

A Profile of the Health & Well-being of Glasgow

Glasgow's Healthier Future Forum

30th November 2005



Preface

This document has been created as an accompaniment to a presentation at the 2nd Glasgow's Healthier Future Forum (organised by the Glasgow Centre for Population Health (GCPH)) on November 30th, 2005. The data will be presented by David Walsh and Bruce Whyte of NHS Health Scotland as part of an ongoing collaboration with GCPH.

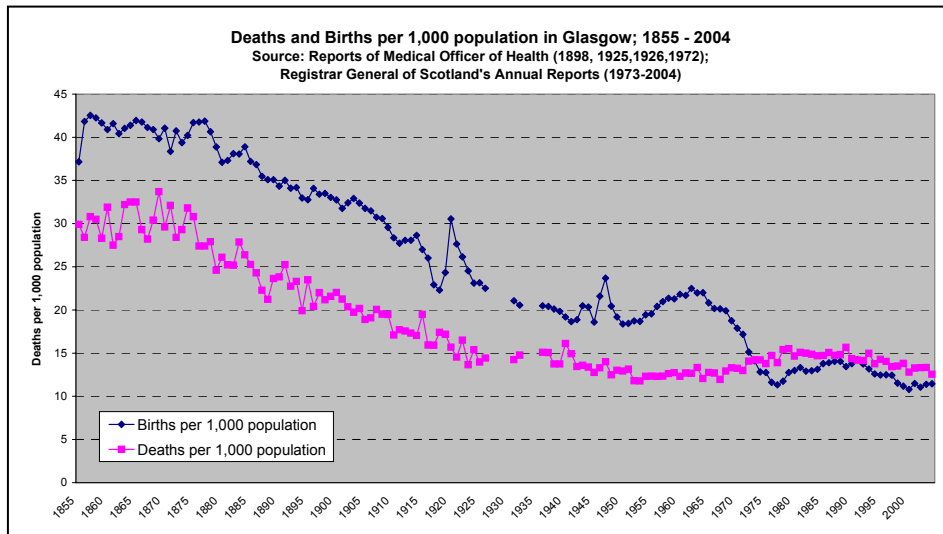
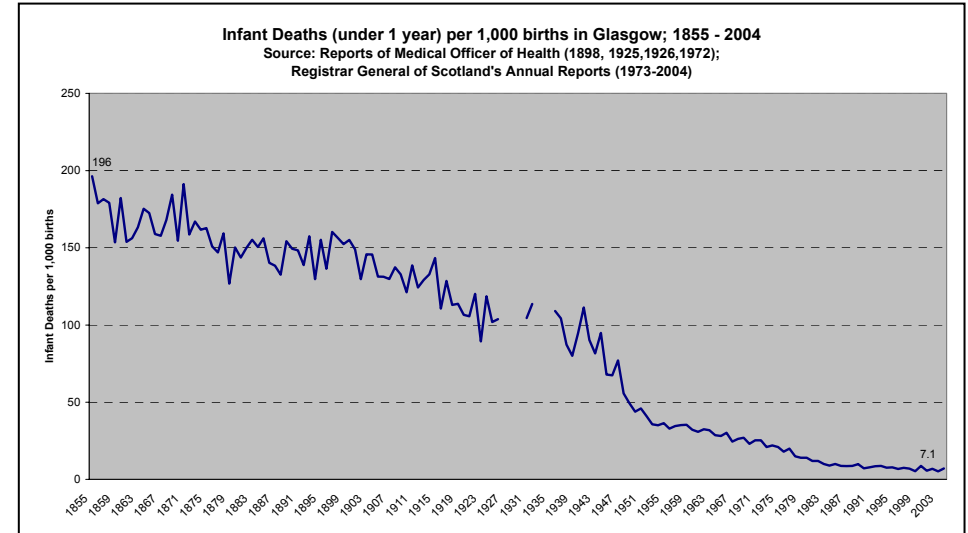
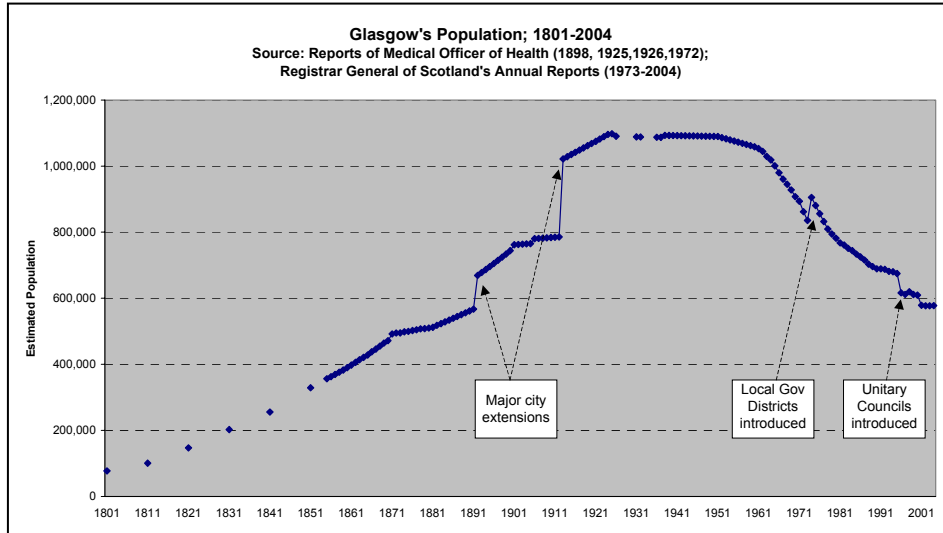
The presentation - and accompanying report - incorporates a small subset of a much broader collection of data which will be published in early 2006 as part of a descriptive report on the health and well-being of Glasgow and the West of Scotland. The data included within these pages, therefore, are not intended to be - and indeed could not be - comprehensive. They are merely illustrative examples of Glasgow's health.

The theme of the presentation is an analysis of those health and well-being related factors in Glasgow which are improving, those which are worsening, and those which are proving resistant to change. Within that theme, the data are presented within the following ten topics relevant to health: the historical context, population dynamics, the economy, the social environment, the physical environment, behaviour, pregnancy & childbirth, children's health, health & function, and illness & disease. An additional handful of charts showing projections for a few key health related indicators are also included.

Note: a number of the charts presented here are derived from analysis of the 2004 Community Health & Well-being Profiles produced by NHS Health Scotland. In these cases the data are presented at two geographical levels: 'community' (primary care-based localities with populations ranging from 20,000-140,000 people) and postcode sector (small areas with populations of around 3,000-5,000 on average). In both sets of charts, areas within Glasgow are shaded dark red and those elsewhere in the West of Scotland are shaded light blue.

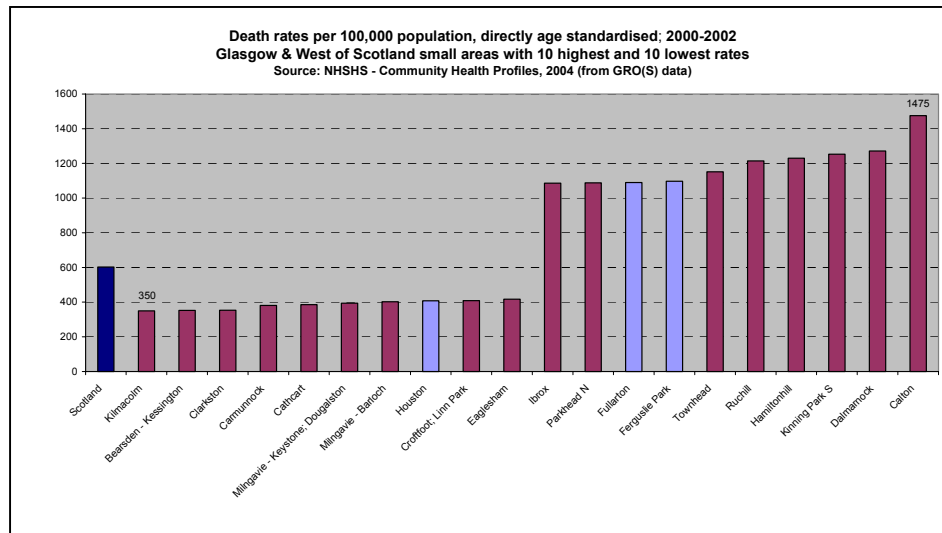
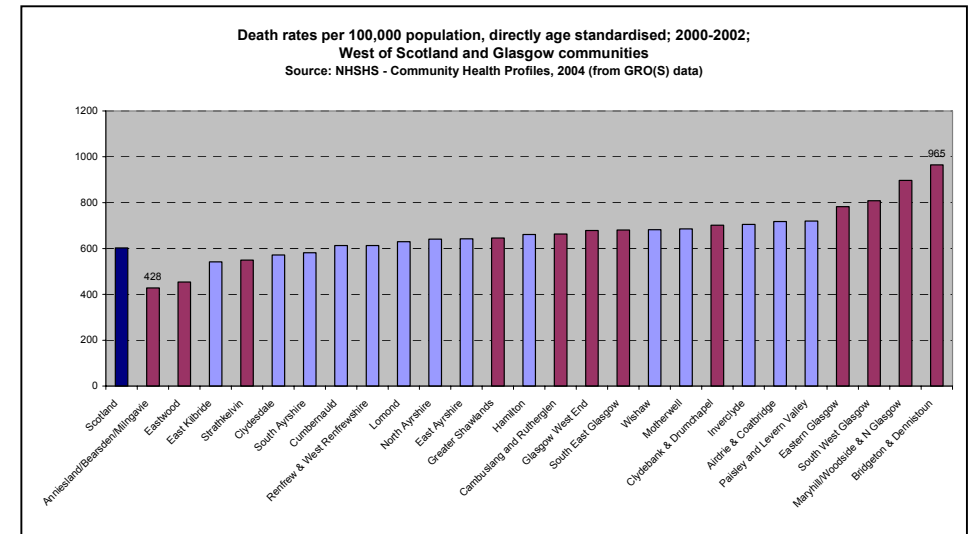
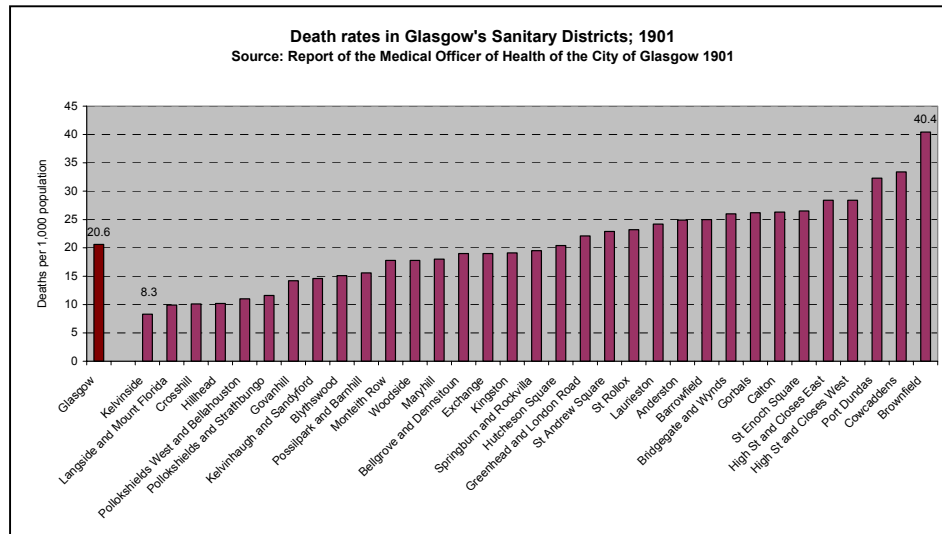
A table of notes, definitions and sources is included at the back of this document (together with a list of abbreviations used). Further details of any of the data presented are available from David Walsh (email: david.walsh@health.scot.nhs.uk; tel: 0141 300 1015) or Bruce Whyte (email: bruce.whyte@health.scot.nhs.uk; tel: 0141 300 1016).

1a. HISTORICAL CONTEXT/POPULATION DYNAMICS – Births and deaths



- Summary points**
- The population trend for Glasgow can be characterised by three key phases: extraordinary population growth from 1800 until the 1930s, a brief period of stability in the 1940s and then decline over last 60 years.
 - The dramatic reduction in the infant mortality rate underlines the huge improvements in health protection, medical care, nutrition, sanitation and housing that have been achieved over the last 150 years.
 - The death rate now exceeds the birth rate, and without inward migration the population will continue to fall.

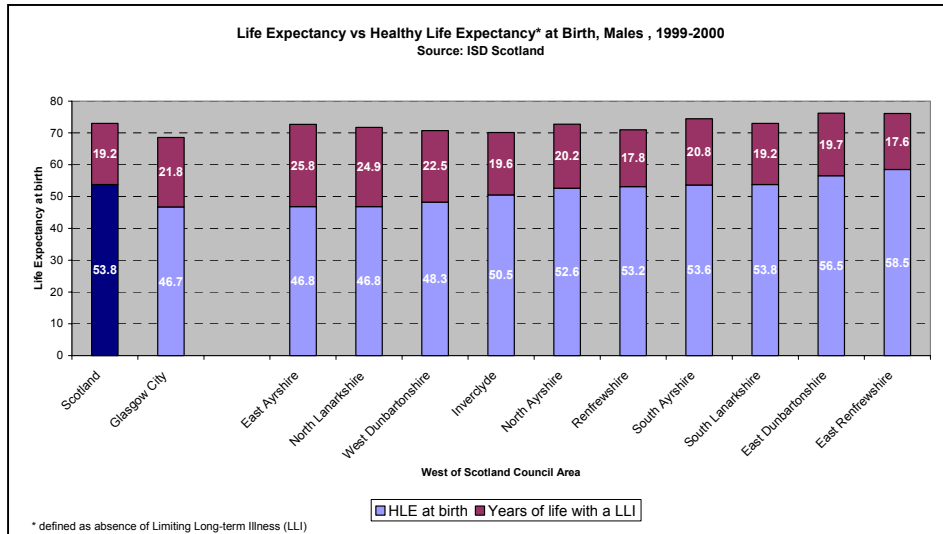
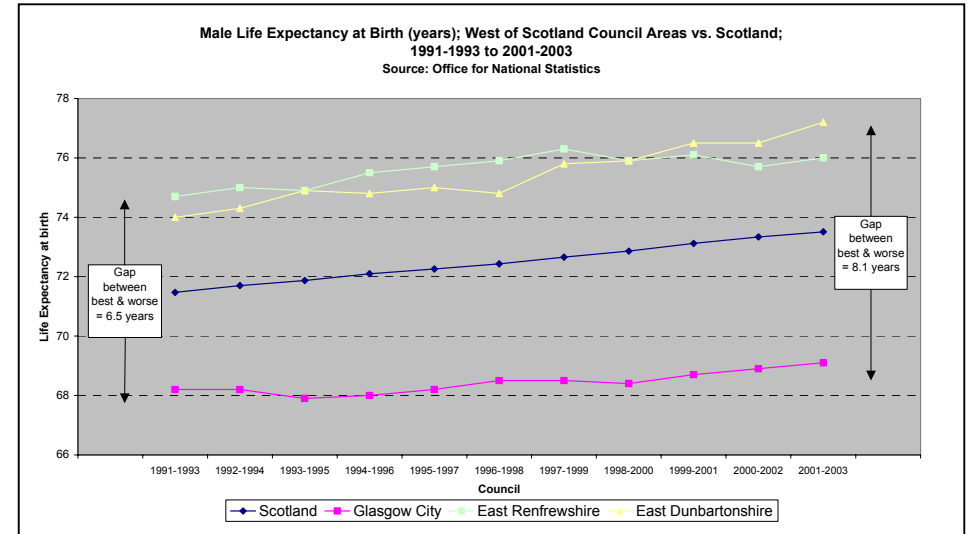
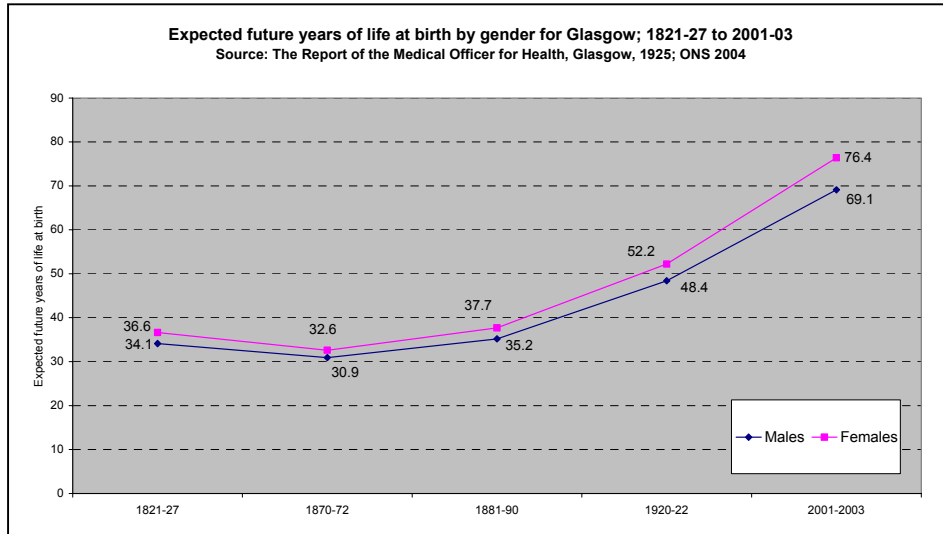
1b. HISTORICAL CONTEXT/POPULATION DYNAMICS – Health inequalities 1901 and 2001



Summary points

- **Inequalities in death rates** across the city are not new. In 1901 there was a five-fold variation in crude death rates across Glasgow's sanitary districts and 40% of all deaths were among children under 5.
- 100 years later, while death rates are greatly reduced, the age standardised mortality rate in Bridgeton and Dennistoun is still more than double the rate in Anniesland, Bearsden and Milngavie.
- At a smaller area level - postcode sectors - there is a four-fold variation in the mortality rate.

