

The Spatial Distribution of Amenities and Facilities in Relation to Degree of Deprivation across Glasgow City

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ABSTRACT

Background

There has been considerable interest recently in the relative importance of individual and environmental characteristics in influencing health and health related behaviours. An extensive literature on area variations in health has reviewed the traditional distinction between compositional and contextual explanations (the former referring to the nature of the residents of an area, the latter to the social and physical characteristics of the local area). Most empirical studies have concluded that who you are (e.g. age, gender, race and social class) is the main predictor of health and health related behaviour, but that where you live also matters. One potential contributory factor is the extent to which amenities and facilities for everyday living are distributed equitably across different neighbourhoods, or whether they tend to be concentrated in more affluent or deprived neighbourhoods. Furthering our understanding of this is an important issue for urban planning, and for studying within-city differences in health and health related behaviours. In our work on two socially contrasting study areas within Glasgow, we have previously observed that the more deprived locality was less well served for transport, shops, primary health care compared to the more affluent locality. However, is a similar pattern found across the whole city of Glasgow?

Aim

To examine the distribution in relation to area deprivation across Glasgow of a range of resources and facilities that might influence health or the ability to lead a healthy life.

Methods

Data on the location of a range of facilities and resources e.g. health services, leisure facilities, education, shops, post offices and banks, transport, parks and green space across the city of Glasgow have been collected and mapped in relation to the Scottish Index of Multiple Deprivation. Measures included number of resources per thousand population, network distance to nearest resource, and percentage of data zones containing at least one of each type of resource.

Results

Our analyses show no clear pattern of distribution in relation to degree of deprivation, some resources are equally accessible to residents across a range of deprivation, some are more prevalent in and nearer to more affluent areas and some are more prevalent in and nearer to more deprived areas. However, the quality and experience of facilities may merit further investigation.

Key Words: health, spatial distribution, amenities