

Contents

Workshop Theme 10: Health and Public Policy	169
Health and/as Quality of Life in Cities: the Urb-Health Project	171
Dr Luisa Avedano	171
Incapacity Benefit in Glasgow and Scotland: Current Issues and Trends.....	172
Dr Judith Brown.....	172
Urban Local Environments and the Promotion of Health and Wellbeing Among Older People: Dimensions from a Qualitative Study in Scotland	174
Dr Rosemary Day.....	174
Economic Evaluation: Can it GoWell with Public Policy?.....	175
Dr Elisabeth Fenwick.....	175
How Capable are we at Evaluating Public Health Interventions?.....	176
Dr Karen Lorimer.....	176
Using Public Health Policy to Move Practitioners Towards a Community Level Approach to Tackling Health Needs	177
Dr Mhairi Mackenzie	177
Excess Mortality in the Glasgow Conurbation: Exploring the Existence of a ‘Glasgow Effect’	178
James Reid	178

Workshop Theme 10: Health and Public Policy

Health and/as Quality of Life in Cities: the Urb-Health Project

Dr Luisa Avedano

Urb-Health Thematic Network
via San Francesco d'Assisi, 3
10121 Torino
Italy

Tel: +39 011 443 2546

Email: luisa.avedano@comune.torino.it; marco.santangelo@gmail.com

Co-Authors: Dr Marco Santangelo and Dr Haroon Saad

ABSTRACT

In this paper the authors will address the issue of health and/as quality of life in European cities basing their assumptions on the Urb-Health project experience. Urb-Health is a thematic network, co-designed and co-managed by Quartiers en Crise – ERAN and the City of Torino, established in the framework of the URBACT Programme that, as part of the URBAN Community Initiative, aims to develop trans-national exchange of experience between actors, whether cities or other partners, URBAN programmes or Urban Pilot Projects, and to capitalise on these projects, drawing lessons from the results, successes and weaknesses noted.

The Urb-Health project has established a thematic network of 10 partners cities across Europe, with the purpose to capitalise knowledge and practice on urban factors influencing health. It is addressing intersectoral efforts to tackle urban poverty and health inequalities, the needs of vulnerable groups, as well as the social, economic and environmental aspects of physical and mental health. The aim of the thematic network is to establish a cross-national exchange of effective strategies illustrating how urban regeneration practice in Europe can contribute to reducing health inequalities. To achieve such result the Urb-Health network has promoted the peer review exchange programme that consists of four workshops (PREW), attended by relevant delegates from partner organisations, invited delegates from non-partner EU networks and international organisations and experts related to the sub-themes.

The PREW are focusing on four interrelated themes:

- Vulnerable Groups (Elderly, Children, Disabled) and Health;
- Ethnic Diversity and Health;
- Gender and Health;
- Housing and Health.

The network is therefore contributing to disseminate knowledge on healthy urban environment across Europe by addressing a multitude of interrelated issues concerning housing conditions, health, well-being and social welfare. In this paper, the authors will focus on the Urb-Health experience to highlight its positive results in terms of methodology applied and obtained results and to stress the important link between health issues in a broader sense and the quality of life in European cities.

Key Words: quality of life, exchange of experiences, methodology

Incapacity Benefit in Glasgow and Scotland: Current Issues and Trends

Dr Judith Brown

University of Glasgow
Public Health & Health Policy Section
1 Lilybank Gardens
Glasgow
G12 8RZ
Scotland
UK

Tel: +44 (0)141 330 2023

Email: j.brown@clinmed.gla.ac.uk

Co-Authors: Phil Hanlon, Ivan Turok and Ewan B Macdonald (University of Glasgow), David Webster and James Arnott (Glasgow City Council)