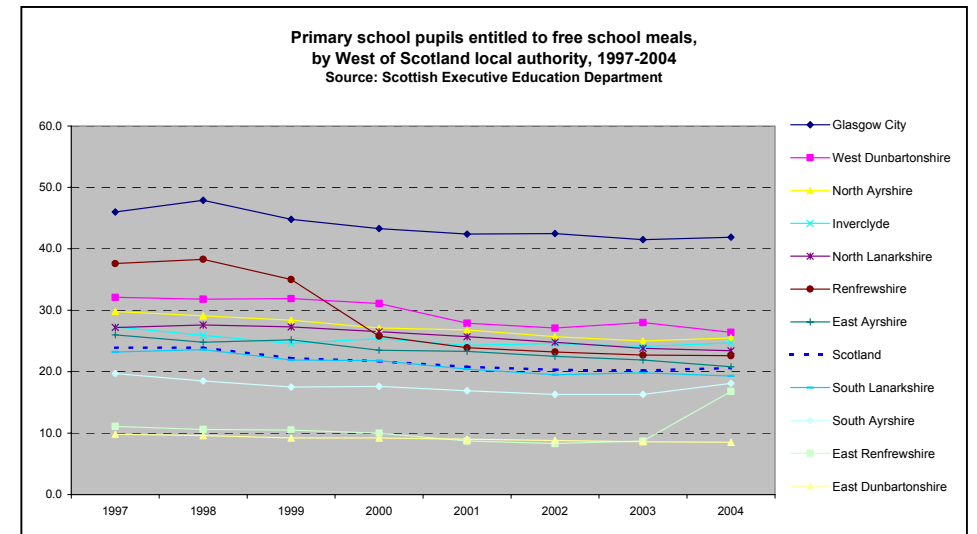
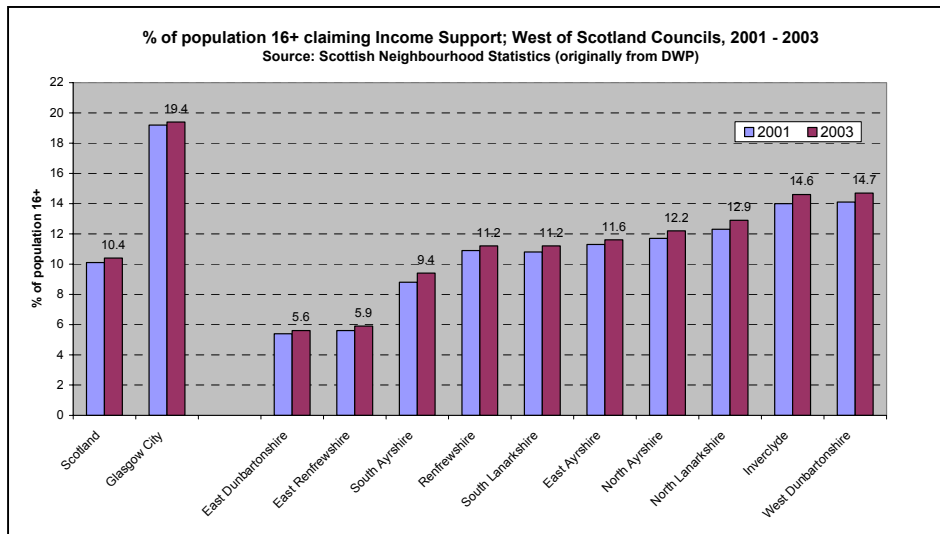
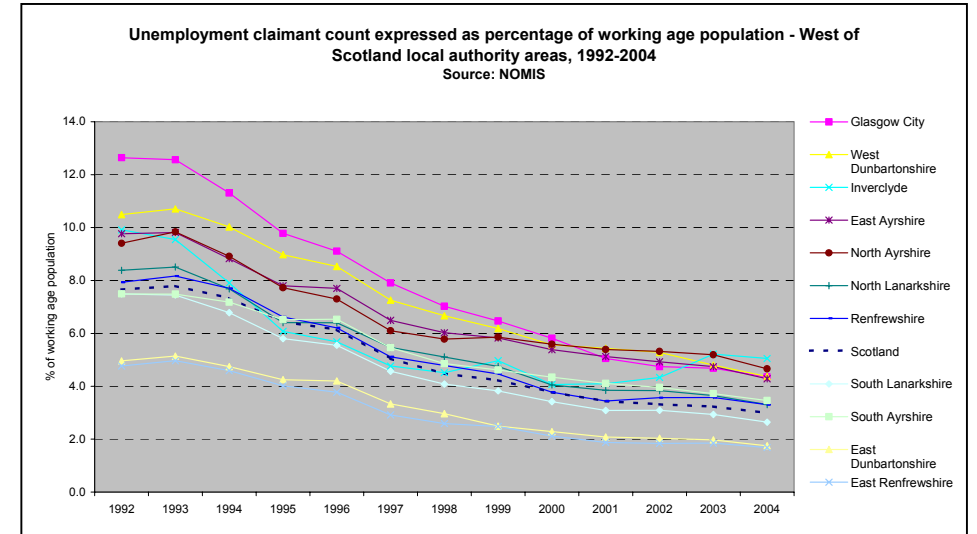
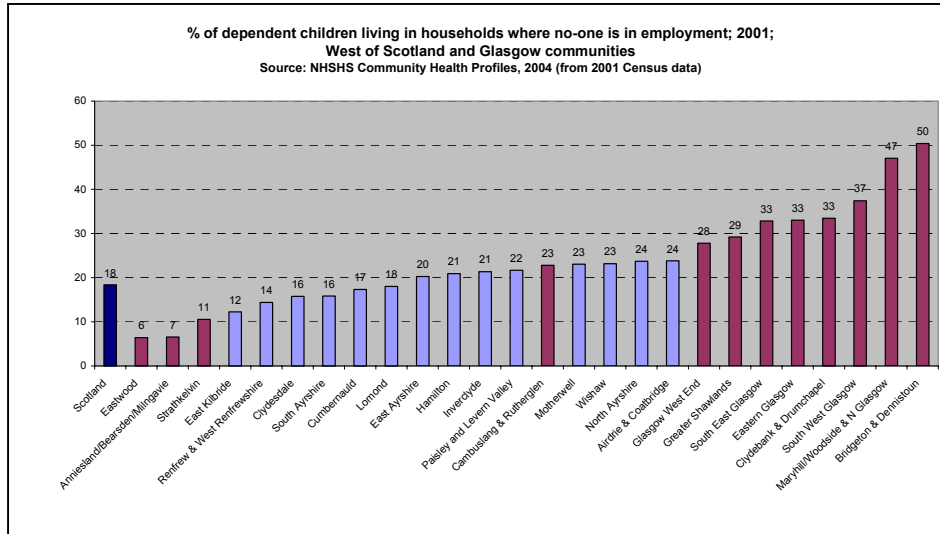
1c. HISTORICAL CONTEXT/POPULATION DYNAMICS – Life expectancy



Summary points

- Life expectancy for both men and women has doubled over the last 100 years.
- In recent years there has been a widening in the gap in life expectancy - particularly for men - with males in East Dunbartonshire now likely to live 8 years longer than their Glasgow counterparts.
- Expected years of 'healthy life' vary by 12 years across West of Scotland councils and it is estimated that men and women experience on average over 20 years of life with a long-term illness or disability.

2. ECONOMY – children in workless households, unemployment, income support claimants, free school meals

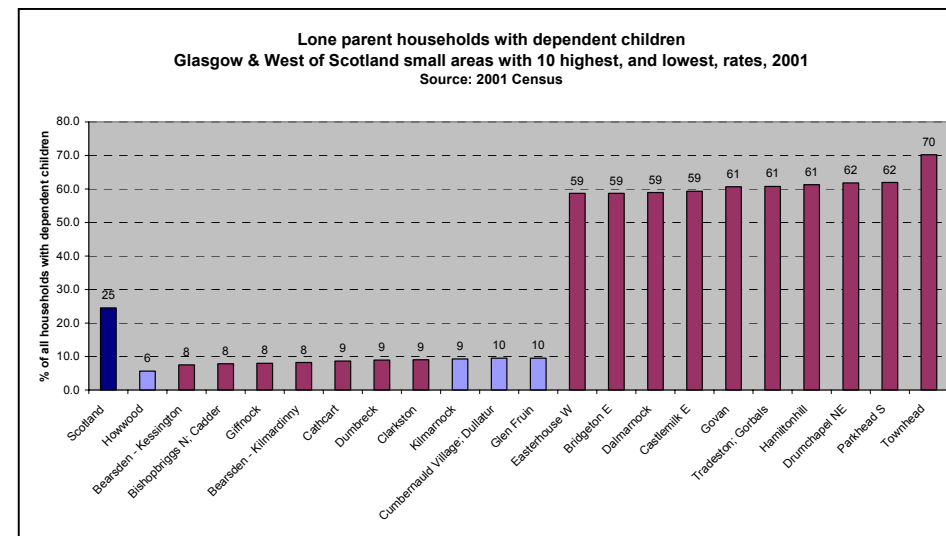
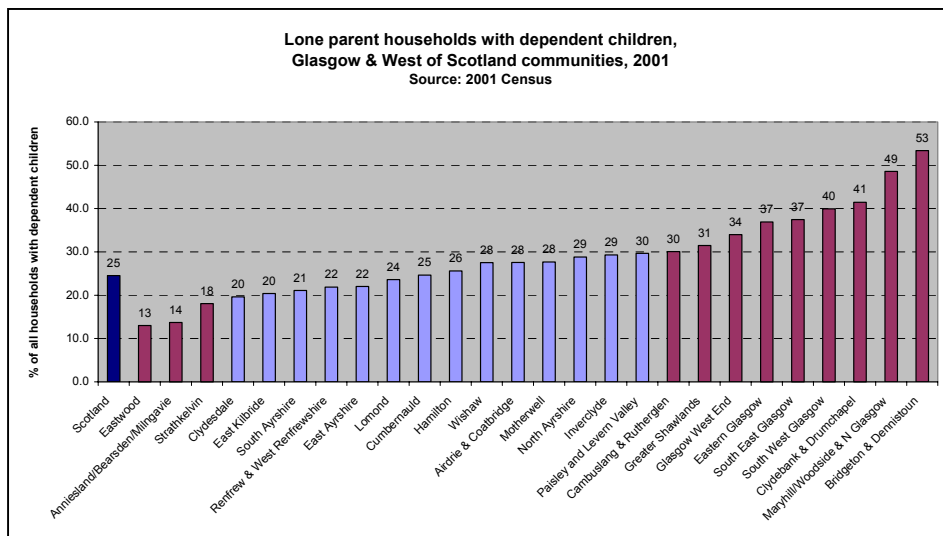


2. ECONOMY – continued

Summary points

- The percentage of **children living in workless households** is a proxy measure for the proportion of children living in poverty. Across West of Scotland communities there is a wide variation in this measure: in Eastwood and Anniesland, Bearsden & Milngavie, only 6-7% of children live in workless households, while in Bridgeton and Dennistoun the figure is 50%.
- At a smaller area level the differences are even more pronounced. In the most deprived postcode sectors in Glasgow over 60% of children live in workless households, while in the more affluent sectors just 2-4% of children do so.
- **Unemployment** has dropped over the last ten years across the whole of the West Scotland but differences in relative levels of unemployment remain e.g. East Dunbartonshire and East Renfrewshire were and are lowest, while levels of unemployment remain relatively high in Glasgow and West Dunbartonshire.
- The percentage of the population claiming **Income Support** is a measure of low income. In East Dunbartonshire 5.6% of the population over 16 was claiming Income Support in 2003, while in Glasgow the figure was 19.4%, nearly double the national average.
- Glasgow stands out as having the highest proportion of primary school pupils eligible for **free school meals**. At 42%, this is double the national figure and around five times the rate of East Dunbartonshire, the local authority area with the lowest eligibility rate across the West of Scotland.
- The proportion of eligible pupils has fallen very slightly across all Scotland from 24% in 1997 to the current figure of 21%. Glasgow has experienced a similarly small decrease over the 8 year period – down from 46% in 1997.

