

How Health Is Changing Over Time

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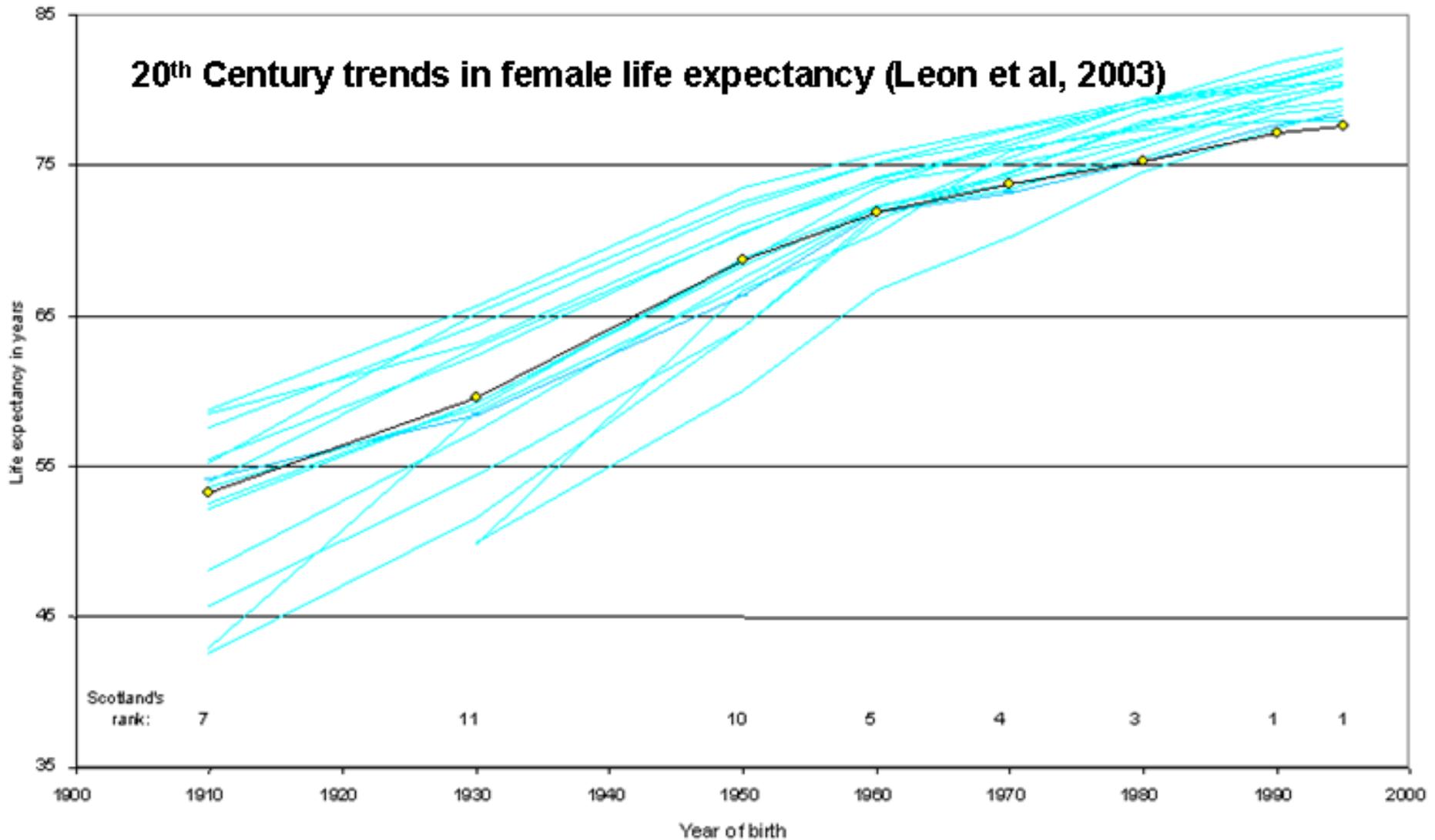
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Scotland in Europe

20th Century trends in female life expectancy (Leon et al, 2003)



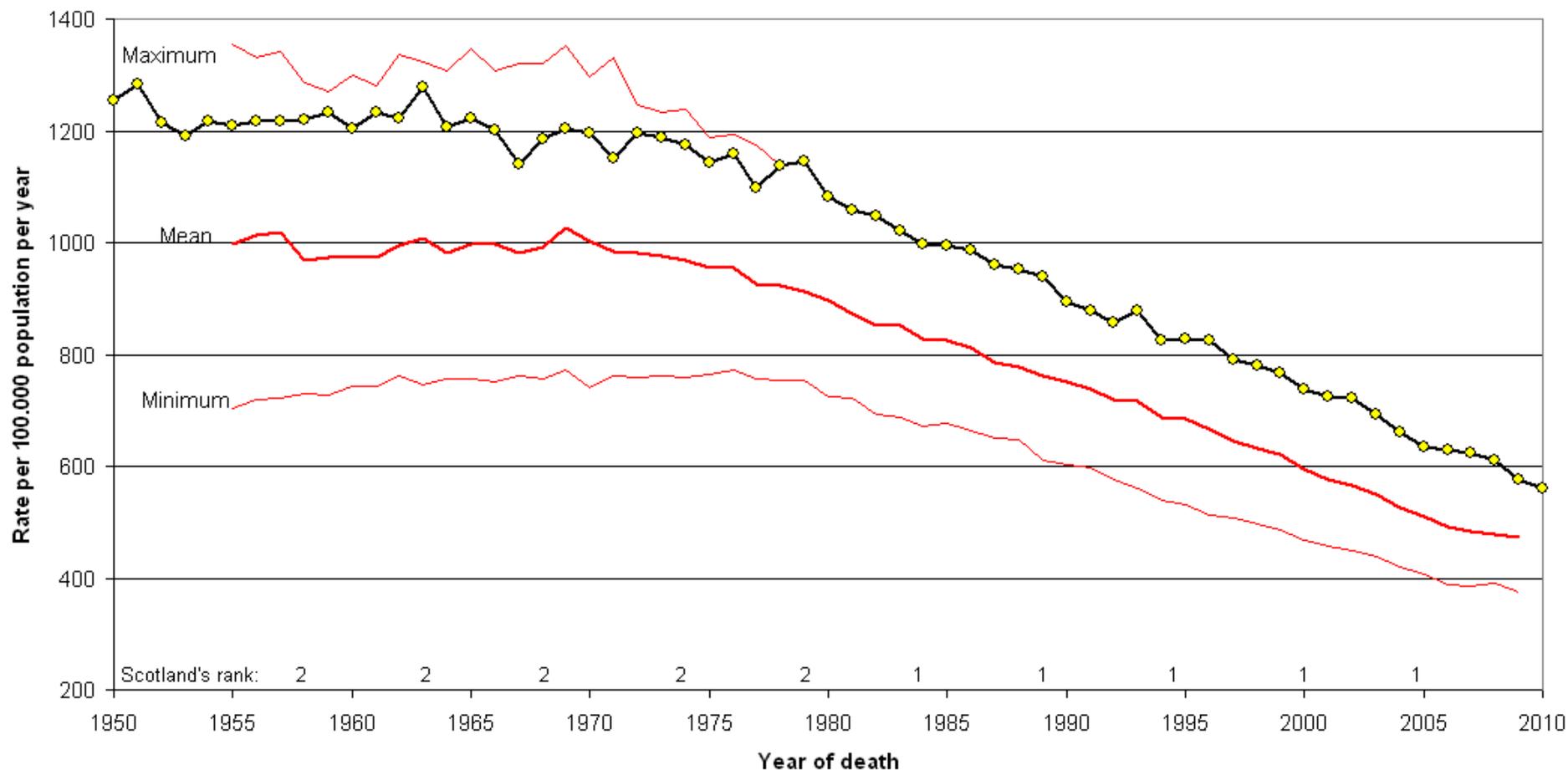
Working Age Mortality - Men

Figure C1M

All cause mortality age standardised rates among men aged 15-74 years

Scotland in context of maximum, minimum, and mean rates for 16 Western European countries