ABSTRACT

Background

Incapacity Benefit (IB) is the key contributory benefit in the UK for people who are incapable of work because of illness or disability. The number of IB claimants more than trebled between the late 1970s and the mid-1990s as employment in many traditional industries collapsed. It has since stabilised at around 2.7 million, with a slight reduction in the last two years or so. The proportion of the working age population (WAP) claiming IB varies greatly between different parts of the country, partly reflecting the state of the local labour market and the area's economic history. It is particularly high in former industrial cities, such as Glasgow, although it is now beginning to come down. Many claimants moved onto IB with no expectation of getting back to work, although about a third now say they want to work. Some observers have argued that the large IB population in Britain partly reflects disguised unemployment. In practice, most people on IB never get back to work. Indeed after two years on IB a person is more likely to die or retire than find a new job. Three-quarters of people claiming IB have been claiming it for two years or more. In 2006 the government set an ambitious target of getting a million people off IB within the next 10 years, as part of the next phase of welfare to work. It has introduced 'city strategies' specifically to target areas with the highest levels of IB and other 'inactive' benefits. But the extent to which the movement of people onto IB is reversible is far from clear.

Objectives

The aim of the study on which this paper is based was to build up a detailed picture of the IB population in Glasgow and to compare it with the rest of Scotland. Another objective was to analyse the 'on' and 'off' flow populations in order to gain a better understanding of the dynamics of the situation. Both issues are vital to the achievement of the government's objective.

Methods

This study was original in being based on unique access to 100% sample data from DWP Information Directorate Work and Pensions Longitudinal Study from 2000 to 2005.

Results

Glasgow is distinctive from the rest of Scotland in various respects. It has a challenge in terms of the absolute size of its IB claimant population (61,850 in 2005). Yet, there has been a sizeable reduction in IB stock claimants from 2000 to 2005, mainly due to a decrease in on flow. 16% of the Glasgow WAP was claiming IB in 2005 compared with 10% in Scotland. The number of IB claimants with a poor work history (credits only claimants) in Glasgow is greater than the rest of Scotland, presumably reflecting the worse labour market situation. Mental health accounts for 50% of those claiming IB in Glasgow and has increased from 39% in 2000. In 2005, 3.8% of the WAP

in Glasgow moved on to IB compared with 2.5% of the WAP in Scotland. In 2005, off flow was 24% of the total stock in Glasgow and 25% of the total stock in Scotland. More of the on and off IB come from younger age categories and shorter duration of claim categories. Some indicators suggest that Glasgow faces a much greater challenge in reducing IB than other areas, although other indicators suggest it is making significant progress despite these problems. This may be attributable to (i) Glasgow's greatly improved labour market context, (ii) the effectiveness of local employment and training initiatives at reconnecting people to work, or (iii) administrative procedures associated with 'managing' people claiming or seeking to claim IB.

Conclusion

Although the IB population is decreasing for the first time in more than two decades, the situation in Glasgow does differ from the rest of Scotland. The paper explores some of the reasons for this, as far as the data permits. This is the first stage of a study that will further investigate the interaction between the health status, the labour market and policy interventions as they affect this vulnerable population. The paper develops various propositions for 'testing' in the next stage of the work.

Key Words: incapacity benefit, on flow, off flow

Urban Local Environments and the Promotion of Health and Wellbeing Among Older People: Dimensions from a Qualitative Study in Scotland

Dr Rosemary Day

University of Birmingham
School of Geography, Earth and Environmental Sciences
Edgbaston
Birmingham
B15 2TT

Tel: +44 121 414 5531 / 5544 (departmental office number)

Email: to be confirmed

ABSTRACT

Demographic and social change in most European countries has meant that we have an increasing number of older people who are more likely to be living, and to want to live, independently in the community. However, older people have often been neglected in the planning process and in regeneration initiatives which have tended to focus on the needs of younger cohorts, particularly those in their economically more productive years. Whilst useful work has highlighted that older people's ability to function independently is a dynamic between their capabilities and the characteristics of their environment, these insights have mostly been applied to housing and the design of the immediate living space; little attention has been paid to the outdoor neighbourhood environment and how it accommodates older people. Further, a tendency to construct older people as passive and dependent has meant that the voices of older people themselves are seldom heard in research in this area.