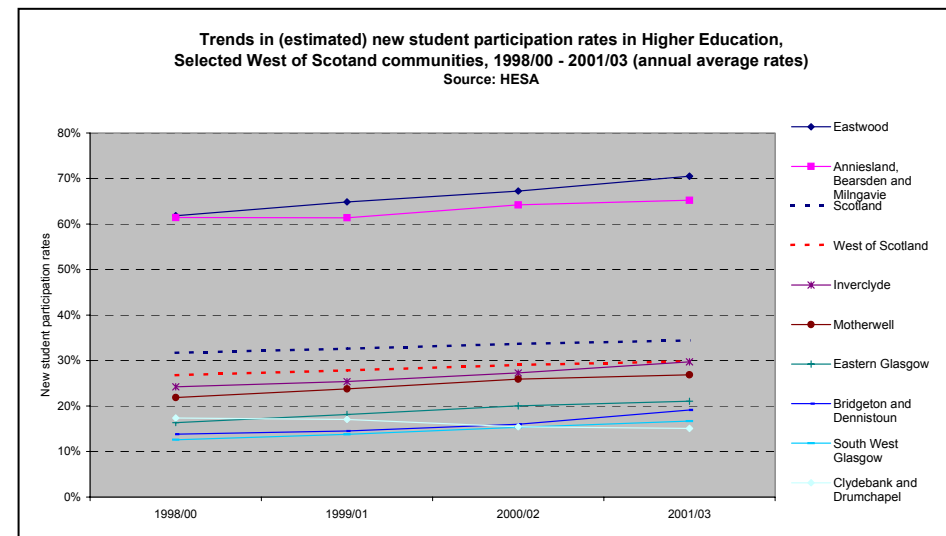
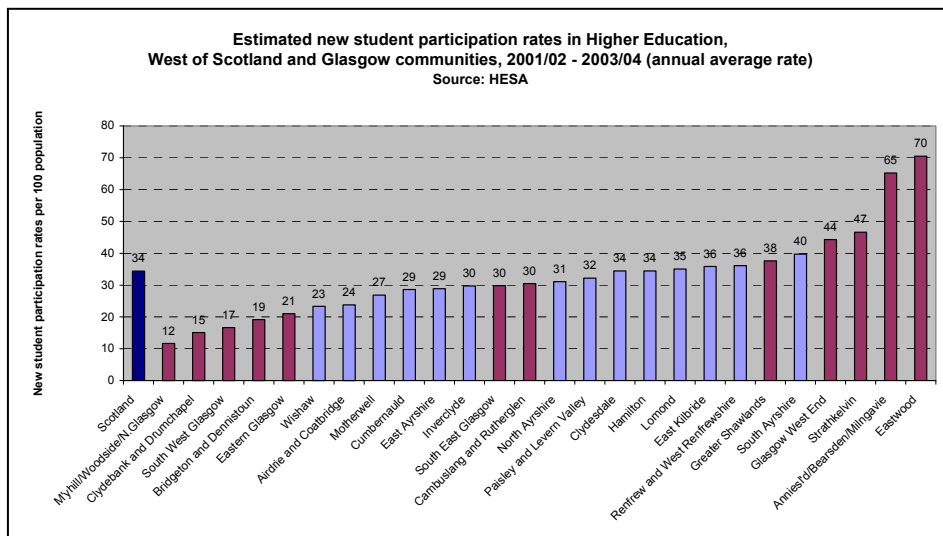
3a. SOCIAL ENVIRONMENT – Lone parent households



Summary points

- **Lone parent households** with dependent children make up 25% of all families with dependent children nationally.
- The proportion of lone parent households varies widely across Scotland, from 13% - 14% in Eastwood and Anniesland, Bearsden & Milngavie, up to 40% and above in other parts of the conurbation (Clydebank & Drumchapel, Maryhill/Woodside & North Glasgow, Bridgeton & Dennistoun).
- At the smaller area level (postcode sectors), even wider variations are apparent with less than 10% of families having a lone parent in mainly affluent parts of the West of Scotland compared to 60% and above in some of the more deprived parts of Glasgow.

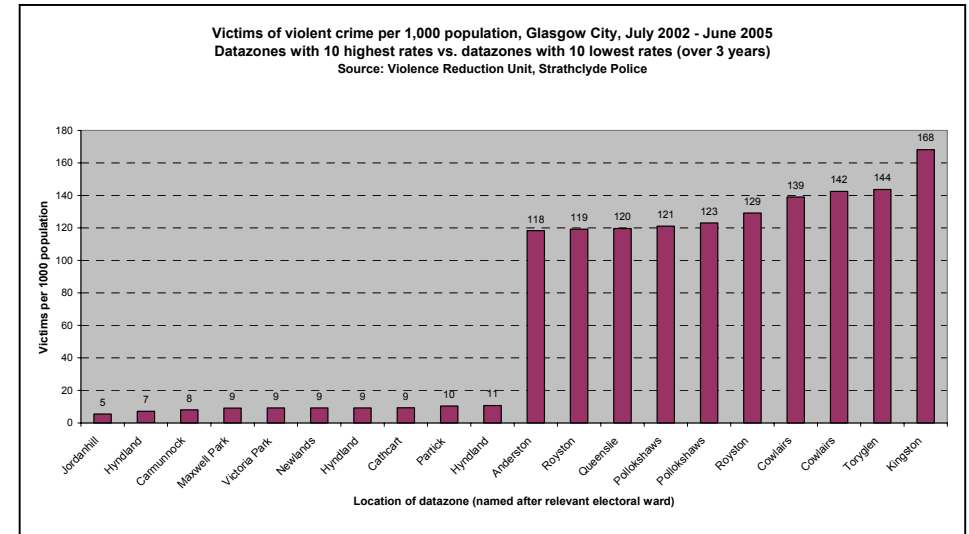
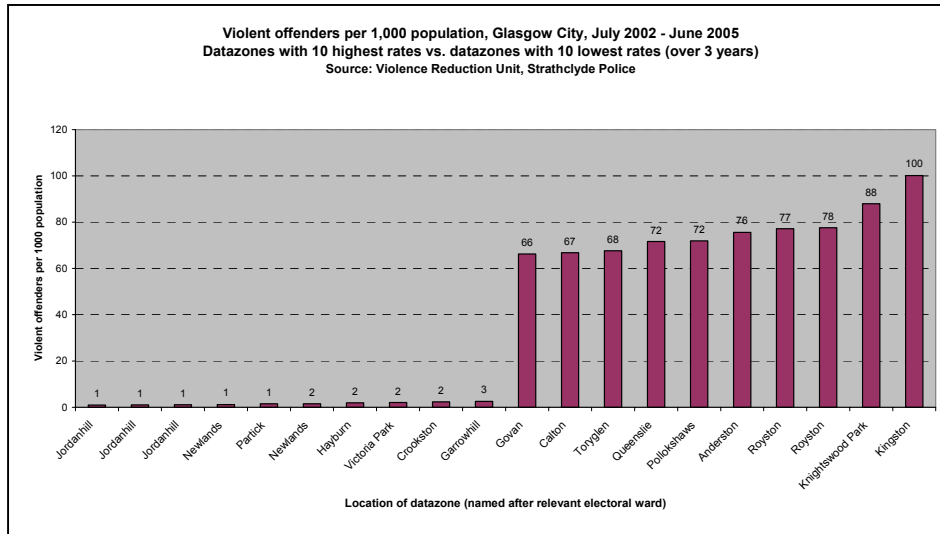
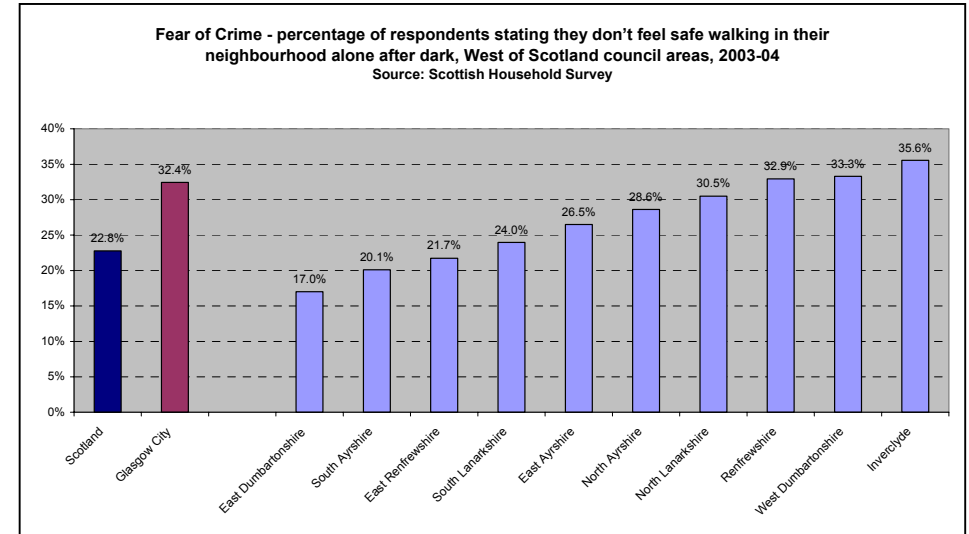
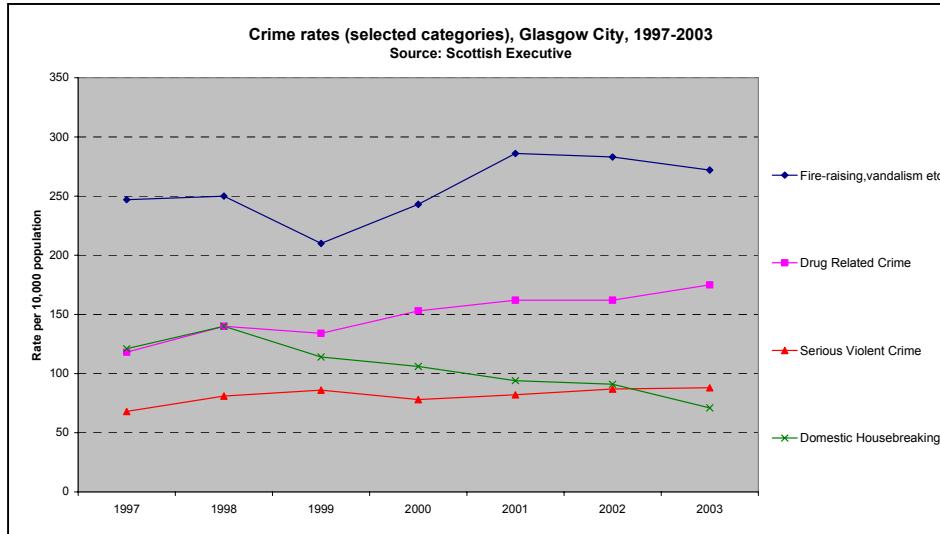
3b. SOCIAL ENVIRONMENT – Education



Summary points

- The new **student participation rates** are estimates based on the number of Scottish domicile, full-time, first degree, first year students aged 20 and younger. The figures are averaged over a three year period (2001/02-2003/04) and expressed as a percentage of the population aged 17 at the 2001 Census. These rates represent a rough proxy for annual new student participation rates but their accuracy is uncertain.
- Across West of Scotland communities there is a wide range in new student participation rates. In Anniesland, Bearsden & Milngavie and in Eastwood new student participation rates are estimated to be high (65-70%) compared to the national average of 34%, while in four communities in Glasgow participation rates are estimated to be below 20%.
- Trends in new student participation rates have risen in recent years across Scotland. However, these increases have not been dramatic and the gap between areas with high and low participation levels remains wide.

3c. SOCIAL ENVIRONMENT – Crime

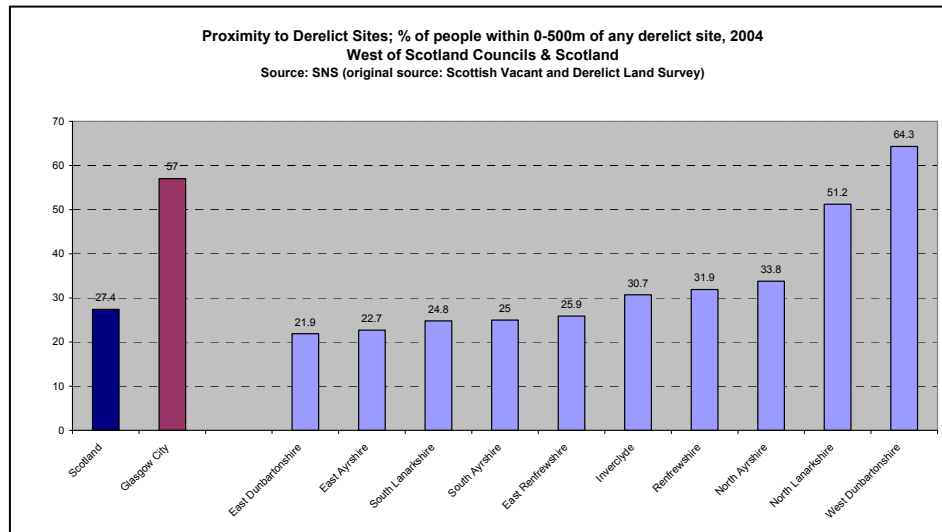
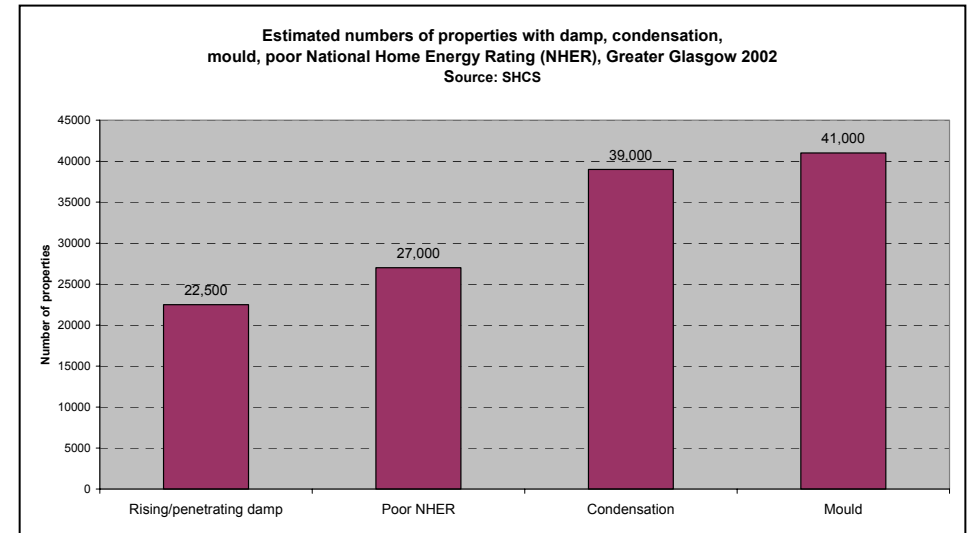
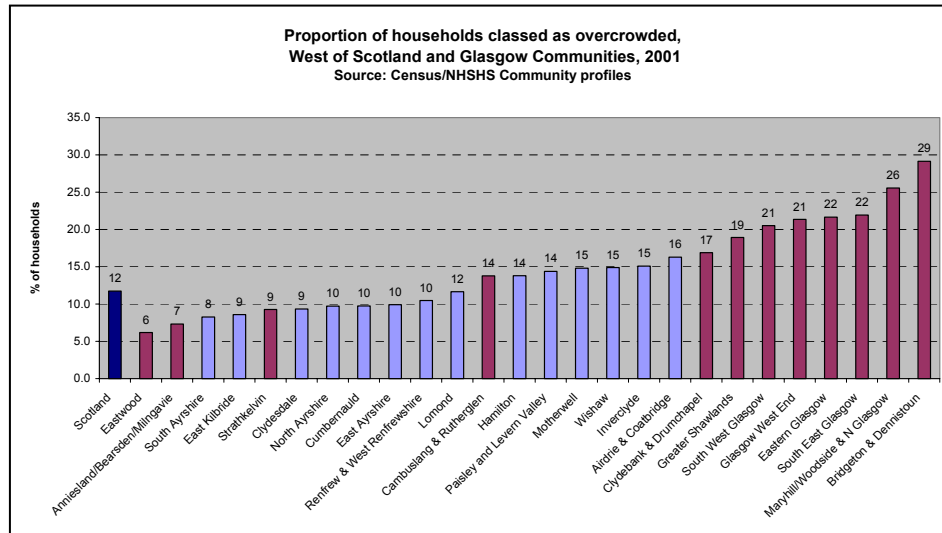


3c. SOCIAL ENVIRONMENT – Crime continued

Summary Points

- Trends in the rate of **overall crime** emphasise that recorded crime levels in Glasgow have been at least 50% higher than the Scottish average in recent years.
- The trend in **different types of crime** varies. ‘Fire-raising, vandalism, etc.’, drug related crime and serious violent crime have all become more prevalent, while domestic housebreaking and motor vehicle related crimes (not graphed) have decreased.
- Glasgow has the highest levels of recorded **violent crime** in Scotland. Prevalence of offending is geographically and socially patterned. Violent offenders tend to come from deprived parts of the city, and in one ‘data zone’ (small geographical areas with average populations of 750 people), one in ten of the population has been recorded as a violent offender in the last three years.
- Areas with the highest proportion of **victims** also tend to have the highest proportion of **offenders**. In a number of small areas (data zones) in Glasgow, more than one in ten people have been the victim of a violent crime in the last three years.
- The profiles of victims and offenders are very similar: they are likely to live in more deprived communities, to be male and to be young. The peak ages for being an offender or a victim are the mid teenage years to early twenties.
- **Fear of crime**: survey estimates suggest that a third of the Glasgow residents are afraid of walking alone in their neighbourhood after dark.

