

Glasgow's high mortality rates are not explained by deprivation alone

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New research, published by Elsevier in the Royal Society for Public Health's journal *Public Health*, provides compelling evidence that deprivation alone cannot explain the poor health experienced by Glasgow's residents.

Although the link between deprivation and health is well established, work by the Glasgow Centre for [Population Health](#) (GCPH), along with University of Glasgow, NHS Manchester and Liverpool PCT suggests that other additional factors may be responsible for the high levels of mortality and [poor health](#) experienced in this Scottish city.

The study compared three major UK cities - Glasgow, Liverpool and Manchester - which share a number of characteristics including higher levels of poverty and poor health. Despite their similarities, and the fact that the socio-economic profiles of the populations living in all three cities are almost identical, [premature deaths](#) in Glasgow are more than 30% higher than in the other cities and this 'excess' mortality is seen across the population i.e. in different age groups (except children), for both males and females, and across those living in deprived and non-deprived neighborhoods.

For [premature mortality](#), rates tended to be higher for the more deprived areas, especially among males and around a half of 'excess' deaths in people aged under 65 were directly related to alcohol and drugs.

The study findings suggest that while income deprivation is an important

determinant of health, its impact is affected by context. Deprivation as currently measured does not explain the higher levels of mortality experienced in Glasgow. Additional explanations need to be found and steps taken to change the current trends and remove the so called 'Glasgow Effect'.

David Walsh, from the GCPH and lead author of the report, said, "Although [deprivation](#) is an extremely important determinant of poor health, in this case it does not appear to explain why [mortality rates](#) are so much higher in Glasgow than in Liverpool and Manchester. A number of hypotheses have been suggested which we hope to be able to examine in detail in a second phase of research."

Carol Tannahill, Director of the Glasgow Centre for Population Health added, "Improving the population's health is a major priority for the city of Glasgow. Developing deeper insights into the causes of the city's long-playing record of ill-health is an essential step towards turning that record around. Health in this part of the country has not always been worse than comparable regions and cities - it's a phenomenon of the late 20th century - and our aim is to try to understand how Glasgow can become a healthier city again in the future."

The Editors of *Public Health* have commissioned a series of open, peer-commentaries by leading experts to explore the hypotheses set out by the authors more fully. These will be published in subsequent issues of the journal to promote ongoing debate.

More information: Walsh D, Bendel N, Jones R, Hanlon P. It's not 'just deprivation': Why do equally deprived UK cities experience different health outcomes? *Public Health*, In Press, [doi:10.1016/j.puhe.2010.02.006](https://doi.org/10.1016/j.puhe.2010.02.006)

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