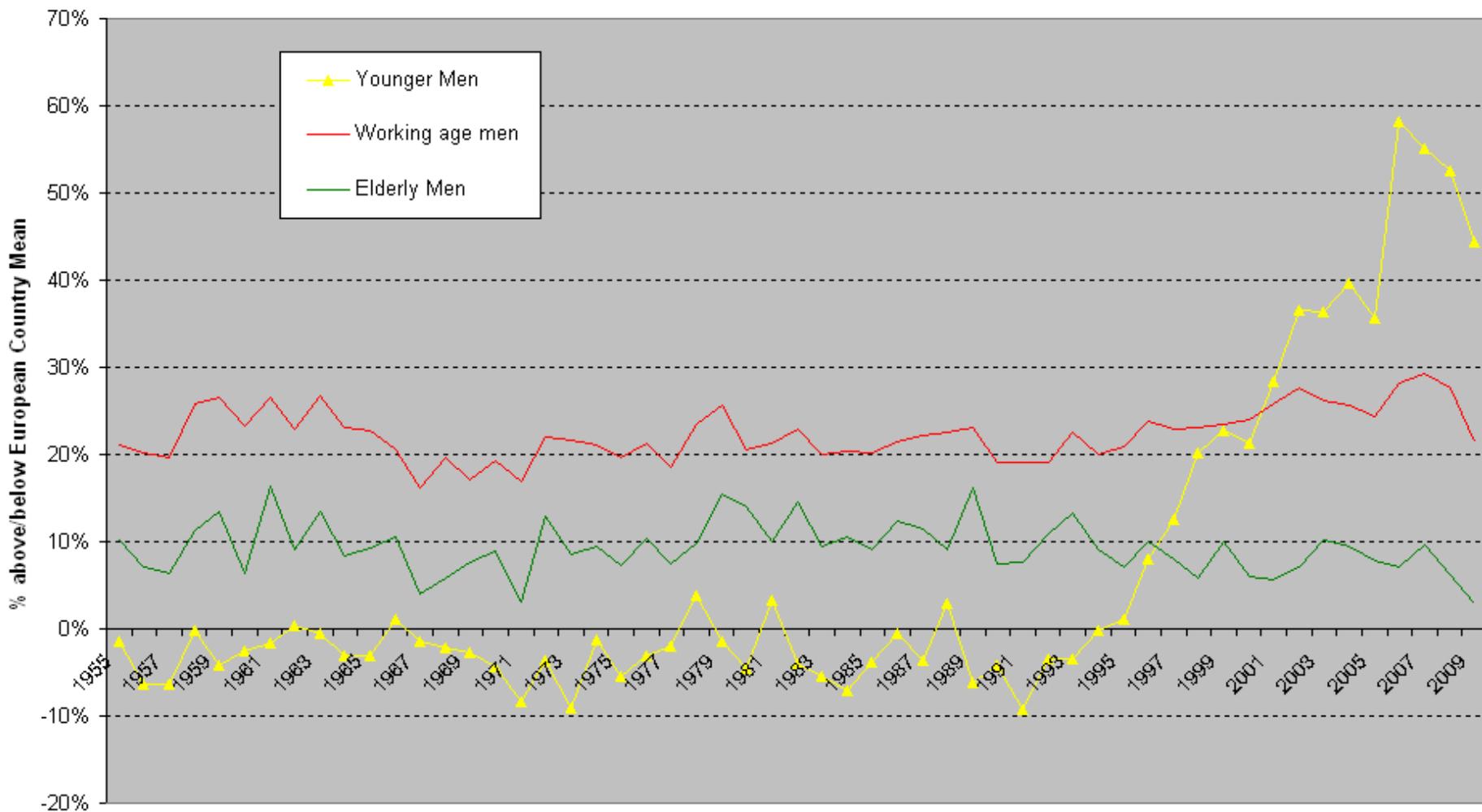
Source: WHOSIS (April 2012)



Comparison to WE Mean – Males

Scottish Male Mortality relative to the Western European Country Mean, 1955-2009

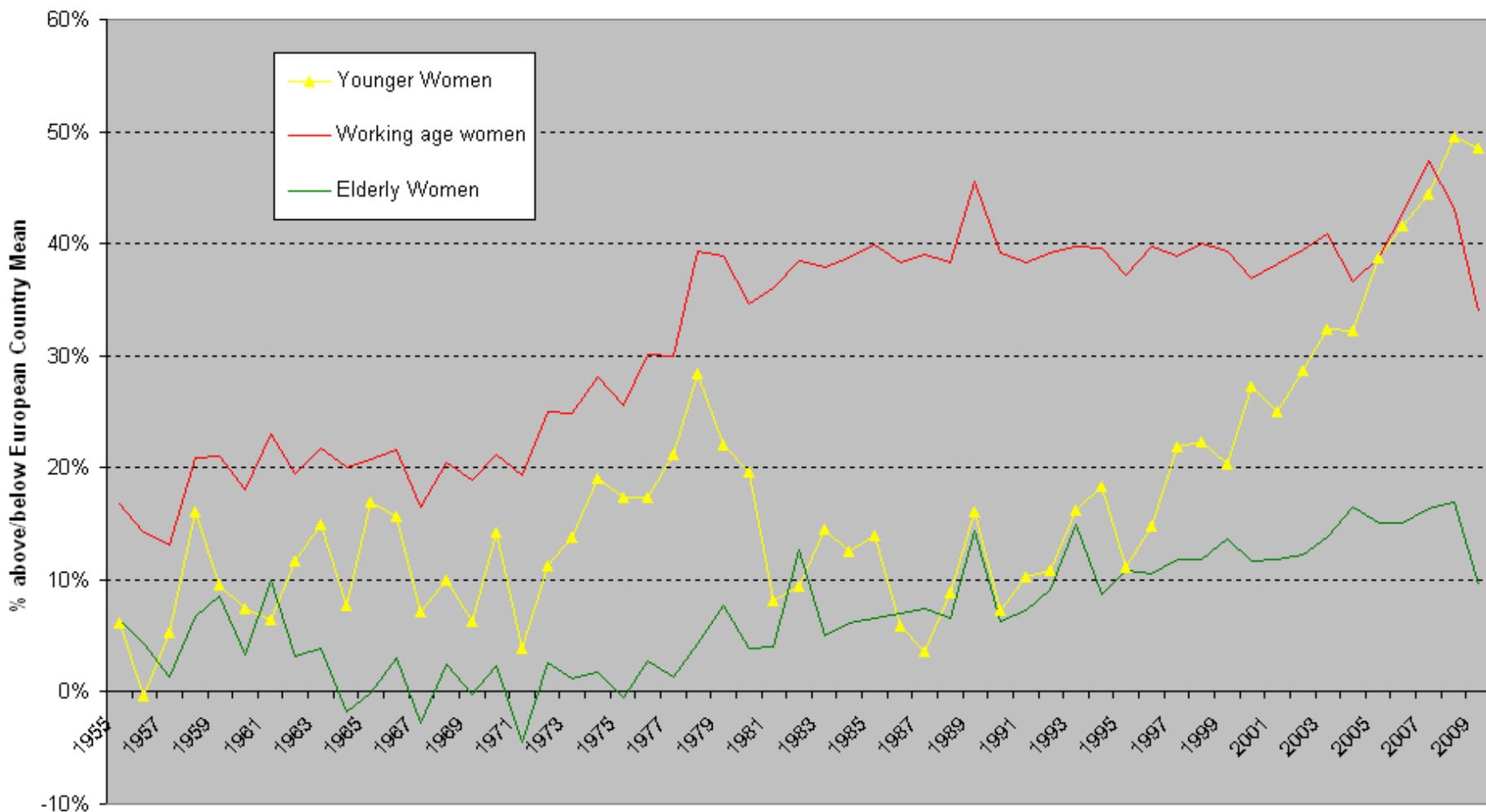
Source : Source: WHOSIS (April 2012)