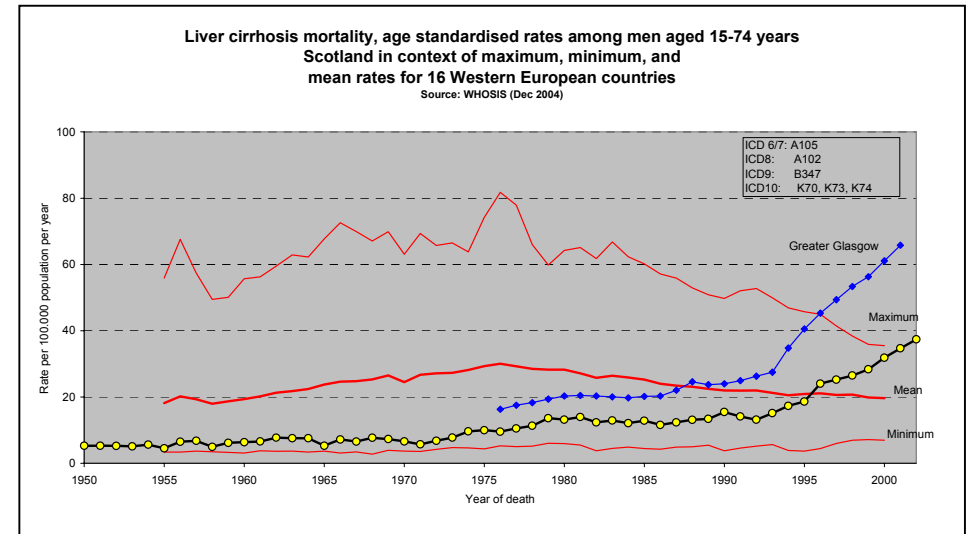
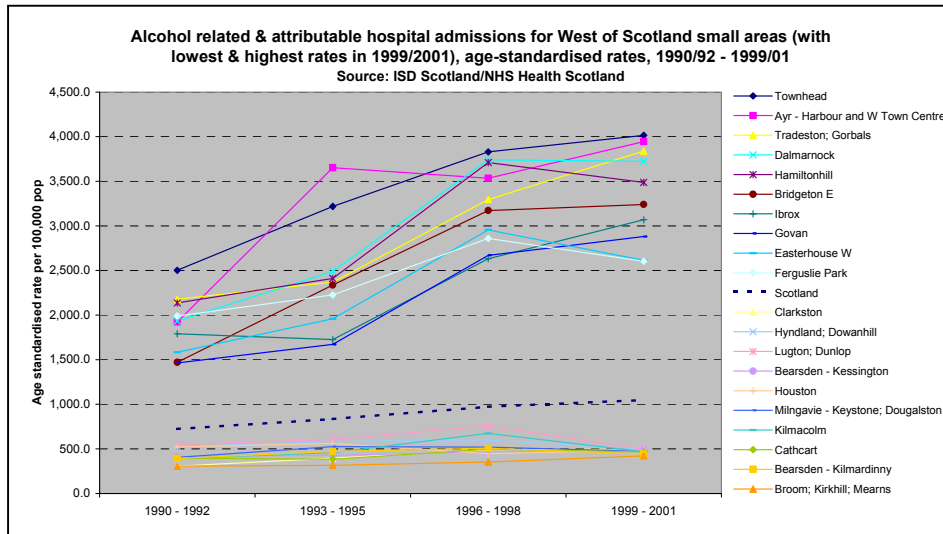
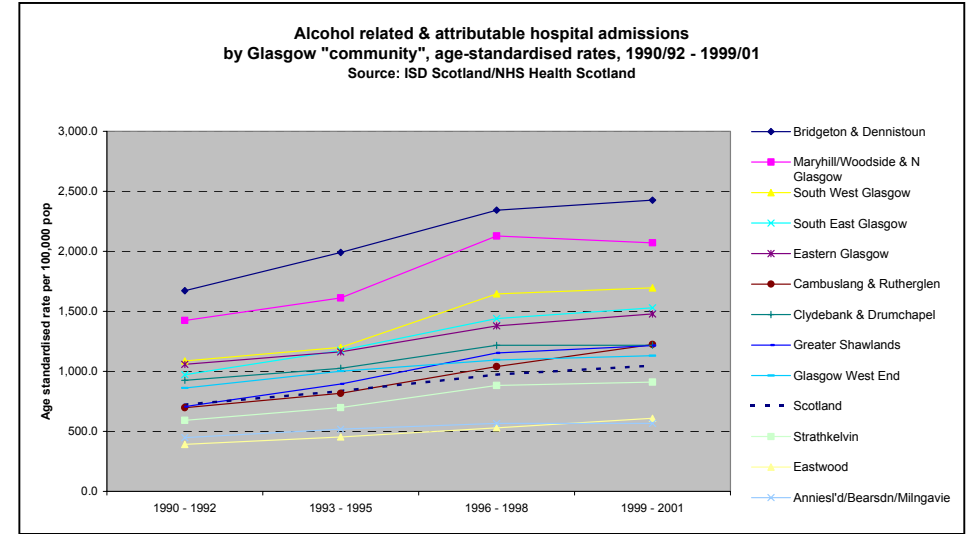
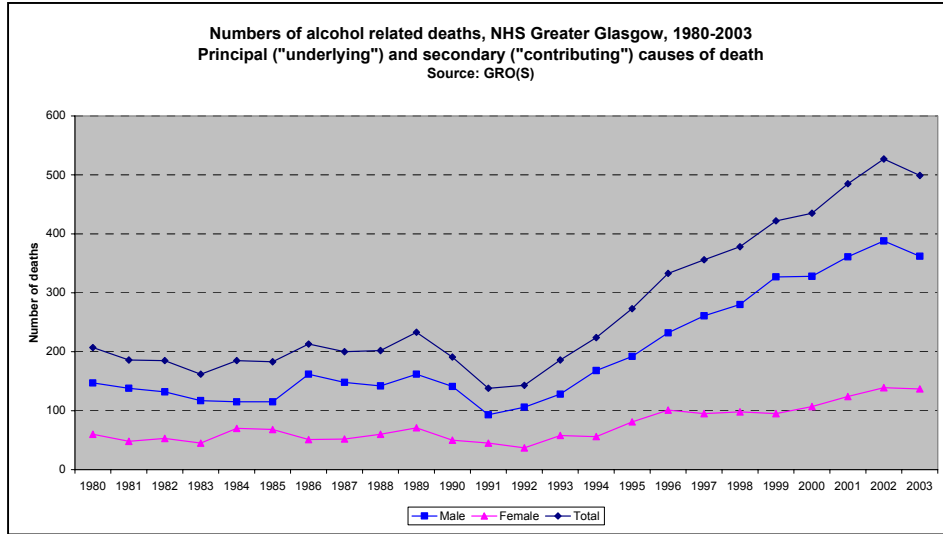
4. PHYSICAL ENVIRONMENT – Overcrowding, house condition, proximity to derelict land



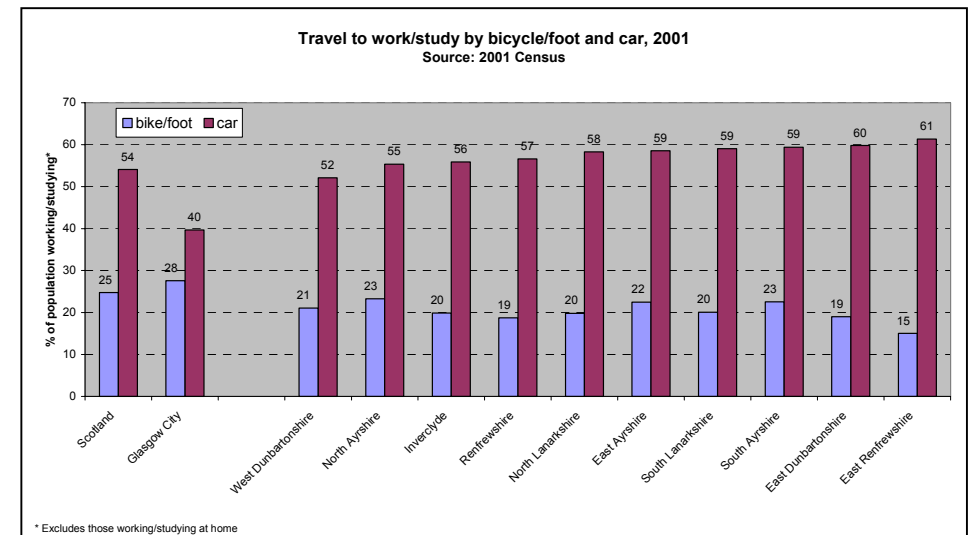
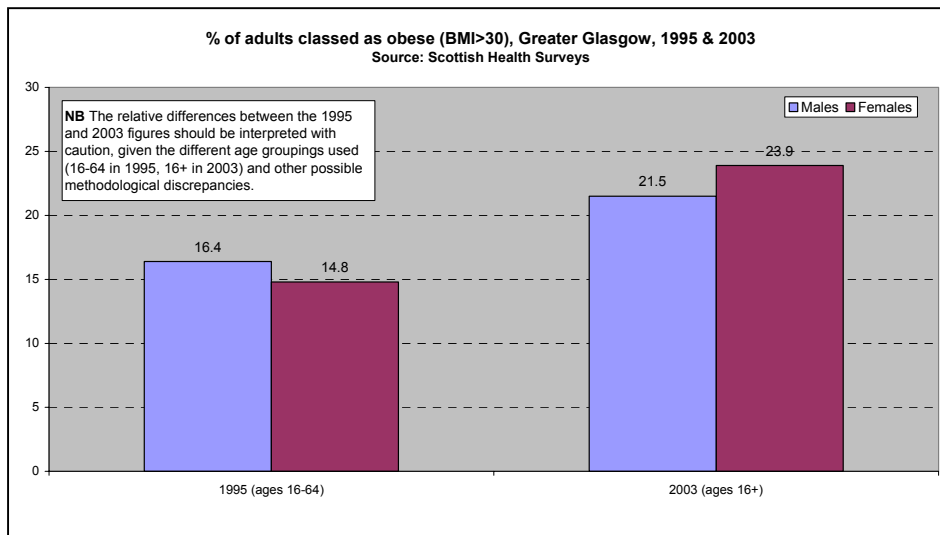
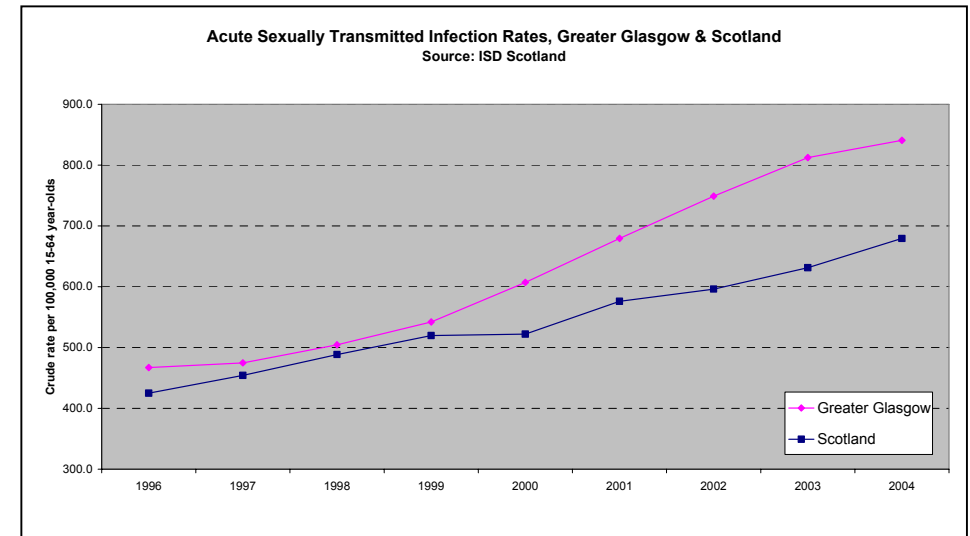
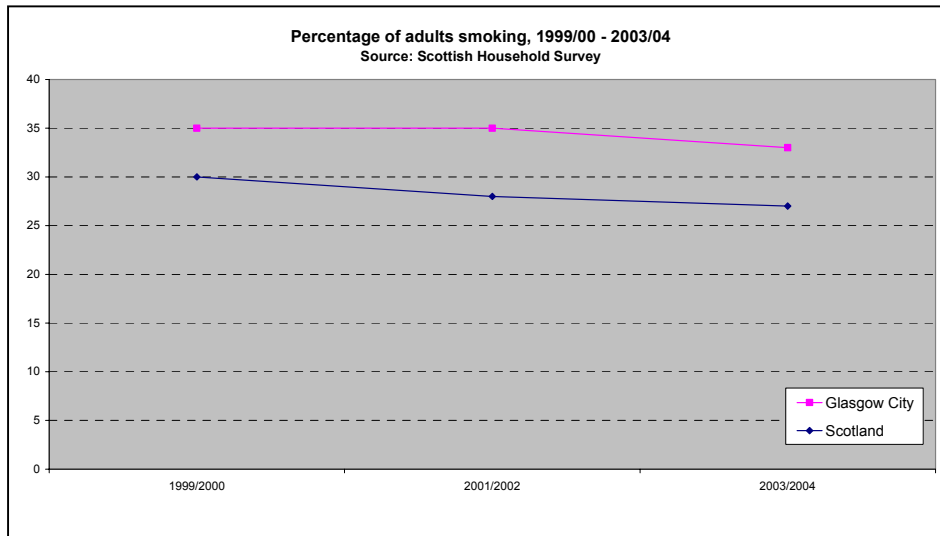
Summary points

- Although overcrowding has reduced substantially in the last twenty years, there are still areas where significant proportions of the population live in cramped dwellings.
- Similarly, despite improvements, significant numbers of properties in Greater Glasgow still suffer from rising damp, poor heating efficiency, condensation and mould.
- Over 50% of residents of North Lanarkshire, Glasgow and West Dunbartonshire live in proximity to derelict land – ‘a source of potential negative environmental impact’.