This paper reports on a qualitative study that was carried out in the Glasgow region of Scotland. Older people in three different urban neighbourhoods were interviewed in depth regarding their experiences of their local environment, how they used it and how it affected their well-being. Interview data was combined with further data from observation. Analysis reveals the understanding of older people themselves of routes by which their health and wellbeing are affected by characteristics of the local outdoor environment. Several dimensions emerge including the extent to which physical activity and exercise are promoted, and the extent to which older people are able to socialise informally out of doors. Health impacts are potentially physical, emotional and mental. The paper will reflect on the implications of these findings for urban planning and design that aims to support older and mixed communities.

Key Words: older people, health, neighbourhood

Economic Evaluation: Can it Go Well with Public Policy?

Dr Elisabeth Fenwick

University of Glasgow
Public Health and Health Policy
1 Lilybank Gardens
Glasgow
G12 8RZ
Scotland
UK

Tel: +44 (0)141 330 5615

Email: e.fenwick@clinmed.gla.ac.uk

Co-Author: Dr Paula Lorgelly and Professor Andrew Briggs

ABSTRACT

In a resource limited environment, it is important to determine whether a proposed programme constitutes a good use of scarce resources. Economic evaluation provides a framework to approach and inform difficult decisions about the best use of limited resources, through an assessment of both the costs and outcomes associated with a proposed programme.

However, complex public health interventions, including housing regeneration projects such as GoWell, do not readily lend themselves to the application of established economic evaluation techniques because their outcomes are complex and varied. This paper examines the issues associated with conducting economic evaluations of complex public health interventions and suggests some potential solutions. The issues explored include the diverse nature of outcomes, use of randomisation, collection of cost data, use of comparators, identifying and defining interventions and the timescale of data collection. Within the paper, the issues and potential solutions are explored through the use of case studies of economic evaluations of public health interventions currently being undertaken in the fields of housing, urban regeneration and physical activity.

Key Words: economic evaluation, public health

How Capable are we at Evaluating Public Health Interventions?

Dr Karen Lorimer

University of Glasgow
Public Health & Health Policy
1 Lilybank Gardens,
Glasgow
G12 8RZ
Scotland
UK

Tel: +44 (0)141 330 3291

Email: k.lorimer@clinmed.gla.ac.uk

Co-Authors: Dr Paula Lorgelly, Dr Elizabeth Fenwick and Professor Andrew Briggs

ABSTRACT

Complex public health interventions, including housing regeneration projects such as GoWell, often have such diverse outcomes that evaluation needs to overcome methodological challenges. Sen's 'capability approach' may provide the breadth of coverage required to evaluate public health interventions. According to Sen, wellbeing should be measured not according to what individuals actually do (functionings) but what they can do (capabilities). However, as some researchers have found, the entire capability set is not easily or directly observable (1). Anand et al (2) sought to measure capability by exploiting data from the British Household Panel Survey and other social surveys and arrived at a set of 65 indicators, which they tested via an online survey. While Anand's is not the only approach to measuring capabilities (see (3)), the survey design is practical and is also a generic approach and, much like SF-36, is a generic measure of health.

We sought to reduce and refine Anand et al's survey so as to be able to provide a summary measure of wellbeing and capability, negating the need to develop specific instruments for every evaluation of complex public health interventions. This paper offers commentary on the application of the capability approach and also details the approach used to reduce and refine a questionnaire for use in public health interventions. The results from the first stage of the project will be reported.

Key Words: evaluation, public health, capability approach

Using Public Health Policy to Move Practitioners Towards a Community Level Approach to Tackling Health Needs

Dr Mhairi Mackenzie

University of Glasgow
Department of Urban Studies
25 Bute Gardens
Glasgow
G12 8RS
Scotland
UK

Tel: +44 (0)141 330 4352

Email: m.mackenzie@lbs.gla.ac.uk

ABSTRACT

The nature of public health policy and practice is, and has historically been, contested. For some it constitutes the provision of life-style advice delivered to individuals. For others it requires a community level and structural response to broader problems. As part of a large multi-method evaluation of 'Starting Well' (Scotland's National Health Demonstration Project for child health), the study reported in this paper aimed to determine whether an intervention based on broad public health principles could contribute to expanding the role of project health visitors from the individual to the community.