Comparison to WE Mean – Females

Scottish Female Mortality relative to the Western European Country Mean, 1955-2009

Source : Source: WHOSIS (April 2012)

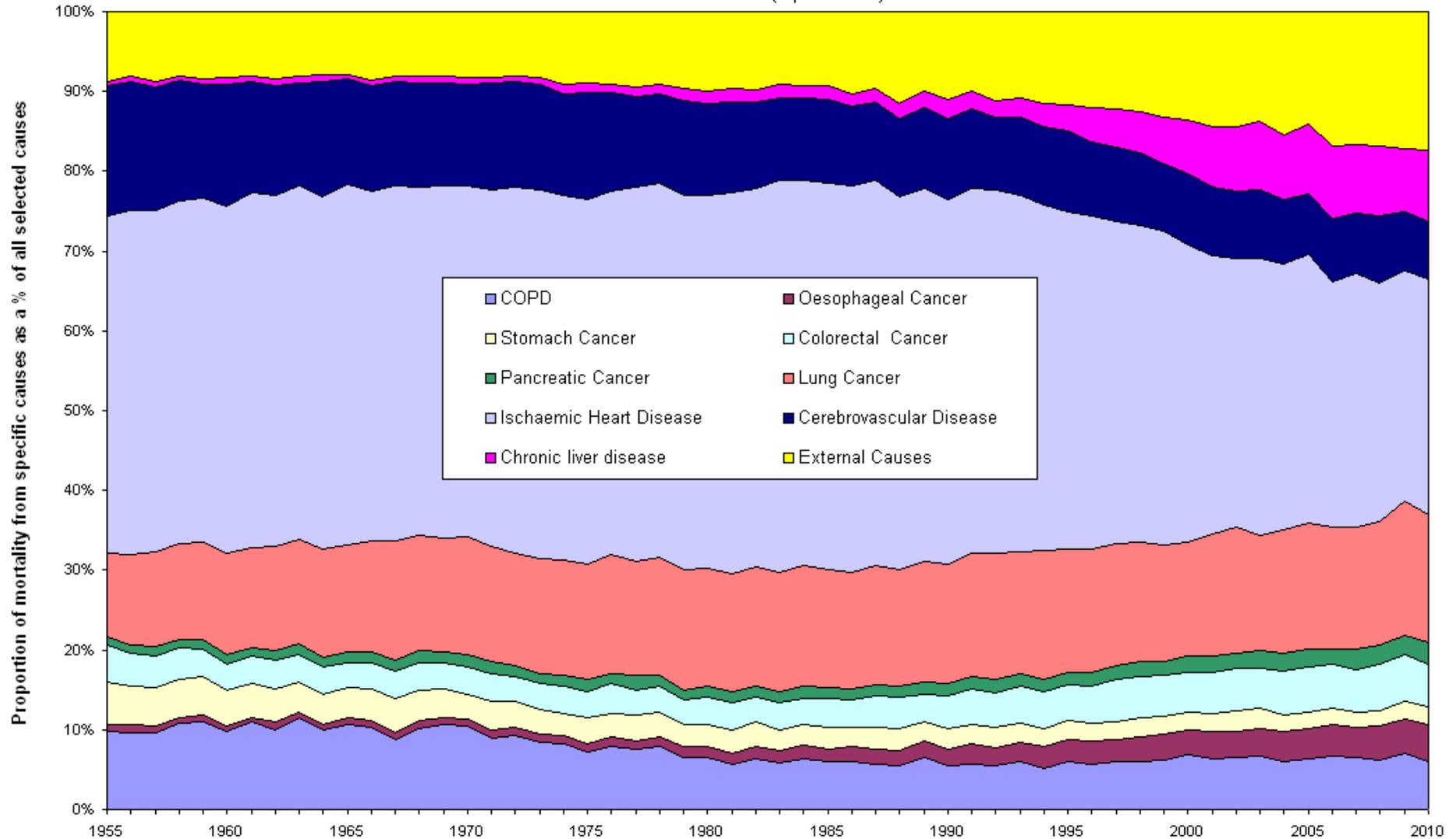


Proportionate Contribution by Cause - Males

Figure S2M

Proportionate contribution of 10 major causes of death as a % of all selected causes among Scottish men aged 15-74 years, 1955-2010

Source: WHOSIS (April 2012)