5a. BEHAVIOUR - Alcohol



5b. BEHAVIOUR – Smoking, sexual health, obesity, travel

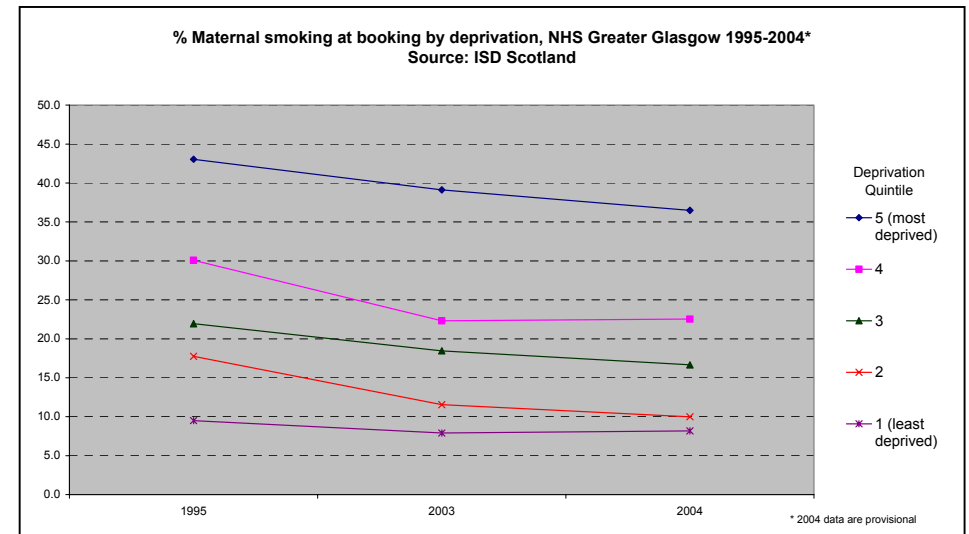
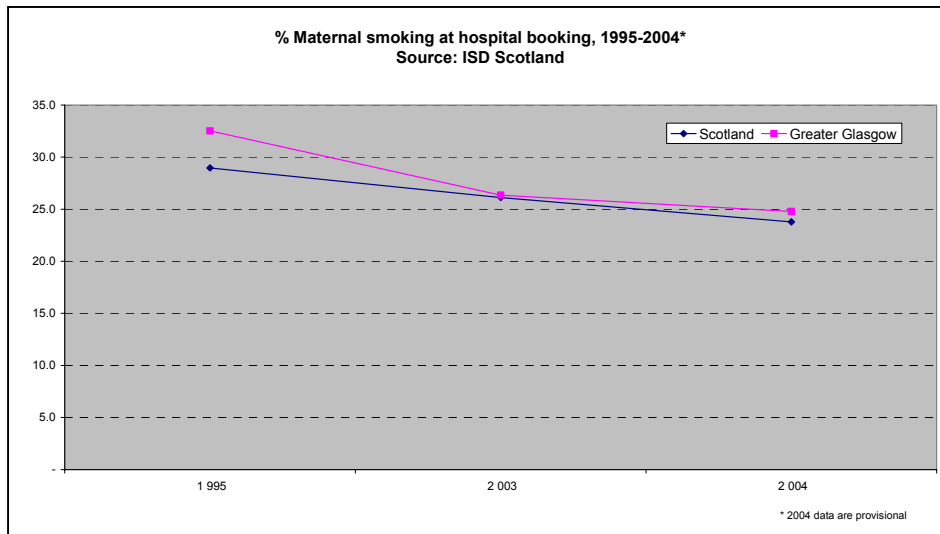
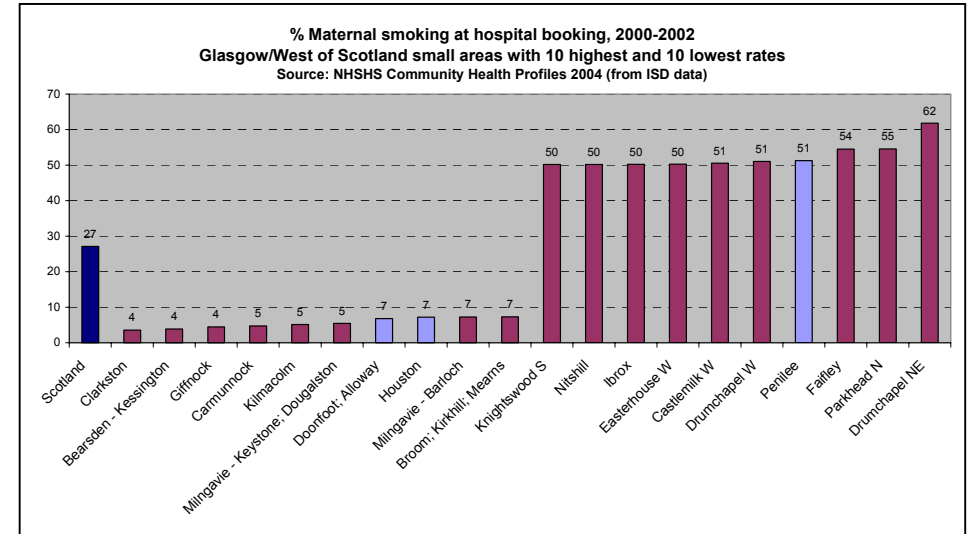
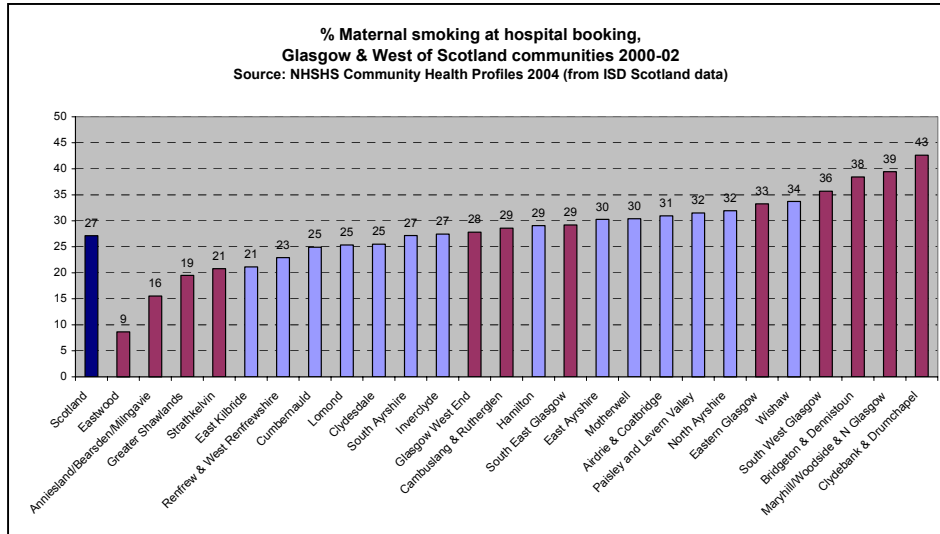


5. BEHAVIOUR – continued

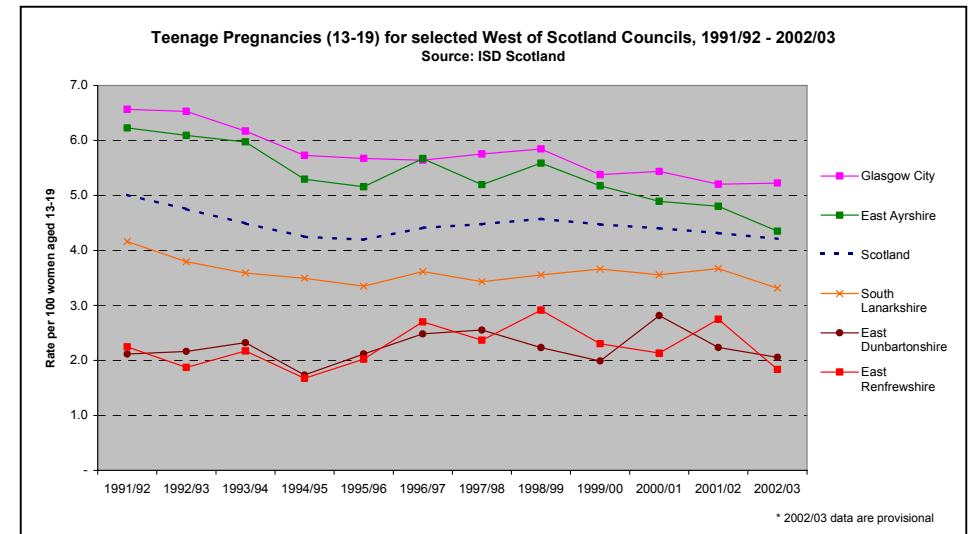
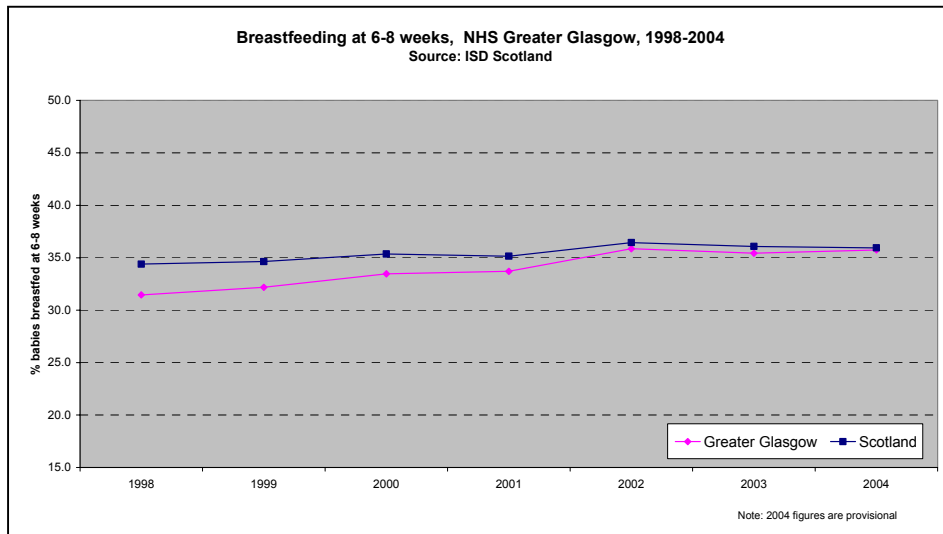
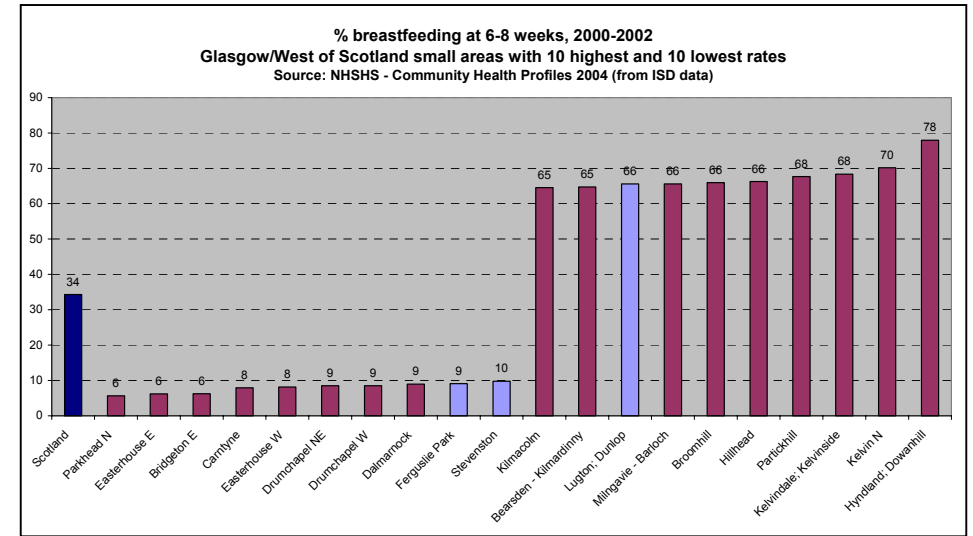
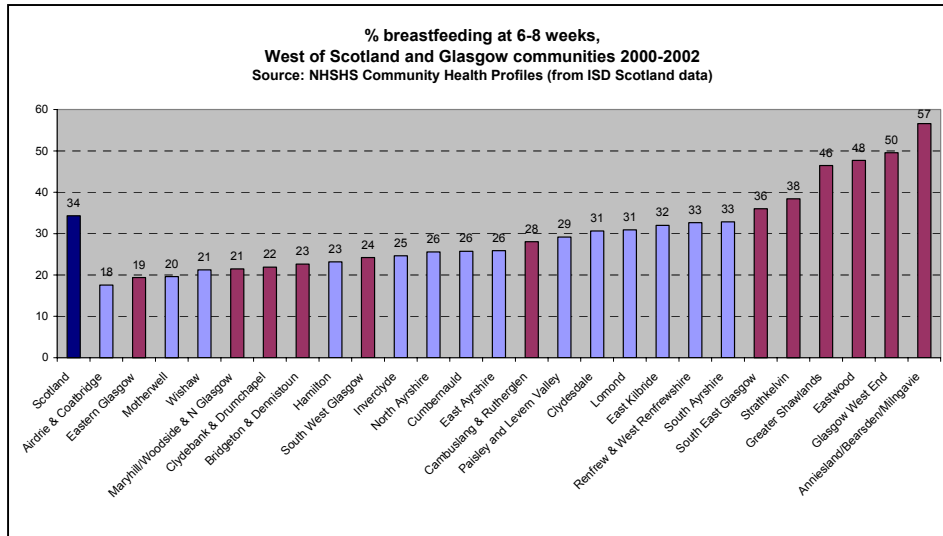
Summary points

- The number of **alcohol related deaths** in the Greater Glasgow area remained reasonably constant throughout the 1980s, but increased strikingly in the subsequent decade – an almost four-fold increase in numbers was evident between 1991 and 2002. Although the majority of deaths were among males, female alcohol related mortality also increased notably over the period shown.
- In 1980 **alcohol related deaths** in Greater Glasgow accounted for just 2% of all male deaths in the area, and 4.6% of all male premature (age <65) deaths. By 2003, these figures had risen to 7% and 17% respectively.
- Similar increases in **alcohol related & attributable acute hospitalisations** have taken place since the beginning of the 1990s. Nationally, hospitalisations increased by almost 50% between 1990-1992 and 1999-2001, and this rate of increase is generally matched, and in some cases exceeded, by that of the Glasgow ‘communities’. At a small area level, differences in rates of increase between areas in Glasgow and the West of Scotland with the lowest rates of hospitalisation, and those with the highest, are even more striking.
- In a European context, **cirrhosis mortality rates** in Greater Glasgow in the 1970s and 1980s were consistently at, or below, the European average; between 1990 and 2001, however, the rate of mortality increased sharply to being far in excess of both the European average and maximum values (at a national level).
- No long-term trend in **smoking prevalence** in Glasgow is available. The current prevalence rate of 33% (from the 2003/04 Scottish Household Survey) exceeds the national figure of 27%, but has fallen very slightly since the 1990/2000 survey.
- Rates of acute **sexually transmitted infections** have increased markedly in both Scotland and the Greater Glasgow area in recent years. However, rates have risen faster in Greater Glasgow (93% rise between 1996 and 2004) than has been the case nationally (71% increase), although this may reflect higher levels of screening in the Glasgow area.
- Levels of **obesity** in Greater Glasgow have been rising. Data from the 2003 Scottish Health Survey estimate that more than one fifth of males (21.5%), and almost a quarter of females (24%), are now classified as obese.
- In Glasgow, considerably fewer individuals **travel** to work/study by car than is the case nationally (40% compared to the Scotland figure of 54%), and more regularly commute on foot or by bicycle. However (not shown here), car ownership in Glasgow is rising, and future projections (see section 10) show arguably unsustainable increases in traffic volume.

