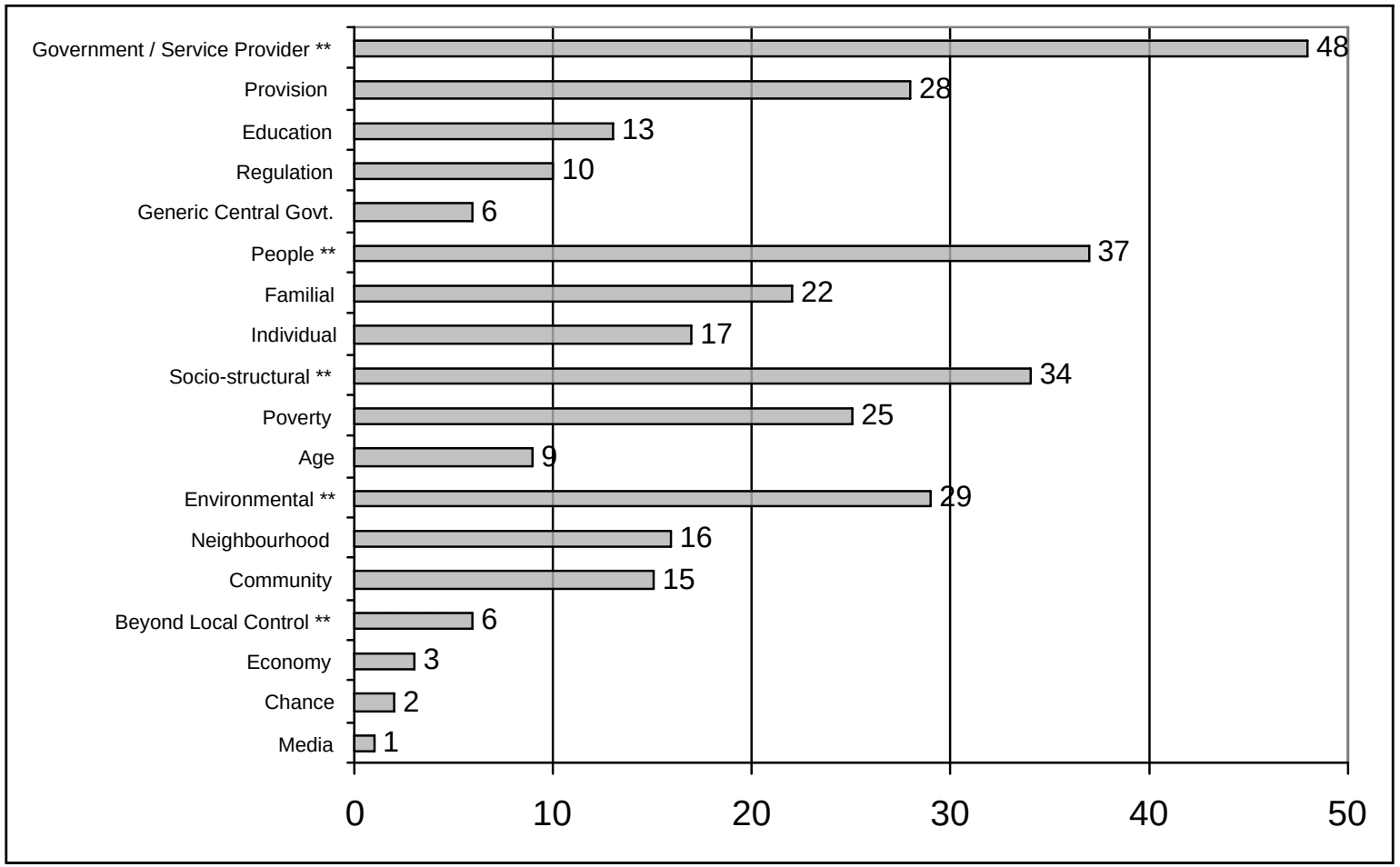
Types of explanation

- SPIU identified 5 broad explantory types
  - Social structural
  - Government / service providers
  - People
  - Environment
  - Beyond local control

Nature of explanations offered

- The majority of the people of Greater Glasgow drew on one type of explanation to account for the *Let Glasgow Flourish* key findings (55%)
- More straightforward (uni-dimensional) explanations to be posited for issues pertaining to the physical environment (environmental issues, poor housing and traffic are all ranked in the bottom five) and social factors (crime and trust in the community).
- The most straightforward interpretations were made for women smoking during pregnancy.