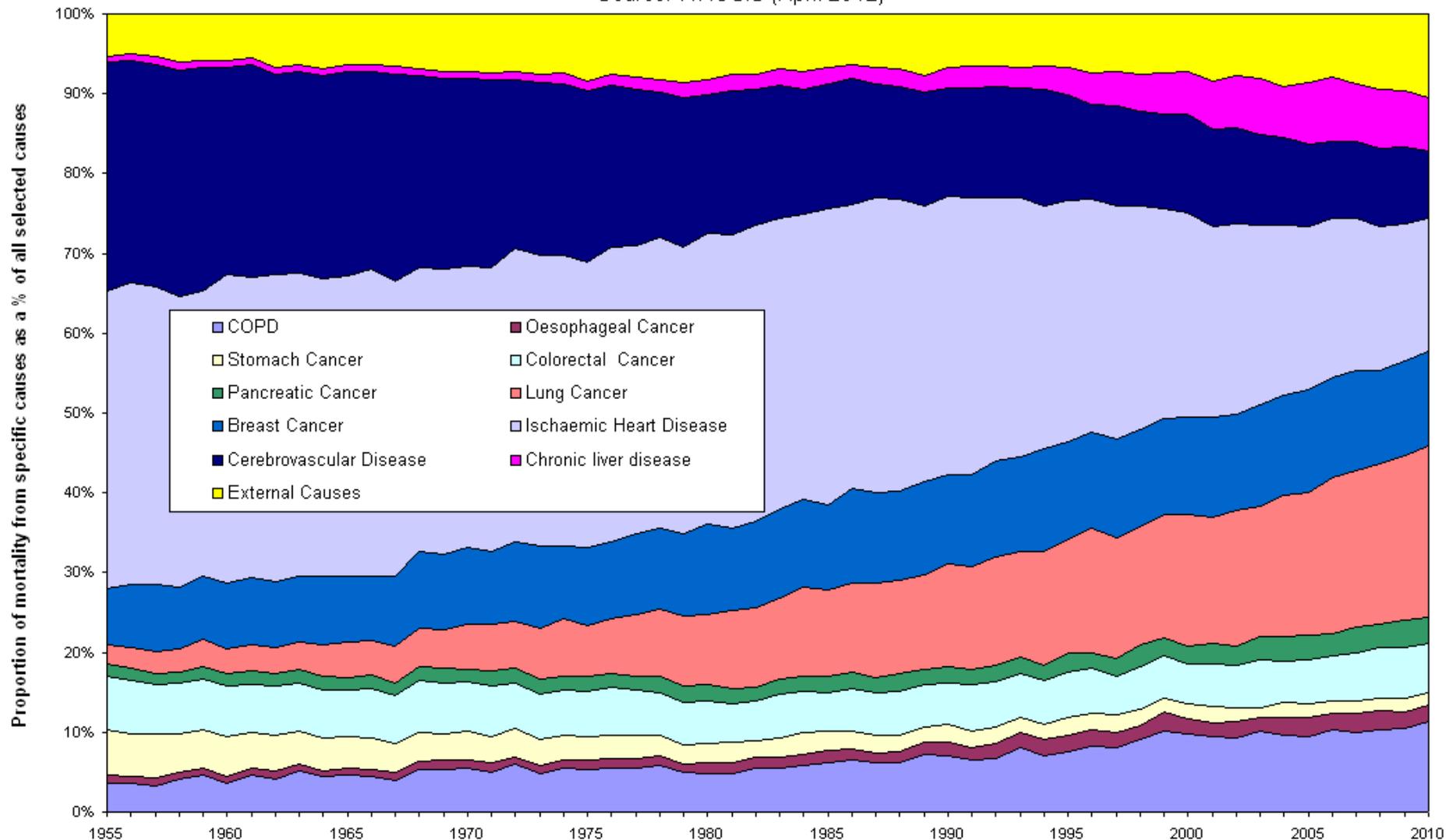


Proportionate Contribution by Cause - Females

Figure S2F

Proportionate contribution of 11 major causes of death as a % of all selected causes among Scottish women aged 15-74 years, 1955-2010

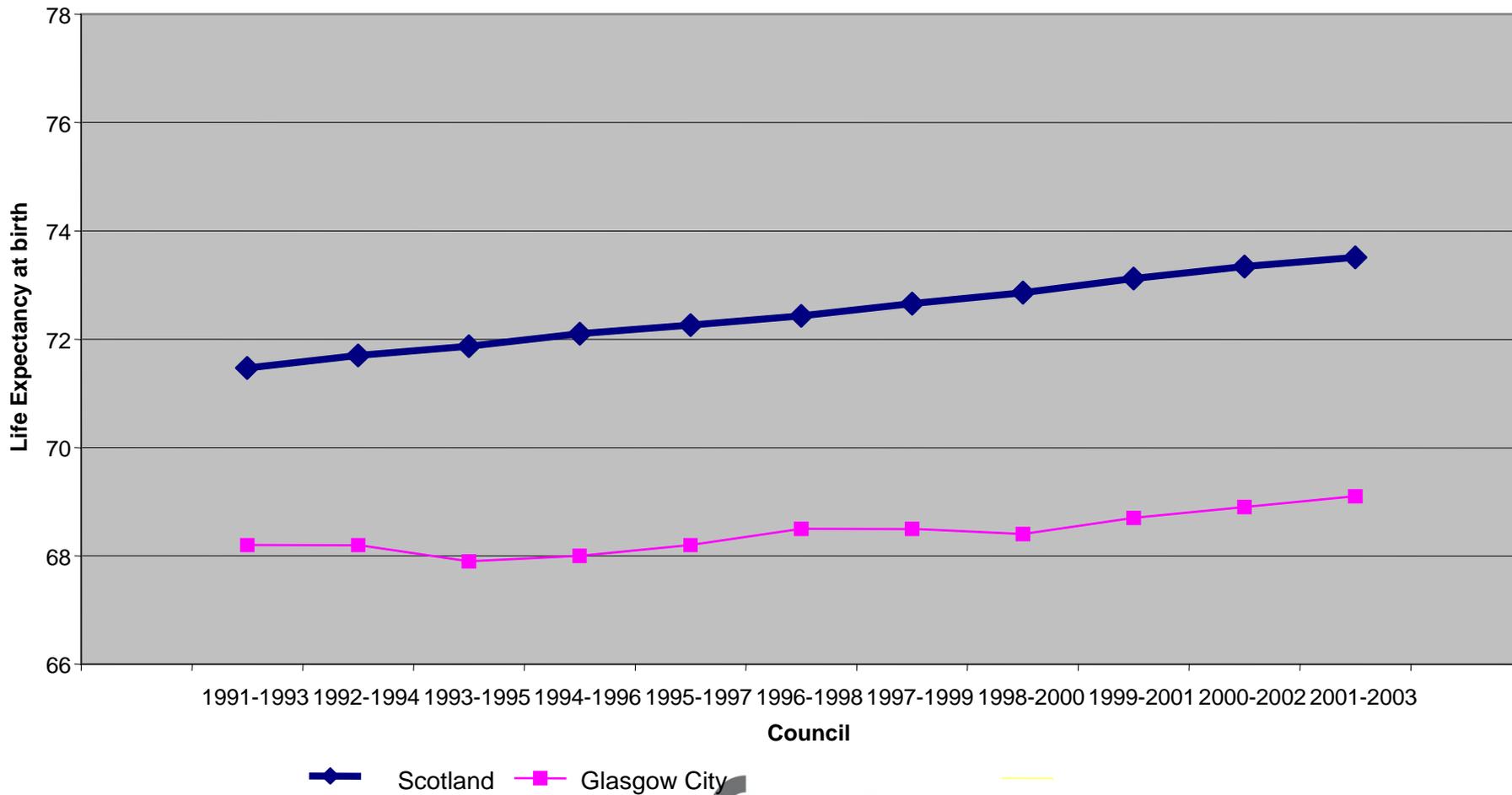
Source: WHOSIS (April 2012)



Life expectancy

Male Life Expectancy at Birth (years); Glasgow and Scotland;
1991-1993 to 2001-2003

