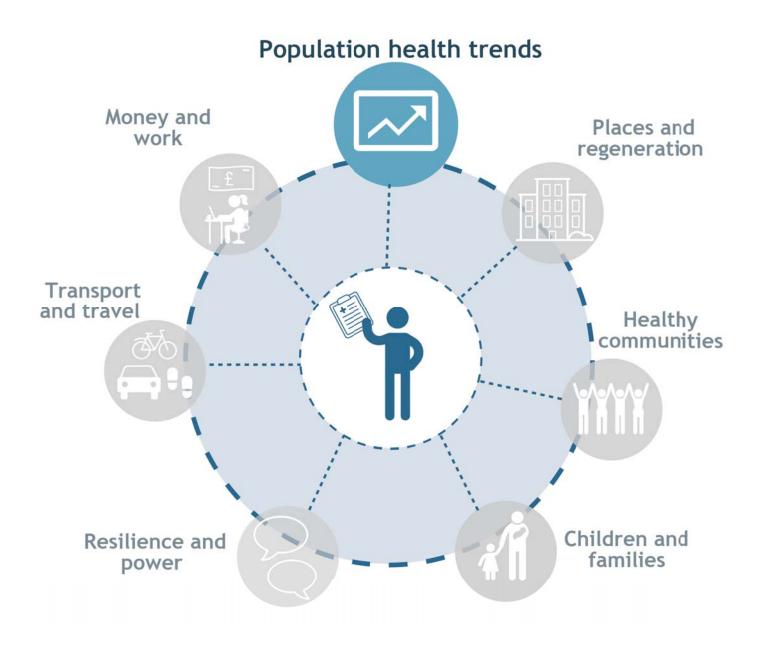
Population health trends



Understanding health, health inequalities and their determinants at national, regional and city levels.



www.gcph.co.uk

LIFE EXPECTANCY IN A CHANGING CITY

New analysis of the last 20 years shows...



But...

The gap between Scotland and Glasgow hasn't reduced over the last 20 years and it has not altered for men and women.

Male life expectancy at birth has improved at a faster rate than for women, meaning the gender gap has narrowed.

DEPRIVATION AND LIFE EXPECTANCY - COMPARISONS

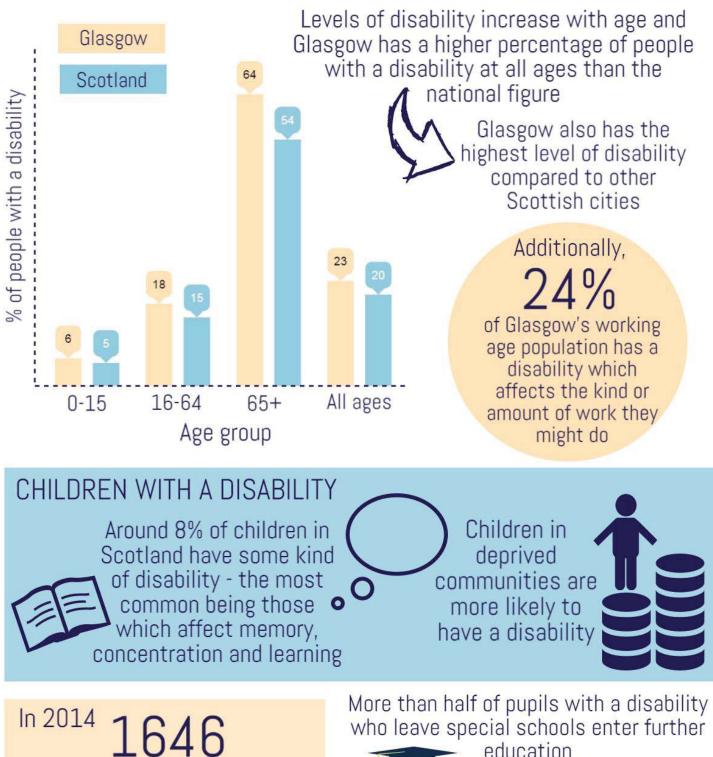


Data in this infographic is taken from our report 'Glasgow: health in a changing city'. For more information, visit our website: www.gcph.co.uk



DISABILITIES IN GLASGOW AND SCOTLAND

In the Scottish Census of 2011, approximately 20% of all Scots reported having a long-term health problem or disability that limits their day-to-day activities either 'a little' or 'a lot'.



Glaswegian children attended schools that provide additional support for learning (ASL)

education



however the proportion is much lower for those leaving mainstream schools

Find out more at www.understandingglasgow.com



EXCESS MORTALITY IN GLASGOW

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

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



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

drinking or smoking.

measures of poverty and socioeconomic

status used.

irrespective of the It is observed

FIND OUT MORE:

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

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.

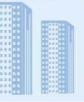
Glasgow's population has a heightened vulnerability, generated by a series of historical processes which have cumulatively impacted on the city.

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: largerscale 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).



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

LEVELS OF EDUCATION IN ADULTS IN GLASGOW

Education is a resource for life that, apart from providing qualifications, can help develop values, emotional intelligence, self esteem and social functioning skills

In 2016 **1 in 3** adults over 16 had attained a degree or a professional qualification...