6a. PREGNANCY & CHILDBIRTH – Smoking during pregnancy



6b. PREGNANCY & CHILDBIRTH – Breastfeeding & teenage pregnancies

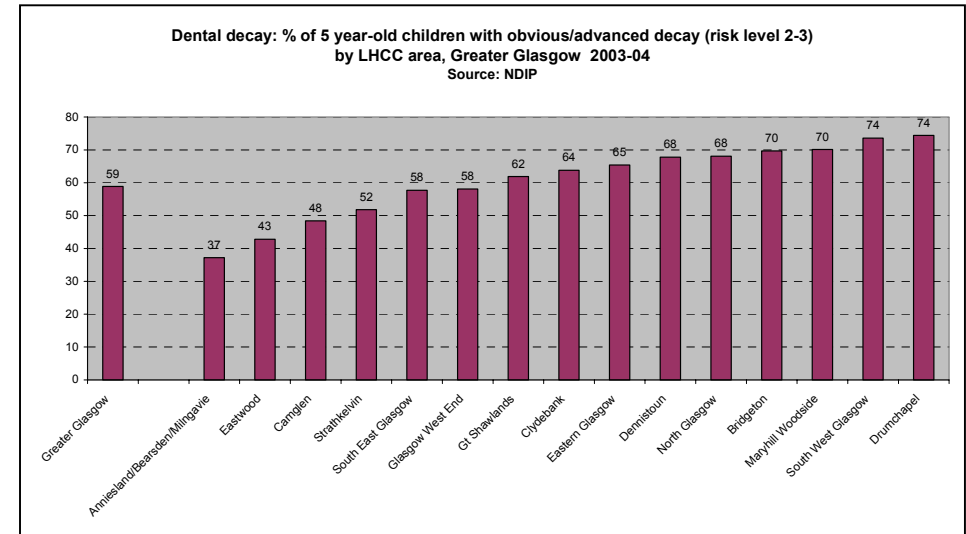
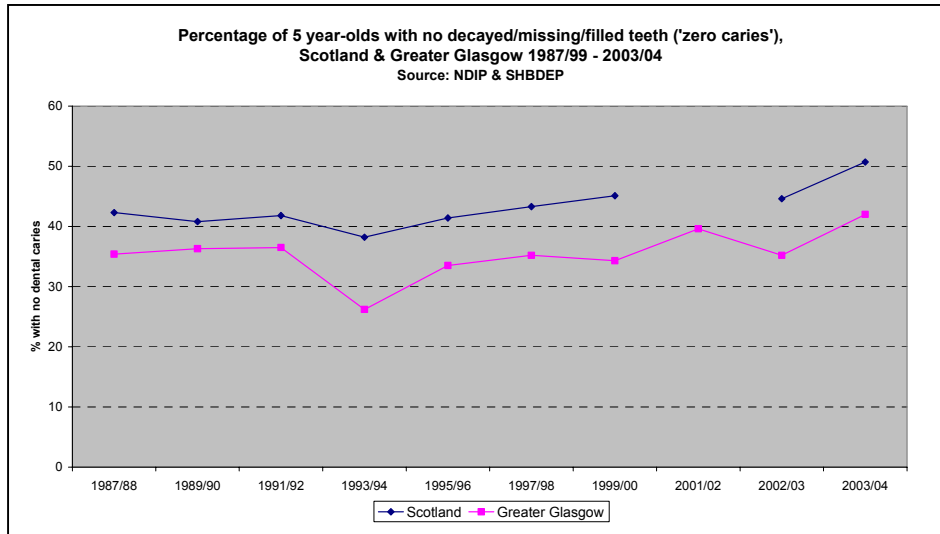
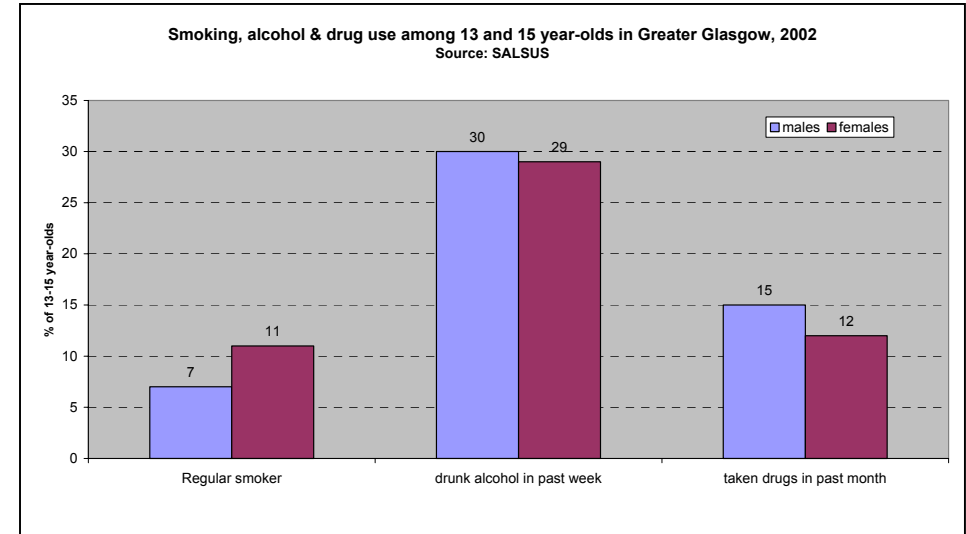
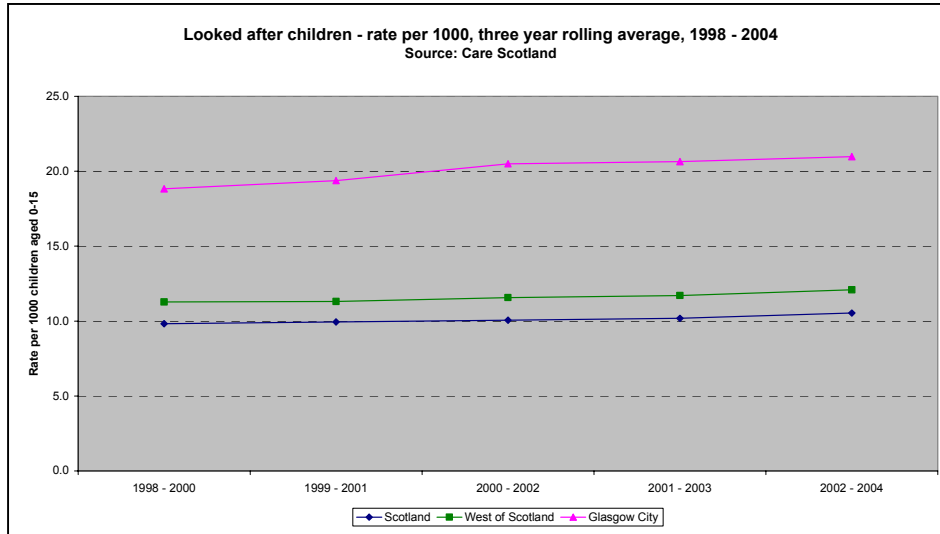


6. PREGNANCY & CHILDBIRTH – continued

Summary points

- Huge variations in recorded rates of **smoking during pregnancy** are evident across the different parts of Glasgow. At the larger community level, rates in Clydebank & Drumchapel between 2000 and 2002 were five times higher than those in Eastwood. Even more striking differences are seen at the small area (postcode sector) level.
- The trend in **smoking during pregnancy** is, however, downward. Between 1995 and 2004, rates in the Greater Glasgow area fell from 33% of pregnant women to the national figure of 26%. Decreases were recorded in deprived as well as affluent parts of Glasgow, although as the rates of decrease were similar, the gap between the most and least deprived populations did not narrow.
- **Breastfeeding** rates also vary enormously across Glasgow and the West of Scotland. At a community level, rates in 2000/02 ranged from 18% of babies being breastfed at 6-8 weeks in Airdrie & Coatbridge, to almost 60% in Anniesland, Bearsden & Milngavie. At a small area level, the variation is again yet more striking.
- **Breastfeeding** rates for all Greater Glasgow have now reached the national level of 36%. However, that figure has not increased any further in the last few years.
- **Teenage pregnancy** rates also differ enormously across Glasgow and the West of Scotland; however, at a local authority level, rates within Glasgow City have fallen by around 20% since 1991/92.

7. CHILDREN'S HEALTH – Looked after children, smoking/alcohol/drug use, dental health

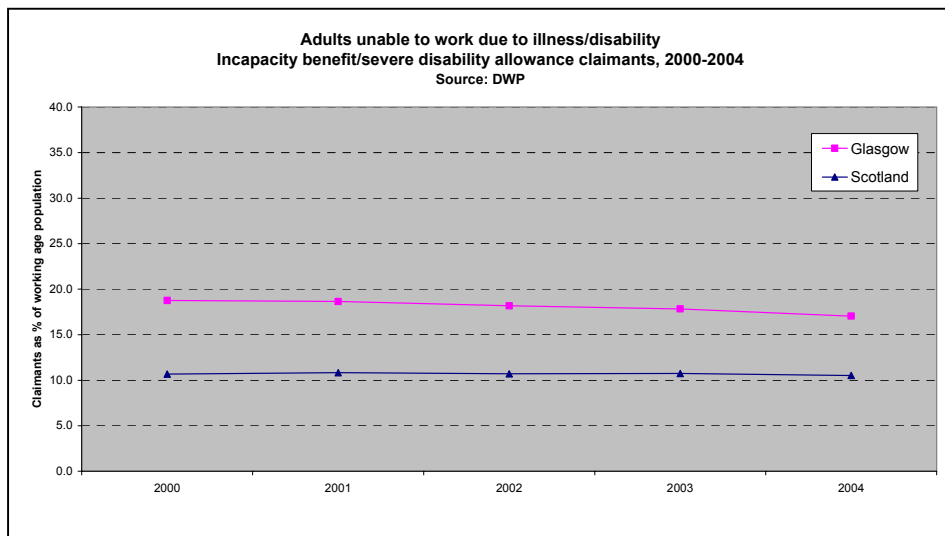
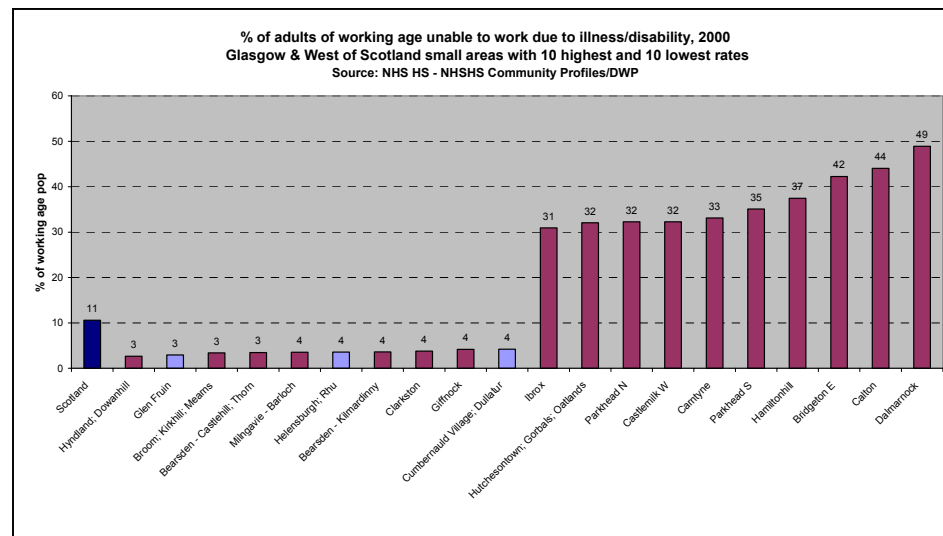
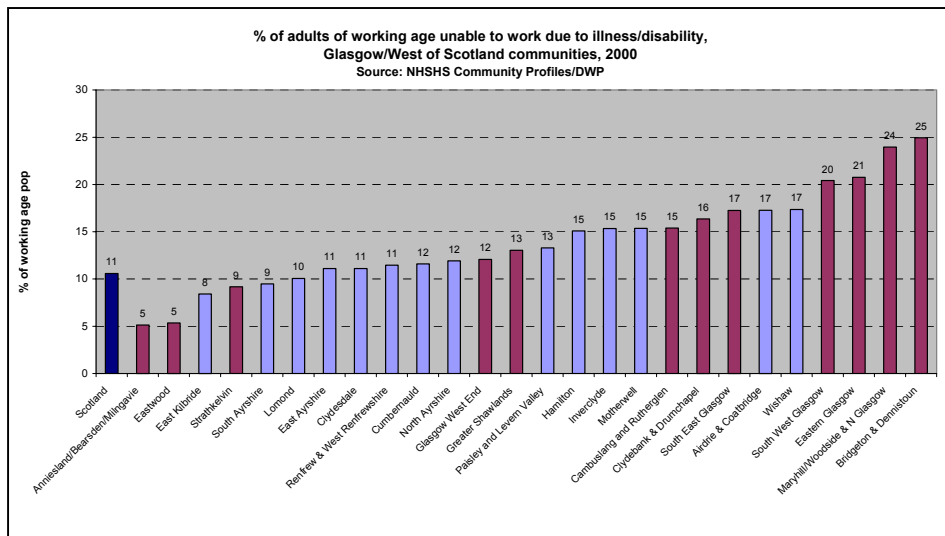


7. CHILDREN'S HEALTH – continued

Summary points

- In 2004, two and a half thousand **children** were being '**looked after**' by the local authority in Glasgow. Proportionally, Glasgow stands out as having the highest rate of looked after children not only within the West of Scotland, but across the whole country: the rate of 20.8 per 1,000 children is almost twice the national figure and well in excess of the overall figure for the West of Scotland.
- The trend in the numbers of **looked after children** shows a slow, but consistent, increase over the past few years. Across all Scotland, rates rose from 9.5 in 1998 to 10.9 in 2004, while in Glasgow the rate increased from 18.2 to 20.0, an increase of about 14%, in line with the national trend.
- The Scottish schools adolescent lifestyle and substance use survey (SALSUS) showed that in 2002 significant proportions of 13 and 15 year-olds in Greater Glasgow (a) were **regular smokers** (7% of boys, 11% of girls), (b) had drunk **alcohol** in the week prior to the survey (30% of boys, 29% of girls), and (c) had tried **drugs** in the previous month (15% of boys, 12% of girls). However, all figures were lower than the equivalent national estimates.
- **Dental health** in children in Greater Glasgow has improved slightly since the late 1980s, with the percentage of five year-olds without any decayed, filled or missing teeth rising from 35% in 1987/88 to 42% in 2003/04. However, this latter figure is lower than that of Scotland (50%), and also means that almost 60% of primary 1 schoolchildren fall into risk categories 2 and 3 of the National Dental Inspection Programme (i.e. equating to "obvious evidence of decay experience and/or poor oral hygiene" (risk level 2) or "obvious advanced and/or widespread current decay" (risk level 3)). Within the city this figure varies from 37% (Anniesland, Bearsden, Milngavie) to 74% (Drumchapel).

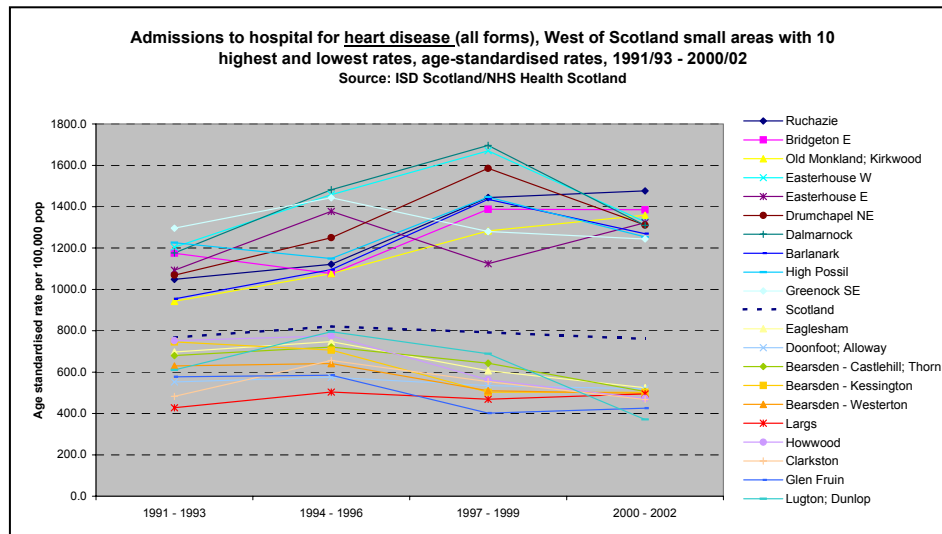
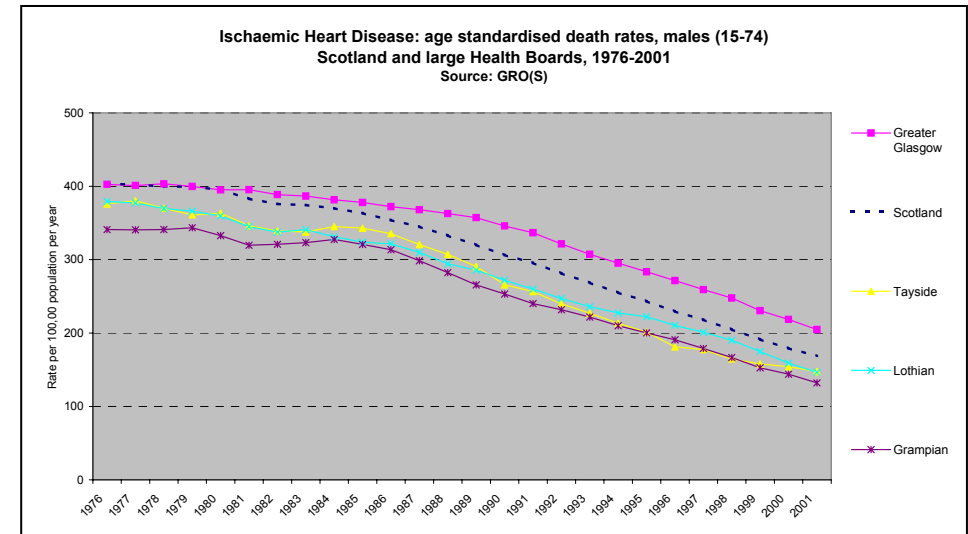
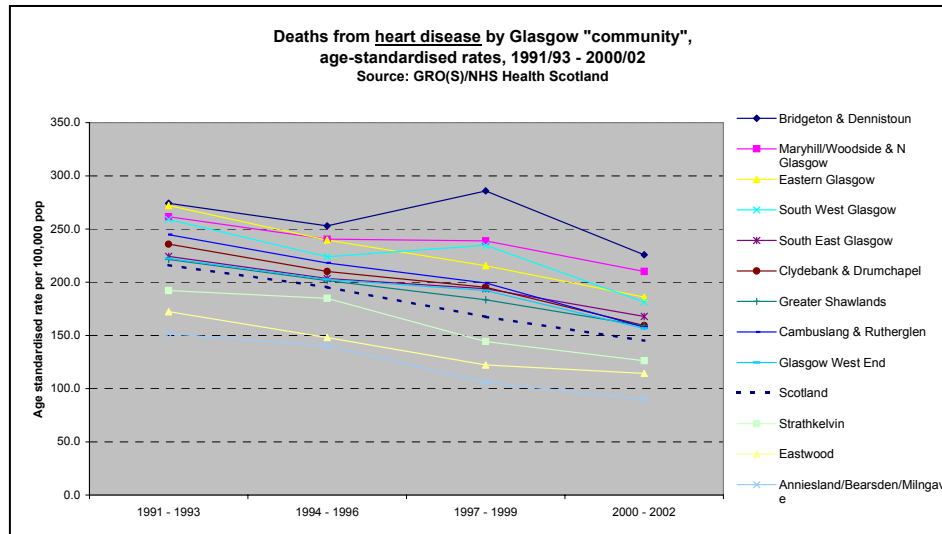
8. HEALTH & FUNCTION – Adults unable to work due to illness/disability



Summary points

- In 2000, almost one fifth of the working age population of Glasgow was unable to work due to illness/disability (claimants of incapacity benefit or severe disability allowance).
- At a community level this figure ranged from 5% (Anniesland, Bearsden, Milngavie) to 25% (Bridgeton & Dennistoun); even more striking variation was evident at a small area (postcode sector) level.
- Between 2000 and 2004, the figure for Glasgow fell slightly (from 19% to 17%).