Accounting for key findings, *2 of 3*



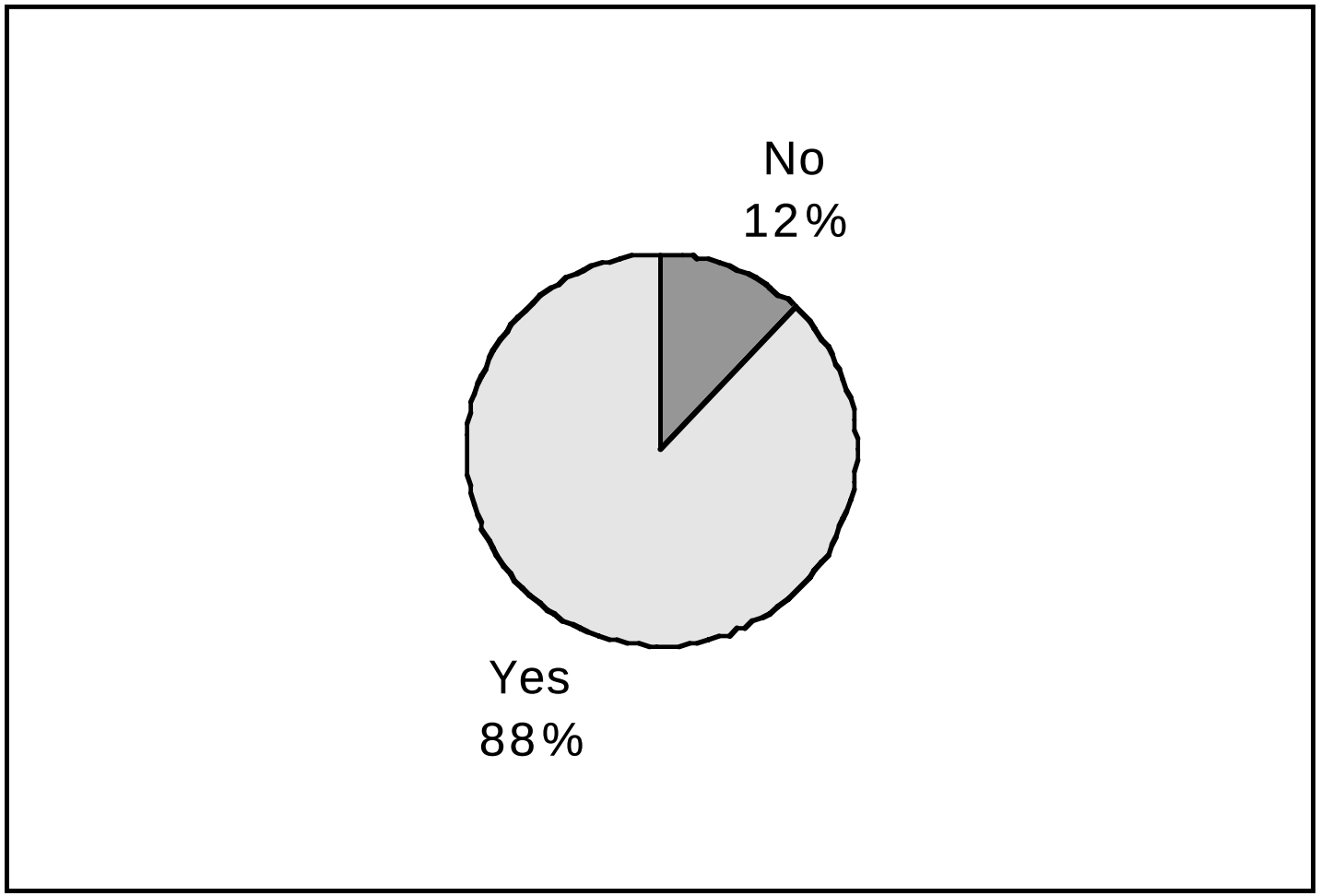
GLASGOW CALEDONIAN UNIVERSITY

scottish poverty information unit

Presentation

- Introduction
  - Scottish Poverty Information Unit
  - *Let Glasgow Flourish*
  - About the SPIU study for GCPH
  - Overview of presentation
- Recognising key findings
- Accounting for key findings
- Acknowledging the social determinants of health
- Key health issues in Greater Glasgow
- Conclusion

Acknowledging impact on health, *1 of 3*



Acknowledging impact on health, *2 of 3*

GLASGOW CALEDONIAN UNIVERSITY

Focus

- Focus is on the 11 of the 20 key findings which were more directly concerned with social issues.