Study Design

A process evaluation was conducted over two time points with a purposively selected sample of management and health visiting staff (N=44) responsible for developing and implementing the 'Starting Well' programme. The study used semi-structured interviews that covered a range of issues including: the public health role of health visitors; definitions of public health practice; and, the influence of Starting Well on practice.

Results

Whilst greater contact with families allowed health visitors to gain a greater understanding of the problems and life circumstances of their case-load families, the evaluation of Starting Well raised a range of issues about the feasibility of systematically changing practice within a short timescale and demonstrated the difficulties of implementing an approach that relied on individual values and organisational context as much as guidelines and assessment tools. The degree to which the systems and structures within which practitioners were operating facilitated a broad public health approach was limited.

Conclusions

As part of the wider Health Improvement agenda within health policy Public Health as a profession in the UK has seen drastic changes in the last few years with increasing numbers of workers expected to have a familiarity with its principles and modus operandi. It remains however a contested area of work and implementing its wider practice requires change at organisational, professional and individual levels. This has implications for current policy assumptions about how to improve the population's health.

Key Words: public health policy, health visiting, community approaches

Excess Mortality in the Glasgow Conurbation: Exploring the Existence of a ‘Glasgow Effect’

James Reid

University of Glasgow
Section of Public Health and Health Policy
1 Lilybank Gardens
Glasgow
G12 8RZ
Scotland
UK

Tel: +44 (0)141 330 3294
Email: j.m.reid@udcf.gla.ac.uk

Co-Authors: Professor Phil Hanlon (University of Glasgow) and Dr Carol Tannahill (Glasgow Centre for Population Health)

ABSTRACT

There exists a ‘Scottish effect’, a residue of excess mortality that remains for Scotland relative to England and Wales after standardising for age, sex and local area deprivation status. This residue is largest for the most deprived segments of the Scottish population. Most Scottish areas that can be classified as deprived are located in West Central Scotland and, in particular, the City of Glasgow.

A method to compare the deprivation status of several UK cities was devised using the deprivation score first calculated by Carstairs and Morris. The population of mainland UK was broken into deciles according to the Carstairs score of Scottish postcode sectors and English wards. Deprivation profiles for a particular cities were drawn according to the percentage of the local population that lived in each Carstairs decile. Using data from the three censuses since 1981, longitudinal trends in relative deprivation status for each city could be observed.

Age and sex adjusted standardised mortality ratios (SMR) were calculated for cities based on demographic and mortality data at postcode sector and ward level. These were calculated for each census time point. Where appropriate, SMRs were also calculated for conurbations. A second set of SMRs was calculated with adjustment for Carstairs decile.

Regression analysis of death rates in small areas was also undertaken. Poisson models were dismissed because of overdispersion of death counts and negative binomial models were used instead. Covariates in the models were age-group, sex, city of residence and Carstairs z-score. Further models were generated that examined other standardised census variables associated with deprivation. These variables included adults with no qualifications, lone parent households, persons rating their health as “not good” and unemployed individuals who had never worked. The deprivation profiles confirmed that all UK cities have a high proportion of deprived residents, although some cities have far higher proportions than others. Some cities appeared to show relative improvement in deprivation status over time whilst others seem resistant to change.

Results from both standardisation and regression analysis were surprising. Age and sex adjusted death rates for many cities increased significantly between 1981 and 2001. After allowing for deprivation status, mortality rates in UK provincial cities were found to vary greatly. Some cities had death rates that were not significantly different from UK average and there appeared to be a protective effect conferred by residence in certain cities. More obviously, results from regression

models showed that census deprivation variables were unable to fully explain the excess mortality that exists in certain cities; most notably, Glasgow, Liverpool and Manchester.

This study is rare in that it controls for deprivation status when calculating standardised death rates. It can be concluded that the relationship between area deprivation and local mortality rates is more complex than can be captured by routine sources of data such as the census. Two main possibilities are being considered. First, deprivation does explain the excess mortality but our measures of deprivation fail to capture its full effect in the 21st century therefore we need to refine our measurement of deprivation. Second, it may be that there exists in certain cities a cultural phenomenon that confounds the relationship between deprivation and health.

Key Words: mortality, cities, deprivation