EXCESS MORTALITY IN GLASGOW

WHAT DO WE MEAN BY 'EXCESS MORTALITY' AND WHY IS IT IMPORTANT?

Deprivation and poverty are the main drivers of poor health in any society. However, mortality is higher in Scotland, compared with the rest of the UK, even after taking differences in deprivation and poverty into account.

This excess, higher mortality is seen everywhere in Scotland but is greatest in and around the post-industrial region of West Central Scotland, and in particular Glasgow.

For example, compared with Liverpool and Manchester, which are cities with similar histories of de-industrialisation and poverty, premature deaths are 30% higher in Glasgow.

This higher, unexplained 'excess' mortality has been referred to in the media as a 'Scottish Effect' or a 'Glasgow Effect'.

EXISTING RESEARCH SHOWS THAT:

The 'excess' can be seen for many different causes of death and persists after controlling for individual health behaviours such as drinking or smoking.

It appears across social classes but is greater in deprived areas.

It is observed irrespective of the measures of poverty and socioeconomic status used.

EXPLAINING EXCESS MORTALITY

40 potential explanations have been examined, based on evidence gathered over many years

Key to our understanding is the concept of vulnerability which has been shown to be important in understanding differences in health between populations.

Glasgow's population has a heightened vulnerability, generated by a series of historical processes which have cumulatively impacted on the city.

These processes include:

Lagged effects of high historical levels of deprivation

Glasgow (alongside other Scottish areas) has endured notably higher levels of deprivation than comparator areas, as evidenced by overcrowding.

The nature and scale of urban change in the post-war period (1945-1980)

Glasgow differed from the comparator cities in terms of: larger-scale slum clearances and demolitions; larger within-city (poor quality) peripheral council house estates; greater emphasis on high-rise development; and much lower per capita investment in housing repairs and maintenance.

Scottish Office regional policy from the late 1950s, including the socially selective New Town programme.

Both industry and some of the population (generally younger, skilled workers, often with families) were relocated to New Towns and other growth areas, away from Glasgow, as part of a wider regional 'modernisation' agenda.

Differences in local government responses to UK government economic policy in the 1980s.

Local responses in Glasgow prioritised inner-city gentrification and commercial development, potentially exacerbating the damaging impacts of UK policy on what was already a vulnerable population.

In the comparator cities, however, responses were more likely to have mitigated these damaging impacts, either by slowing them (Manchester) or by mobilising local opposition against them (Liverpool).

Related to this is that Liverpool, compared with Glasgow, has historically higher levels of social capital - a protective factor which places Glasgow at a further relative disadvantage.

A further key point of understanding is the inadequate measurement of poverty and deprivation used to date - which can fail to capture the 'lived reality' of poverty in Glasgow, compared with the comparator cities.

It is likely that unmeasured aspects of deprivation potentially include a more negative physical environment, as well as aspects of educational attainment.

There are also several smaller, additional factors, the individual impacts of which are likely to be very small, but which can cumulatively affect aspects of population health.

FIND OUT MORE:

http://www.gcph.co.uk/publications/635_history_politics_and_vulnerability_explaining_excess_mortality