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Original Research

What can ecological data tell us about reasons for divergence in health status between West Central Scotland and other regions of post-industrial Europe?

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SUMMARY

Background: The link between the effects of de-industrialization (unemployment, poverty) and population health is well understood. Post-industrial decline has, therefore, been cited as an underlying cause of high mortality in Scotland's most de-industrialized region. However, previous research showed other comparably de-industrialized regions in Europe to have better and faster improving health (with, in many cases, a widening gap evident from the early to mid-1980s).

Objectives: To explore whether ecological data can provide insights into reasons behind the poorer, and more slowly improving, health status of West Central Scotland (WCS) compared with other European regions that have experienced similar histories of post-industrial decline. Specifically, this study asked: (1) could WCS's poorer health status be explained purely in terms of socio-economic factors (poverty, deprivation etc.)? and (2) could comparisons with other health determinant information identify important differences between WCS and other regions? These aims were explored alongside other research examining the historical, economic and political context in WCS compared with other de-industrialized regions.

Study design and methods: A range of ecological data, derived from surveys and routine administrative sources, were collected and analysed for WCS and 11 other post-industrial regions. Analyses were underpinned by the collection and analysis of more detailed data for four particular regions of interest. In addition, the project drew on accompanying literature-based research, analysing important contextual factors in de-industrialized regions, including histories of economic and welfare policies, and national and regional responses to de-industrialization.

Results: The poorer health status of WCS cannot be explained in terms of absolute measures of poverty and deprivation. However, compared with other post-industrial

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regions in Mainland Europe, the region is distinguished by having wider income inequalities and associated social characteristics (e.g. more single adults, lone parent households, higher rates of teenage pregnancy). Some of these distinguishing features are shared by other UK post-industrial regions which experienced the same economic history as WCS.

Conclusion: From the collection of data and supporting analyses of important contextual factors, one can argue that poor health in WCS can be attributed to three layers of causation: the effects of de-industrialization (which have impacted on health in all post-industrial regions); the impact of ‘neoliberal’ UK economic policies, resulting in wider inequalities in WCS and the other UK regions; and an as-yet-unexplained (but under investigation) set of factors that cause WCS to experience worse health outcomes than similar regions within the UK.

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Introduction

Many post-industrial areas are characterized by adverse social, economic and health outcomes.^{1–4} This is unsurprising: the links between loss of employment (industrial or otherwise), resulting poverty and pathways to poor health are well understood.^{5,6} De-industrialization (and its associated facet of socio-economic deprivation) has, therefore, been highlighted as an underlying cause of the poor health profile of Scotland,^{7–10} the nation with the lowest life expectancy in Western Europe.¹¹ This argument is supported by the fact that West Central Scotland (WCS), the region of Scotland most profoundly affected by the process of de-industrialization, is also the region with the poorest health in the country.^{12–14}

However, in recent years, a number of studies have brought into question the extent to which Scotland’s – and particularly WCS’s – poor health profile is attributable solely to de-industrialization and current levels of deprivation.^{15–18} In particular, one study – while confirming that all post-industrial regions tend to have poorer health than other parts of their ‘parent’ countries – showed that, compared with the vast majority of other regions in Europe that had experienced comparable levels of de-industrialization, mortality in WCS was higher and improving more slowly (with a widening gap evident from the early to mid-1980s).^{19,20} The aim of this follow-up study, therefore, was to gain an understanding of why this was the case. In particular, this study sought answers to the following questions:

- Could WCS’s poorer health status be explained purely in terms of socio-economic factors (poverty, deprivation etc.)?
- Could comparisons of other health determinant information identify important differences between WCS and other regions?

The answers to these questions were sought through analyses of a range of routinely available administrative and survey data sets (the advantages and disadvantages of such an approach are discussed below). The full range of analyses have been published online^{21–25}; in this paper, the analyses have been limited to an overview in an attempt to outline

the main findings of the research in a digestible format. This has been done with a particular focus on WCS, but it is suggested that the data set that has been created is of relevance to many other de-industrialized regions of Europe.

Methods

Overview

Previous analyses²⁰ compared levels of de-industrialization back to the early 1970s, and (where possible) trends in mortality back to the mid-1970s. An ideal investigation of risk factors and health determinants in the relevant populations would, therefore, be based on a single longitudinal cohort study of individuals based in the post-industrial regions of interest, and spanning at least five decades. No such study exists. The alternative approach was to use other available data sources.

A broad range of ecological data, derived from surveys and routine administrative sources, were analysed for WCS compared with 11 other post-industrial regions in Europe. These analyses were underpinned by the collection and analysis of a richer set of ecological data (e.g. at smaller subregional geographies) for four particular regions of interest (highlighted below), the results of which have been published online as separate case studies.^{22–25} In addition, the project drew on accompanying research by one of the authors analysing the historical, economic and political context in de-industrialized regions; using a range of texts and sources, this work sought to summarize the key differences between WCS and other regions in terms of issues such as histories of economic and welfare policies, and national and regional responses to de-industrialization.²⁶

The regions

Table 1 lists the 12 regions (including WCS) that were included, alongside brief details of their size, industrial specialization, and levels of industrial employment loss in

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