Source: Office for National Statistics



Scotland Glasgow City

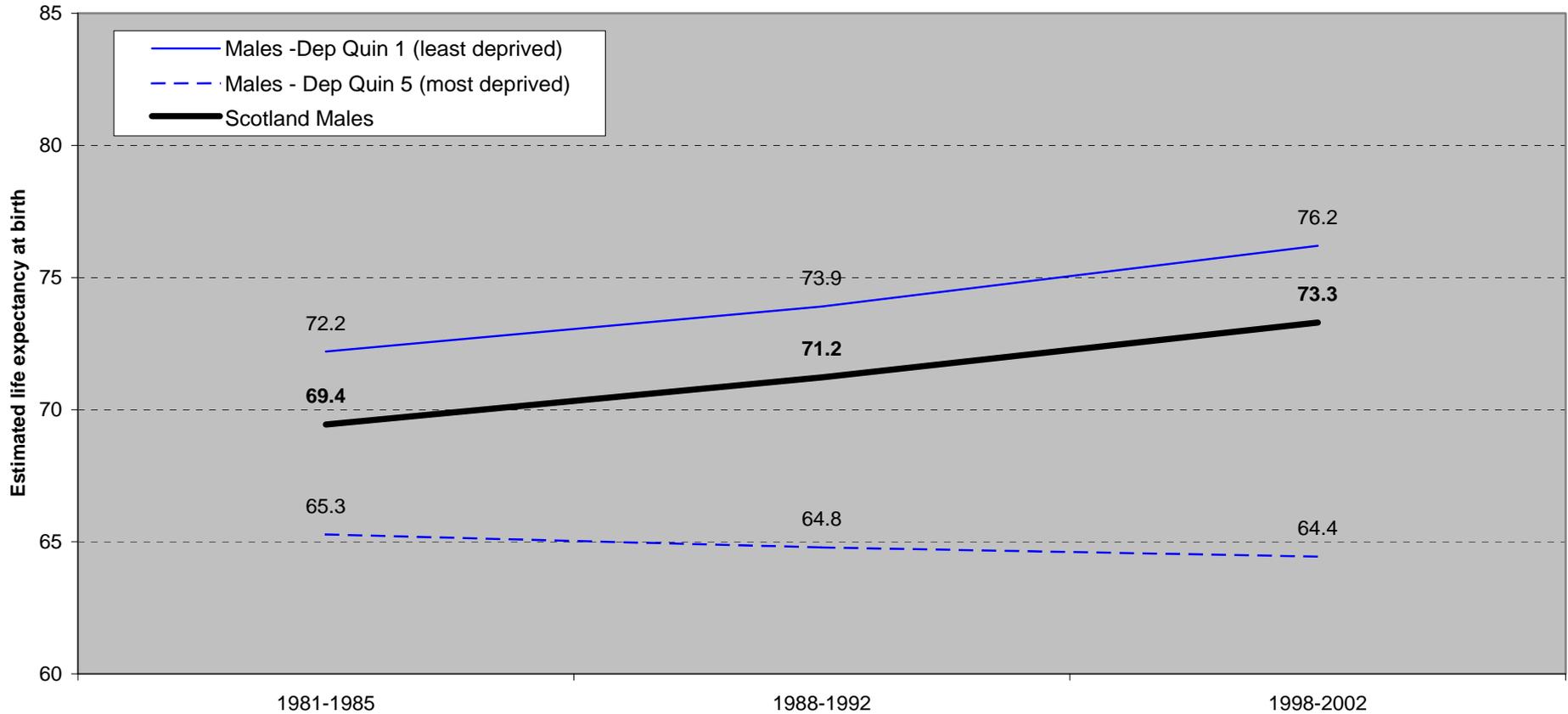


Life expectancy trend by deprivation

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)



Other measures of health

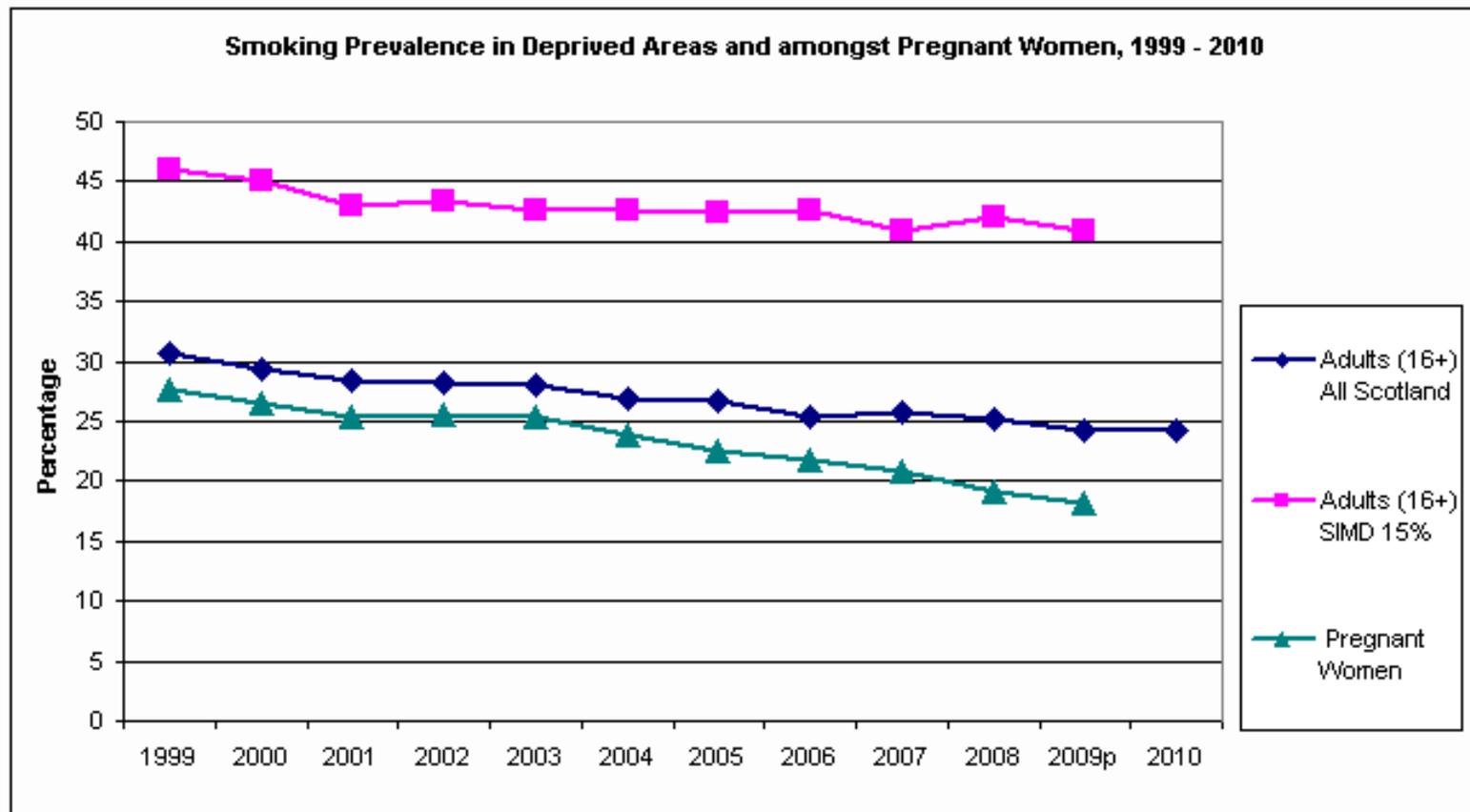
- Health related behaviours
- Self-reported health and wellbeing
- Use of health services