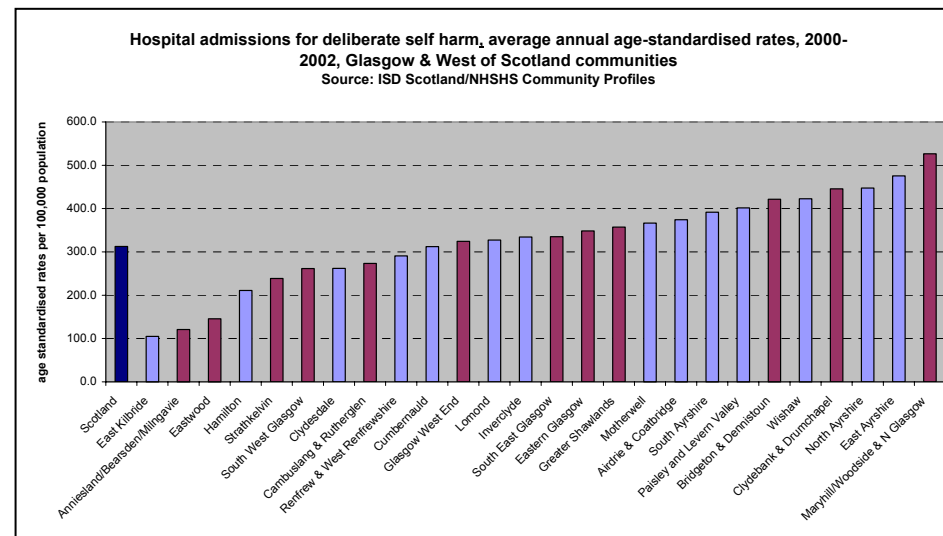
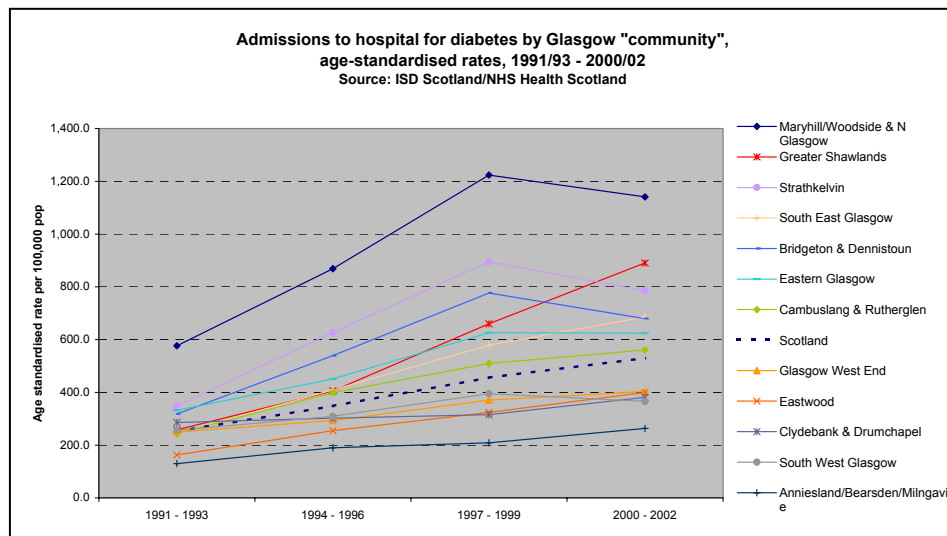
9a. ILLNESS & DISEASE – Heart disease



Summary points

- Between 1976 and 2001 rates in **heart disease mortality** in Greater Glasgow almost halved. The decrease for all Scotland was even greater, however, meaning that since the early 1980s rates in Greater Glasgow have remained relatively higher.
- Reductions in deaths from heart disease can be seen across all the Glasgow communities.
- The decrease in heart disease mortality has not always been matched by a decrease in heart disease morbidity (as measured by hospital admissions).

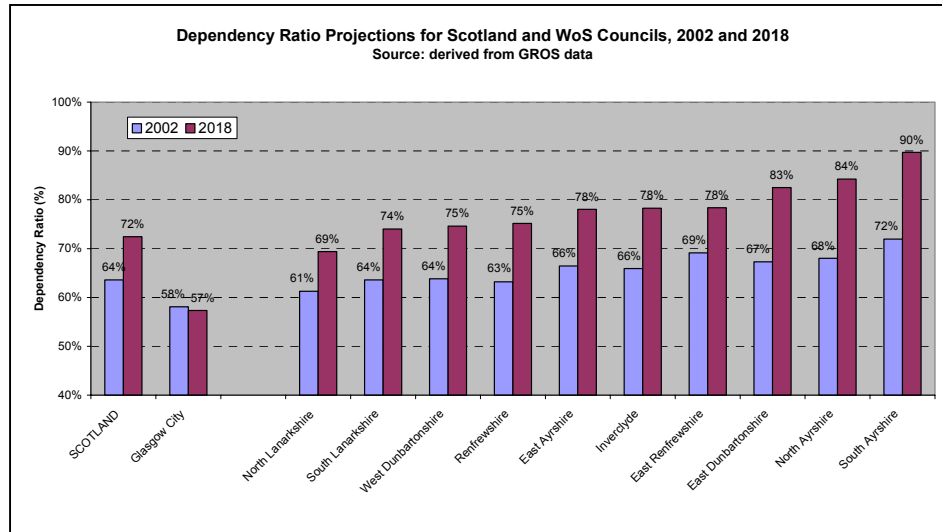
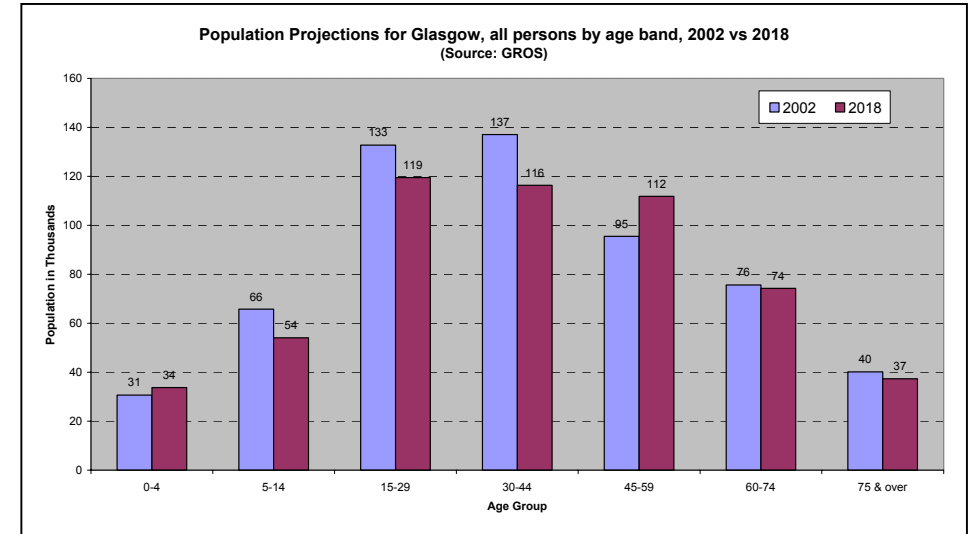
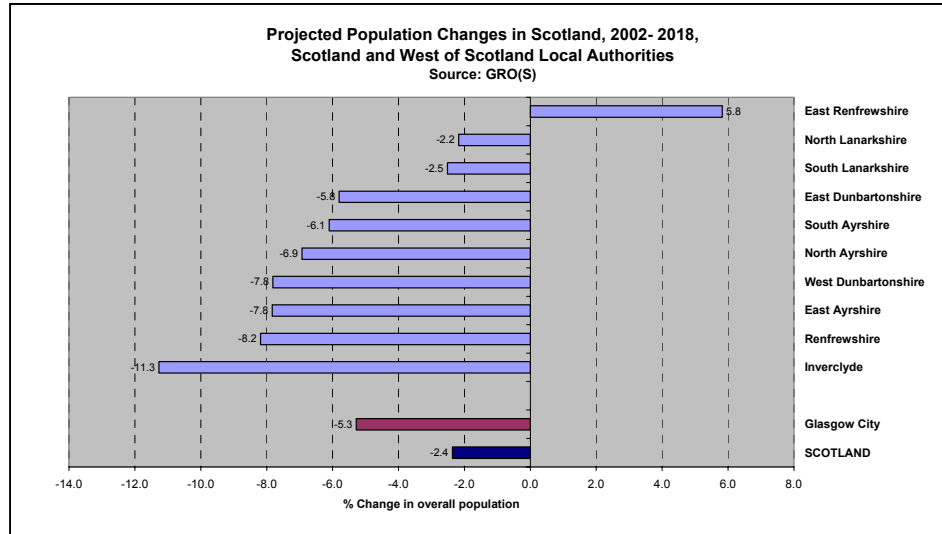
9b. ILLNESS & DISEASE – Diabetes, deliberate self harm



Summary points

- Notable increases in hospitalisation rates for certain diseases have become evident in recent years. One example of this is **diabetes**. Nationally, hospital admission rates for this reason more than doubled between 1991/93 and 2000/02. This increase is mirrored in many parts of Glasgow including Maryhill, Woodside & North Glasgow (the community with the highest rate of admission in Scotland, where admission rates also increased by almost 100% over the ten years), while some areas experienced even steeper increases over the period (e.g. Greater Shawlands).
- Long-term trends in admission to hospital for **deliberate self harm** are unavailable. However, analysis of admission rates across the Glasgow communities show in excess of four-fold variation between Anniesland, Bearsden & Milngavie (the community with the lowest recorded hospitalisation rate) and Maryhill, Woodside & North Glasgow (the community with the highest rate).

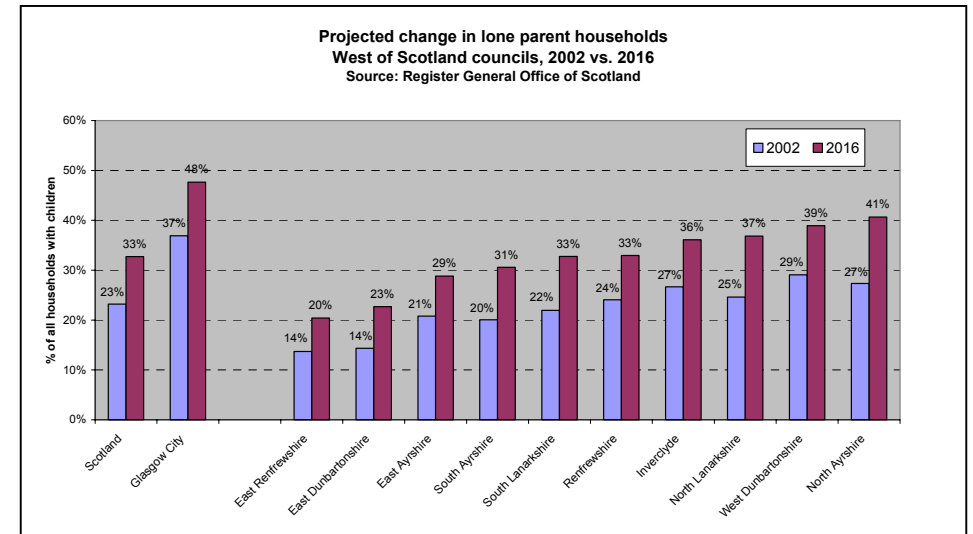
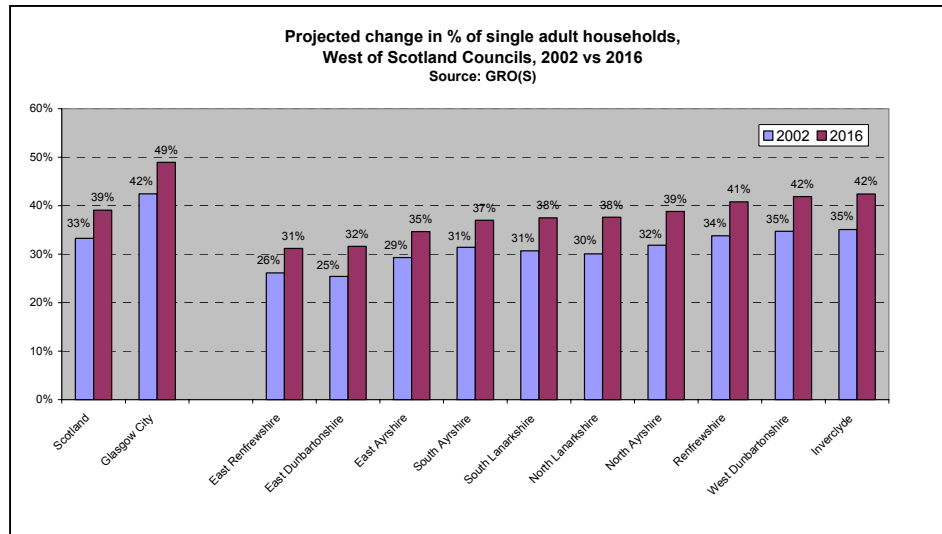
10a. PROJECTIONS – Population



Summary points

- Glasgow's population is expected to fall by around 5% by 2018.
- Glasgow's projections differ from those of the rest of the country, with the number of young children (0-4) set to increase by 10%, and the population in older age groups expected to decrease – rather than increase – slightly.
- Although Scotland's 'dependency ratio' (the proportion of young and old in the population to those of working age) is expected to increase significantly by 2018, this is not the case in Glasgow.