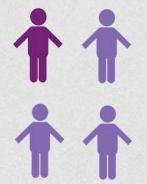
8%)^{ot}

of young adults aged 16-19 years old in Glasgow were not in employment, education or training as of 2014

Differences between neighbourhoods in Glasgow



The percentage of the population with a Higher level qualification varies considerably between the city's neighbourhoods (data from 2001 Census)



In Balornock and Barmuloch approximately **1 in 4 people** have Higher grade qualifications.



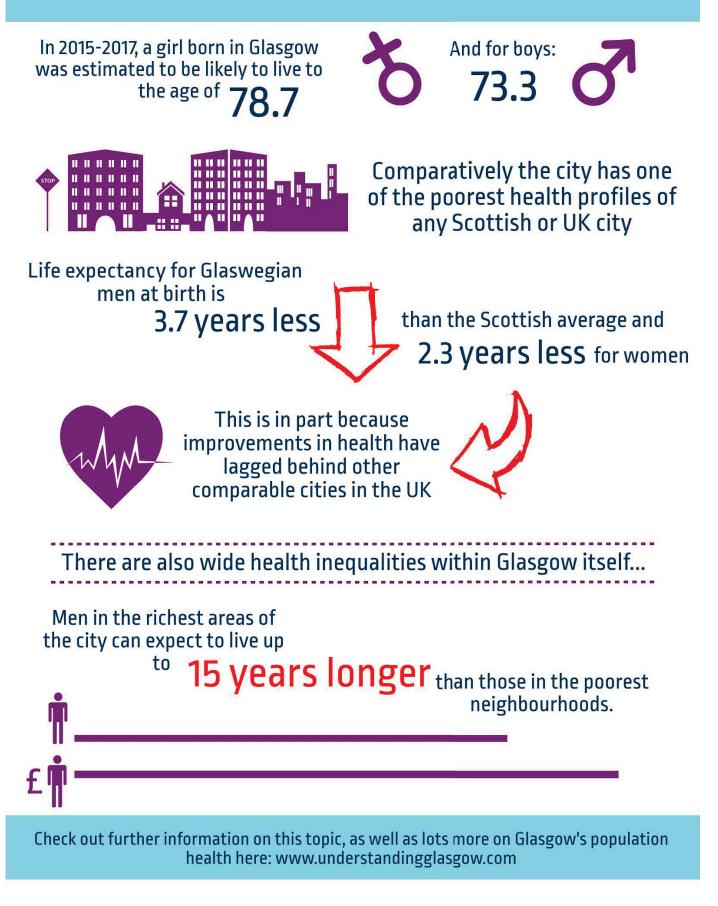
In Hyndland, Dowanhill and Partick East, a neighbourhood with a large proportion of students, more than 80% have a Higher level qualification or above.

Check out further information on this topic, as well as lots more on Glasgow's population health here: www.understandingglasgow.com



LIFE EXPECTANCY AND HEALTH IN GLASGOW

Health can be measured in many different ways and life expectancy is a good way to measure health across a population.

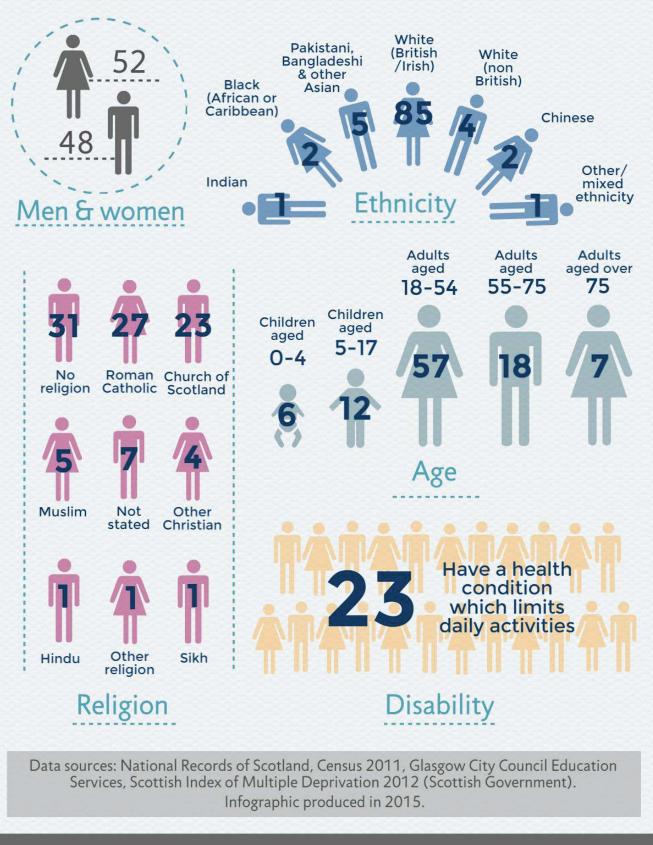




Miniature Glasgow

What if Glasgow was a village of 100 people? What would the population look like?

There are almost 600,000 people living in Glasgow. Represented in 100 people, the population of the city looks like this:



Find out more about Glasgow's population: www.understandingglasgow.com



GLASGOW'S POPULATION



Glasgow's population health here: www.understandingglasgow.com