Health Behaviours: smoking

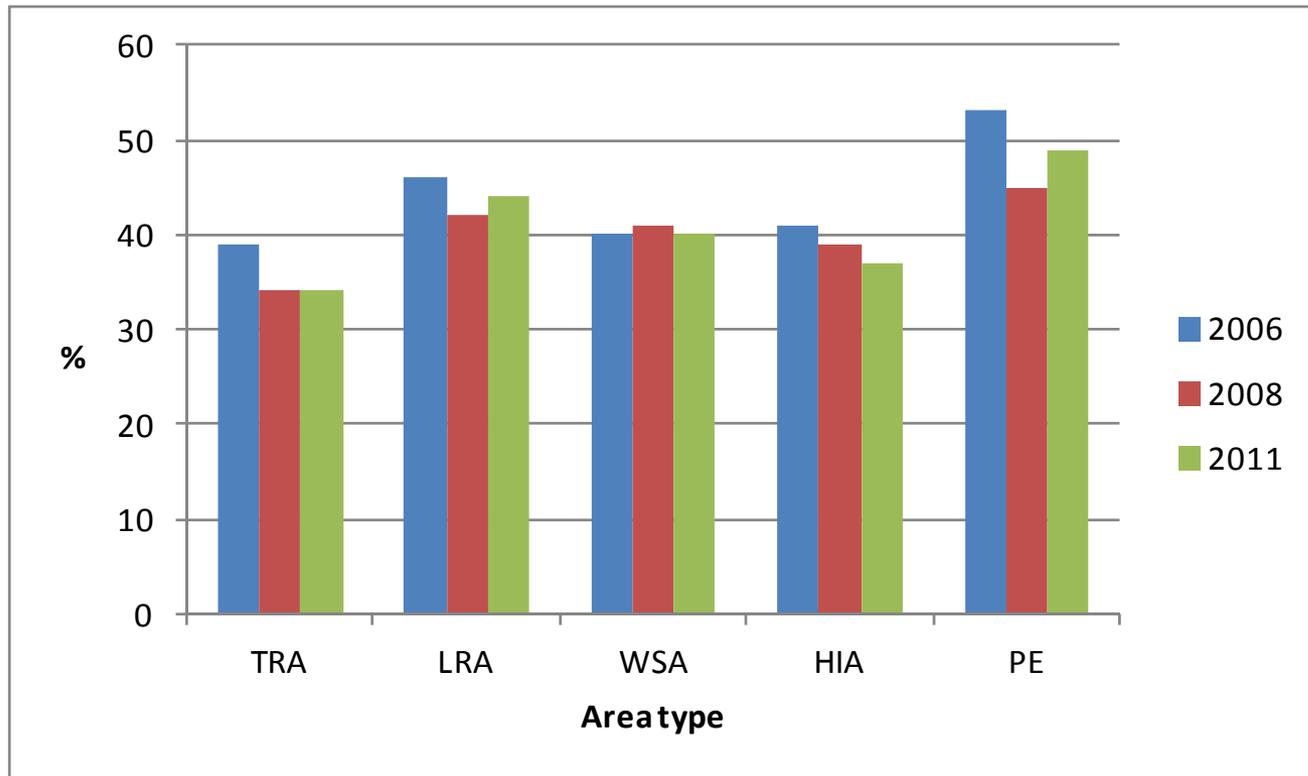
- Prevalence is falling everywhere – but there is still a big gap between affluent and more deprived areas.
- SHS data for GGC show decline from 34% in 2003, to 28% in 2008 and 26% in 2011.
- NHSGGC survey shows encouraging decline in most deprived 15%, but prevalence there in 2011 is still > other areas in 1999. Over 10 year lag.