Variation in acknowledgement - across key findings

- For all 11 key findings, at least two thirds of respondents share the opinion that the interplay of social and structural circumstances ('social factors') impact upon health
- One third of the respondents did not consider that living in a lone parent family would impact on health (32%) and one in five did not consider that the expansion of the middle class in Glasgow would have an impact on health (21%).
- The vast majority of respondents considered smoking during pregnancy to impact upon health (86%). But the other 14% may be as significant a finding.

scottish poverty information unit

Acknowledging impact on health, *3 of 3*

Variation in acknowledgement - across social groups

- No discernable differences

Variation in acknowledgement - across social groups by key finding

- Cautious interpretation and speculative conclusions only
- Gender: women more likely than men to acknowledge impact on health
- Most affected or most involved in social issues are more likely to perceive that these issues have a health impact.
  - Women are more likely than men to perceive that lone parenthood and smoking during pregnancy have a health impact.
  - Those groups closest to Greater Glasgow's economic growth are more likely to perceive that the growing numbers of middle class and the high number of children living in workless households have an health impact
  - Respondents with young children were more likely than those without to consider that the high volume of traffic had a health impact.

Presentation

- Introduction
  - Scottish Poverty Information Unit
  - *Let Glasgow Flourish*
  - About the SPIU study for GCPH
  - Overview of presentation
- Recognising key findings
- Accounting for key findings
- Acknowledging the social determinants of health
- Key health issues in Greater Glasgow
- Conclusion

Key health issues in G/Glasgow, *1 of 3*

Key personal and city health issues

Poverty
Family
Food
Alcohol
Service Provision
Inactivity
Drugs

Key health issues in G/Glasgow, *2 of 3*

Poverty

- Stress induced by poverty is a key health concern among struggling *and 'getting by' populations*
- Respondents reported management strategies
- Impact of worklessness on mental well being was stressed
- Poverty was also reported to limit solutions to health problems

Family

- Lack of family support becomes an issue when health care services fail
- Deemed citical for older Minority Ethnic groups
- Health has an impact on immediate and wider family

Food

- Stress of shopping with young children
- Aware of healthy eating, but healthy eating is not always the attractive option
- Concern over fast food availability

Key health issues in G/Glasgow, *3 of 3*

Alcohol

- Problem perceived of a wide range of groups
- Culture of consumption is prevalent
- Concern over local supply
- Concern over the consumption of Others

Service Provision

- Perceived need for more client-centred approaches
- Deemed citical for older Minority Ethnic groups
- Health has an impact on immediate and wider family

Drugs and Inactivity

- Problems in own right
- Part of wider social problems of unhealthy lifestyles

Presentation

- Introduction
  - Scottish Poverty Information Unit
  - *Let Glasgow Flourish*
  - About the SPIU study for GCPH
  - Overview of presentation
- Recognising key findings
- Accounting for key findings
- Acknowledging the social determinants of health
- Key health issues in Greater Glasgow
- Conclusion

Conclusion

- Familiarity with issues raised in LGF
- Understand the complex nature of health
- Acknowledge influence of social factors on health
- Acknowledge improvements in service delivery
- Familiar with health improvement messages
- Some reticence in accepting personal experiences
- Mental well being is significant

- Radical approaches to alcohol and fast food supply
- Poverty and deep-rooted culture are main barriers

- "We know what needs to be done, we want to do it, but we find it difficult"

GLASGOW CALEDONIAN UNIVERSITY

scottish poverty information unit

GLASGOW CALEDONIAN UNIVERSITY

THANK YOU FOR LISTENING

I would be delighted to answer any questions you may wish to pose

j.mckendrick@gcal.ac.uk
www.povertyinformation.org

Scottish Poverty Information Unit