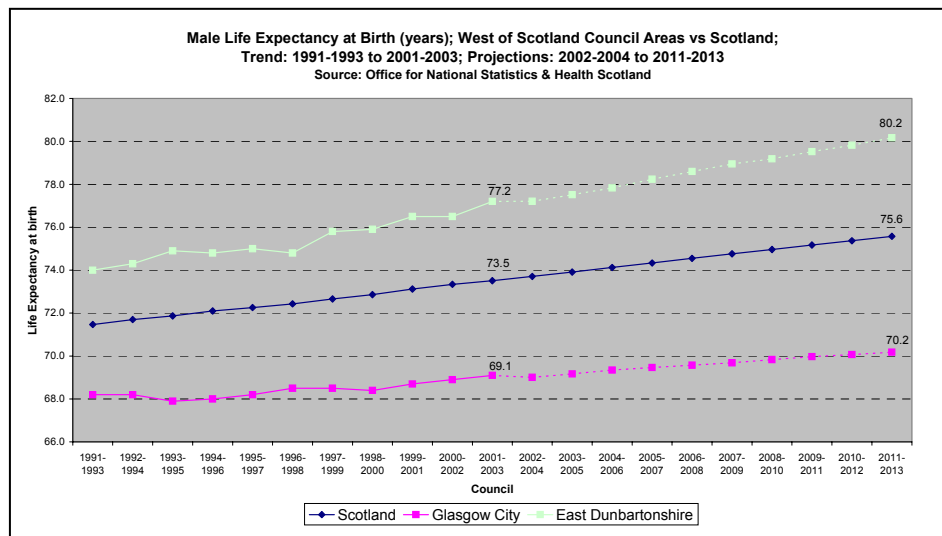
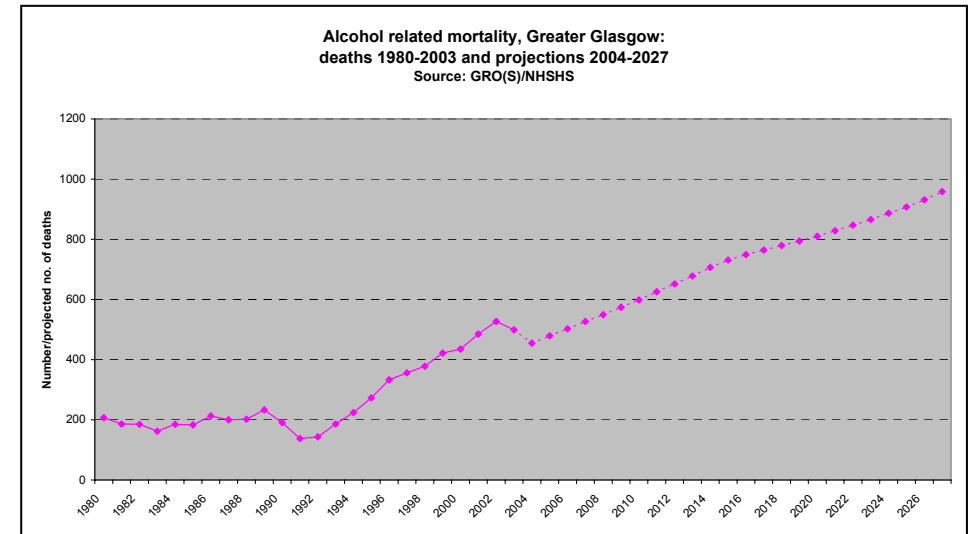
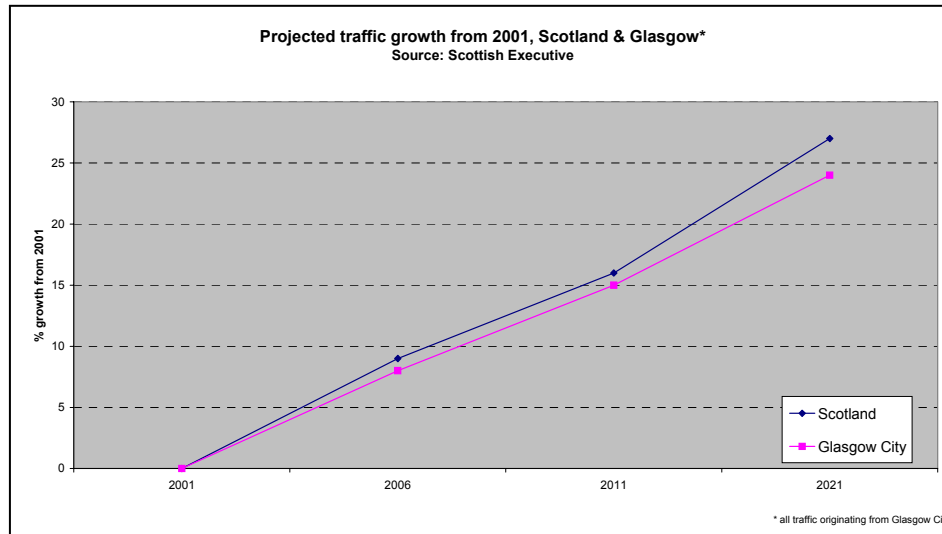
10b. PROJECTIONS – Households



Summary points

- **Single adult households** are predicted to increase, and it is expected they will account for 39% of all households in Scotland by 2016.
- Across the West of Scotland, Glasgow is currently the council with the largest proportion of **single person households** and this is projected to increase further, with the percentage of single adult households in the city forecast to reach 49% by 2016.
- The proportion of families that have a **single parent** resident in the household are projected to rise in the next 10 years also, both nationally and in every council area in the West of Scotland.
- Based on current trends, **lone parent families** in Glasgow are forecasted to become as common as two parent families in the city by 2016.

10c. PROJECTIONS – Traffic, alcohol related harm, life expectancy



Summary points

- By 2021, **traffic volume** on Scotland's - and Glasgow's - road network is predicted to rise by approximately 25% from 2001 levels.
- Based on the trend between 1980 and 2003, a simple linear regression based projection of **alcohol related mortality** estimates a further 110% increase by 2028.
- Similar trend-line projections of male **life expectancy** (based on trends between 1991/93 and 2001/03) predict the gap between Glasgow and East Dunbartonshire to rise from 8 to 10 years.

NOTES, DEFINITIONS & SOURCES

Section	Page	Indicator/Title	Description	Time period	Source
HISTORICAL CONTEXT/ POPULATION DYNAMICS	4	Population trend (Glasgow City Council area and its predecessors)	Total population of city of Glasgow	1801-2004	MOH Reports (1898, 1925, 1926, 1972); GRO(S) Annual Reports (1973-2004)
	4	Births and deaths (Glasgow City Council area and its predecessors)	Total births and deaths, both expressed as a crude rate per 1,000 population	1855-2004	MOH Reports (1898, 1925, 1926, 1972) GRO(S) Annual Reports (1973-2004)
	4	Infant deaths (Glasgow City Council area and its predecessors)	Deaths under 1 year of age expressed as a rate per 1,000 live births	1855-2004	MOH Reports (1898, 1925, 1926, 1972) GRO(S) Annual Reports (1973-2004)
	5	Death rates in Glasgow's sanitary districts	Total number of deaths from all causes, expressed as a crude rate per 1,000 population	1901	MOH Reports (1901)
	5	Death rates (by community & postcode sector)	Average annual deaths from all causes expressed as a directly age-standardised rate per 100,000 population	2000-2002	NHSHS Community Profiles (from GRO(S) data) (2004)
	6	Life expectancy (by council)	Male and female life expectancy at birth	1821/27 – 2001/03	MOH Reports (1925); ONS (2005)
	6	Male life expectancy trend (by council)	Male life expectancy at birth	1991/93- 2001/03	ONS (2005)
	6	Healthy life expectancy (by council)	Healthy life expectancy estimates for males (based on absence of long-term limiting illness in SHHS data)	1999-2000	ISD Scotland
ECONOMY	7	Children in workless households (by community)	% of dependent children living in households where no-one is in employment	2001	NHSHS Community Profiles (from 2001 Census data)

Section	Page	Indicator/Title	Description	Time period	Source
	7	Unemployment (by council)	Unemployment claimant count expressed as percentage of working age population	1992-2004	NOMIS
	7	Income Support (by council)	% of population over 16 claiming Income Support	2001 - 2003	SNS (from DWP data)
	7	Free school meals (by council)	% primary school pupils entitled to free school meals	1997-2004	SE Education Department
SOCIAL ENVIRONMENT	9	Lone parent households (by community & postcode sector)	% of all households with dependent children which are lone parent households	2001	NHSHS Community Profiles (from 2001 Census data)
	10	Participation in Higher Education (by community & postcode sector)	Estimated new student participation rates ¹ in Higher Education	1998/00 – 2001/03	HESA
	11	Crime trend (Scotland & Glasgow City)	Trends in selected categories of recorded crime (expressed as crude rates per 10,000 population)	1997-2003	Scottish Executive
	11	Fear of crime (by council)	% of respondents stating they do not feel safe walking in their neighbourhood alone after dark	2003-04	SHHS
	11	Violent crime (by datazone)	(1) Violent offenders and (2) victims of violent crime, expressed as rate per 1,000 population at datazone level (shown by name of electoral ward within which datazone is located)	2002-2005	Strathclyde Police Violence Reduction Unit
PHYSICAL ENVIRONMENT	13	Overcrowding (by community)	Number and percentage of all households termed as 'overcrowded' ²	2001	NHSHS Community Profiles (from 2001 Census)

¹ Calculated as number of Scottish domicile, full-time, first degree, first year students aged 20 and younger averaged over a three year period expressed as a percentage of the population aged 17 at the 2001 Census.

² Relates the actual number of rooms in a household space to the number of rooms 'required' by the members of the household (based on the relationships between them and their ages).

Section	Page	Indicator/Title	Description	Time period	Source
	13	House condition (for NHSGG)	Estimated numbers of properties with damp, condensation, mould, poor NHER (National Home Energy Rating)	2002	SHCS
	13	Proximity to derelict sites (by council)	% of population within 0-500m of any derelict sites	2004	SNS (from SVDLS data)
BEHAVIOUR	14	Alcohol related mortality (by gender)	Total number of alcohol related deaths ³ (principal & secondary causes)	1980-2003	GRO(S)
	14	Alcohol related/attributable hospital admissions (by community & postcode sector)	Average annual acute hospital 'continuous inpatient stays' for directly alcohol related or attributable conditions expressed as a directly age-standardised rate per 100,000 population	1990/92 - 1999/01	NHSHS Community Profiles (from ISD Scotland data)
	14	Liver cirrhosis mortality (by country & for NHSGG)	Age standardised mortality rates among men aged 15-74	1950-2002	NHSHS (from WHOSIS data)
	15	Smoking (Scotland, Glasgow City)	% of adults smoking	1999/00 – 2003/04	SHHS
	15	Sexually Transmitted Infections (Scotland, Glasgow City)	Acute sexually transmitted infections ⁴ expressed as crude rates per 100,000 population aged 15-64	1996-2004	ISD Scotland
	15	Obesity (for NHSGG)	% of adults aged 16-64 classified as obese (BMI>30)	1995, 2003	SHS
	15	Mode of travel to work (by council)	% of population who travel to place of work/study by (a) car and (b) bicycle or on foot	2001	Census

³ ICD9/ICD10 codes supplied by ISD Scotland; secondary causes of death have been limited to three in number.

⁴ Acute STIs include the following: infectious syphilis, gonorrhoea, chlamydia, genital herpes (first episode only), genital warts (first episode only), NCSI (non-chlamydial), trichomoniasis, HIV infection (newly diagnosed only), "other acute STI". They do not include: other acquired syphilis, congenital syphilis, genital herpes recurrence, genital warts recurrence/re-registered.

Section	Page	Indicator/Title	Description	Time period	Source
PREGNANCY & CHILDBIRTH	17	Smoking during pregnancy (by NHS Board, community, postcode sector & deprivation quintile)	Percentage of pregnant women recorded as smoking at first hospital booking	2000-2002; 1995-2004	NHSHS Community Profiles (from ISD Scotland data); ISD Scotland (trends)
	18	Breastfeeding (by NHS Board, community & postcode sector)	Percentage of babies being breastfed at 6-8 week review	2000-2002; 1998-2004	NHSHS Community Profiles (from ISD Scotland data); ISD Scotland (trend)
	18	Teenage pregnancies (by council)	Teenage pregnancies expressed as crude rate per 100 population aged 13-19	1991/92 – 2002/03	ISD Scotland
CHILDREN'S HEALTH	20	Looked after children (for West of Scotland and Glasgow City)	Number of children 'looked after' by a local authority (three-year rolling average rate per 1000 0-17 year-olds)	1998/00-2002/04	Care Scotland
	20	Smoking, alcohol, drug use among teenagers (for NHSGG)	Smoking, alcohol, drug use by 13 & 15 year-old school children	2002	SALSUS
	20	Dental health of young children (for NHSGG & by LHCC)	(1) % of 5 year-olds with 'zero caries'; (2) % of 5 year-olds with obvious/advanced decay ⁵	1987/89 – 2003/04	NDIP; SHBDEP
HEALTH & FUNCTION	22	Adults unable to work due to illness & disability (by community, postcode sector and council)	Claimants of incapacity benefit and severe disability allowance expressed as % of the working age population	2000-2004	NHSHS Community profiles (from DWP data); DWP (trend)
ILLNESS & DISEASE	23	Heart disease mortality (by community)	Directly age-standardised mortality rates for heart disease (all forms ⁶)	1991/93-2000/02	NHSHS Community Profiles (from GRO(S) data)
	23	Ischaemic heart disease mortality (by NHS Board)	Age standardised ischaemic heart disease death rates among males aged 15-74	1976-2001	NHSHS (from GRO(S) data)

⁵ NDIP risk levels 2 or 3:- risk level 2: "obvious evidence of decay experience and/or poor oral hygiene"; risk level 3: "obvious advanced and/or widespread current decay"

Section	Page	Indicator/Title	Description	Time period	Source
	23, 24	Hospital admissions: heart disease, diabetes, deliberate self harm (by community & postcode sector)	Average annual acute hospital 'continuous inpatient stays' (expressed as a directly age-standardised rate per 100,000 population) for: heart disease (all forms) ⁶ , deliberate self harm ⁷ , and diabetes ⁸)	1991/03-2000/02	NHSHS Community Profiles (from ISD Scotland data)
PROJECTIONS	25	Population (by council)	Projected population change	2002-2018	GRO(S)
	25	Dependency ratio (by council)	Projected change in dependency ratio (the proportion of young and old in the population to those of working age)	2002-2018	NHSHS (from GRO(S) data)
	26	Households (by council)	Projected change in percentage of (a) single adult households (shown as % of all households), and (b) lone parent households (shown as % of all households with children)	2002-2016	GRO(S)
	27	Traffic (for Glasgow City)	Projected background traffic growth	2001-2021	SE Transport Division
	27	Alcohol related mortality (for NHSGG)	Projections (from simple linear regression based calculation) of numbers of alcohol related deaths	2004-2027	NHSHS (from GRO(S) data)
	27	Male life expectancy (by council)	Projections (from simple linear regression based calculation) of future male life expectancy at birth	2002/04-2011/13	NHSHS (from GRO(S) data)

⁶ Heart disease: ICD9 390-429; ICD10 I00-I52 (principal diagnosis only).

⁷ Suicide/deliberate self harm: ICD9 E950-E959; ICD10 X60-X84 (any diagnostic position).

⁸ Diabetes: ICD9 250; ICD10 E10-E14 (all diagnostic positions).

ABBREVIATIONS

Abbreviation	Description
BMI	Body Mass Index
DWP	Department of Work & Pensions
GRO(S)	General Register Office for Scotland
HESA	Higher Education Statistics Agency
ISD Scotland	Information Services Division of NHS National Services Scotland
LHCC	Local Healthcare Cooperative
MOH	Medical Officer of Health (of the City of Glasgow)
NDIP	National Dental Inspection Programme
NHSHS	NHS Health Scotland
NHSGG	NHS Greater Glasgow
NOMIS	National Online Manpower Information System
ONS	Office of National Statistics
SALSUS	Scottish Schools Adolescent Lifestyle & Substance Use Survey
SE	Scottish Executive
SHBDEP	Scottish Health Boards' Dental Epidemiological Programme
SHS	Scottish Health Survey
SHCS	Scottish House Condition Survey
SHHS	Scottish Household Survey
SNS	Scottish Neighbourhood Statistics
SVDLS	Scottish Vacant & Derelict Land Survey
WHOSIS	World Health Organisation Statistical Information System