Smoking prevalence, Scotland 1999-2010

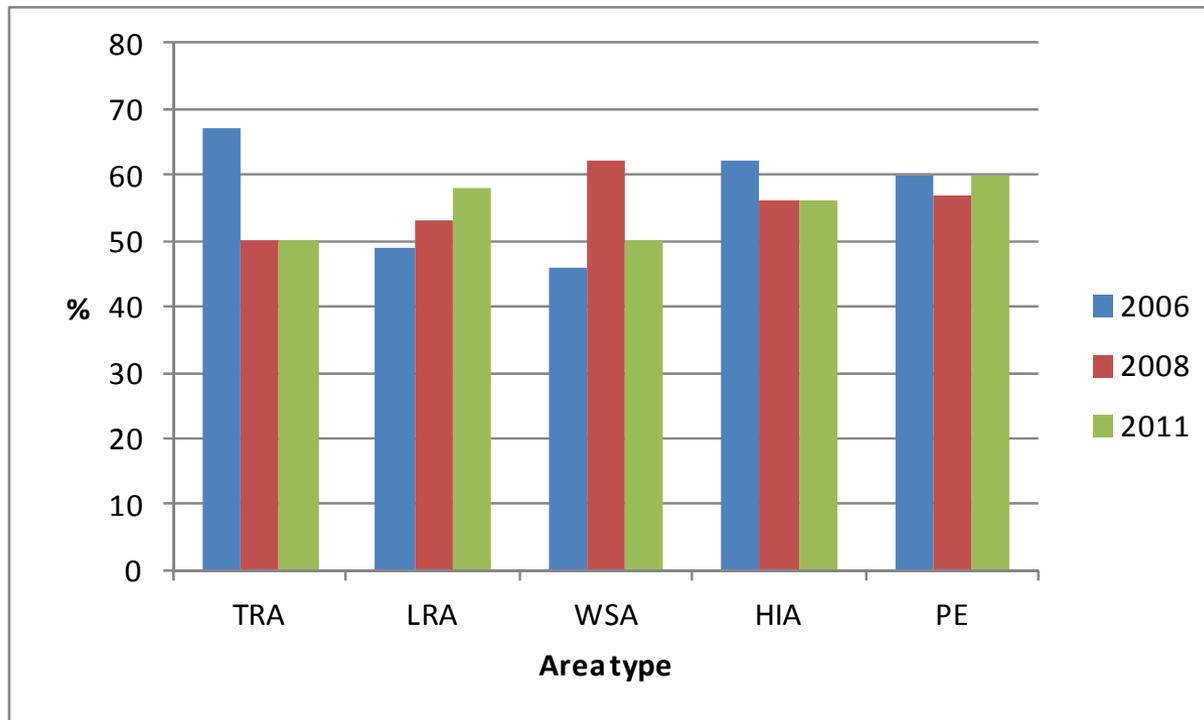
Source: Scottish Household Survey



GoWell respondents: current tobacco smokers



GoWell respondents: intention to quit smoking



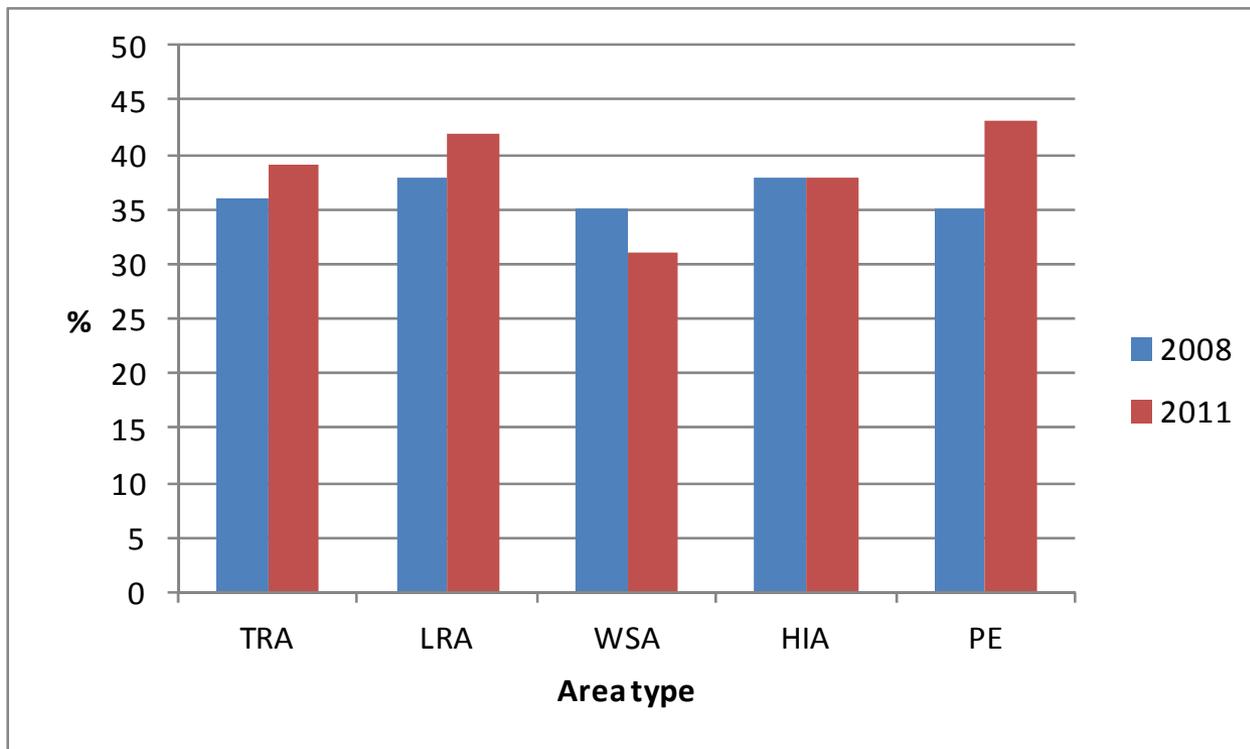
Physical activity

- Regular physical activity of at least moderate intensity brings health benefits across a range of diseases
- Adults should accumulate at least 30 minutes moderate activity most days (5 or more). Target is 50% adults achieving this.
- The greatest health benefits occur when the least active become at least moderately active
- Lack of change over time in % meeting national targets (approx 40%)
- Differences by sub-group

GoWell respondents: walking locally

- Over a third of people walk for 20 mins or more in their local neighbourhood most days of the week (5 or more days)
- There have been small increases in this rate between Waves 2 and 3 ...
- Apart from in the WSAs, where there has been a small decrease.

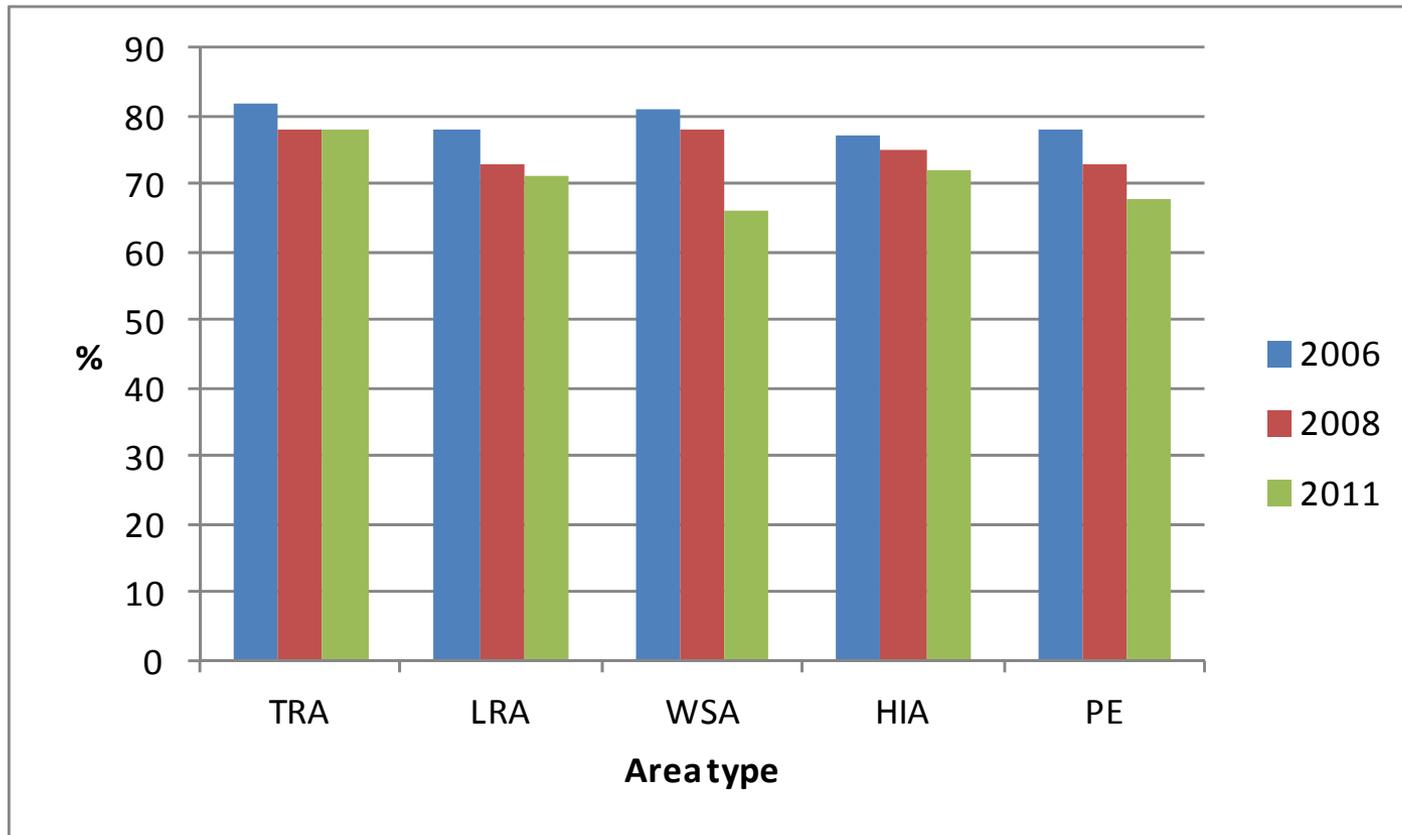
GoWell respondents: % who walk for ≥20 mins in their neighbourhood on ≥ 5 days a week



Self-assessed health

- In 2011, 76% of adults in Scotland described their health in general as either 'good' or 'very good' and 7% described it as 'bad' or 'very bad'.
- These proportions have been very similar each year since 2008.

GoWell respondents: % who rate their general health as excellent/very good/good



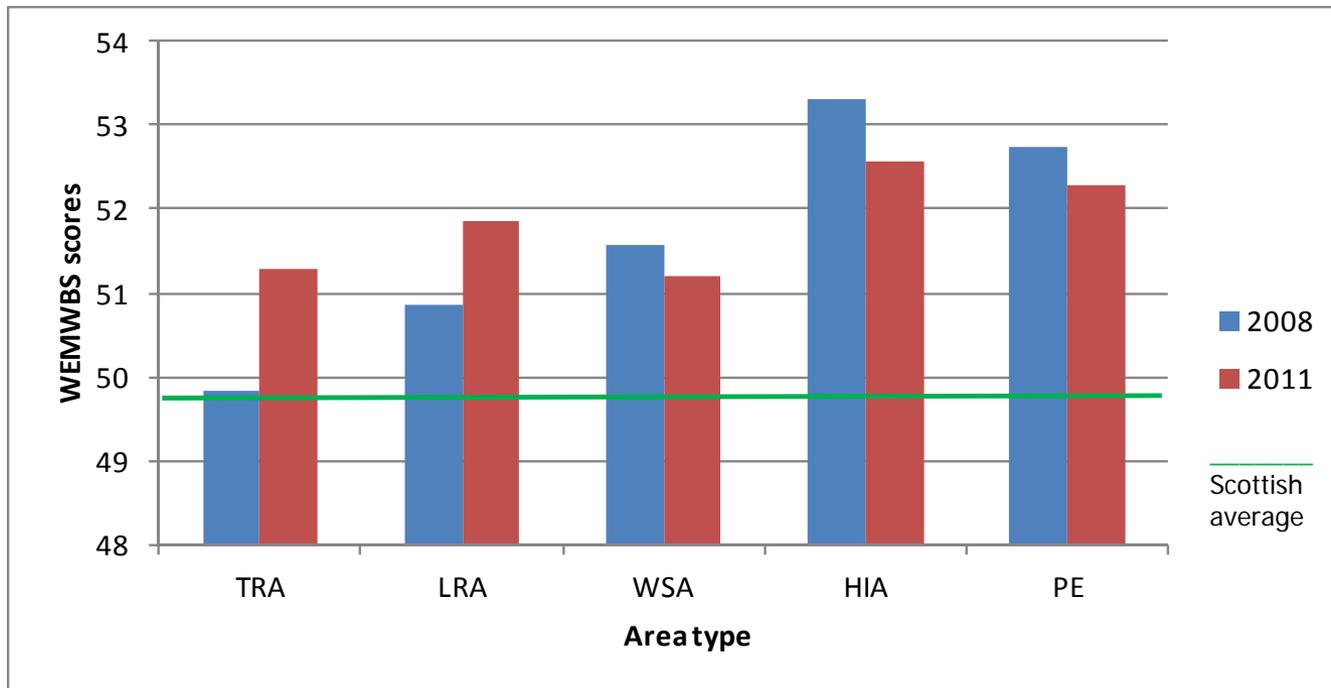
Mental health and wellbeing

- *WEMWBS* is used to monitor mental wellbeing.
- It assesses:
 - positive affect (optimism, cheerfulness, relaxation)
 - satisfying interpersonal relationships and
 - positive functioning (energy, clear thinking, self-acceptance, personal development, mastery and autonomy).
- Lowest–highest possible scores: 14-70

Mental health and wellbeing

- In 2011, WEMWBS mean score for adults in Scotland was 49.9 – no change from 2008, 2009 or 2010.
- Many variables are associated with wellbeing, including:
 - Male gender
 - Older age
 - Education
 - Involvement in community
 - Poorer health
 - Physical activity (M)
 - Discrimination
 - People to turn to
 - Job quality

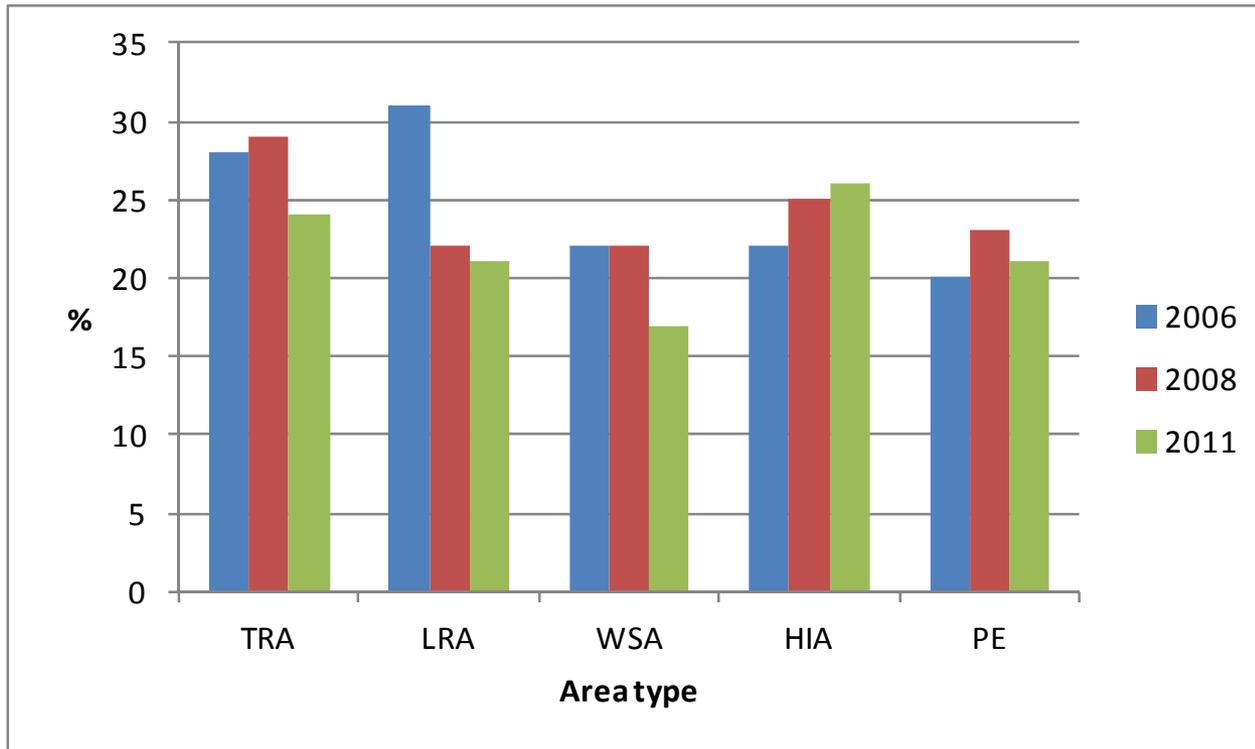
GoWell respondents: Mean WEMWBS scores (higher = better)



Use of health services

- In 2011/12, 24 million face-to-face consultations in primary care in Scotland
- 16.5m with GPs; 7.5m with practice nurse
- A 6% and a 25% increase respectively, since 2003/4
- Consultation rates higher in more deprived areas (except for oldest age groups)
- On average, patients consult 4.4 times/yr
- 18% did not consult at all

GoWell respondents: % who report not consulting their GP in the last 12 months



Summary

- Health outcomes are a consequence of our societal values, decisions and priorities
- National trends highlight particular priorities: young working age, external causes, female lung cancer, alcohol-related deaths
- In GoWell areas, small reduction in smoking and increase in walking in most area types over time – but not reaching national targets
- Self-assessed health is deteriorating compared to national picture; mental wellbeing is more positive
- Relatively high %s report not consulting GP (but 'wording' issue), and this is increasing in HIAs and PEs.