

## **Health Inequalities Cross Party Group Minutes 17th May 2012**

Welcome and Introductions Malcolm Chisholm MSP

### **MSP's present**

Malcolm Chisholm MSP  
Jean Urquart MSP  
Anne McTaggart  
John Mason MSP

### **MSP Apologies**

Drew Smith NSP  
Murdo Fraser MSP  
Jim Eadie MSP

(See appendix for non MSP attendance and apologies.)

Minutes Approved by Dr Katharine Smith  
Sir Harry Burns - "Creating Health in Scotland"

This presentation covered an analysis of health in Scotland and the way forward.

When Sir Harry worked as a surgeon in the east end of Glasgow he noticed a difference in the healing time of people from different social backgrounds. Those from deprived areas healing at a slower rate. This observation made him curious about the overall health and well being of people from areas of deprivation and he began to notice the biological consequences of being poor in these patients.

It is well recognized from data in Scotland that men from the east end of Glasgow can expect to die 10 years earlier than their neighbors from more affluent areas. However Scotland is not an unhealthy place. 100 years ago Scotland when compared to other European nations held an average status for life expectancy however in the last 50 years other European countries have improved and Scotland has lagged behind. Sir Harry believes the poor health seen in Scotland is a product of the last 30 years with the consequences of poor health widening and increasing the gap in the life expectancy of males against other European nations.

There are 8 local government areas in Scotland, which are broadly similar to the death rates in Portugal, which has not improved in line with other European nations. The 8 local government areas are stated in slide 6.

This concentration is most noticeable in Clydeside. The Clydeside was a thriving Hub of productivity with shipbuilding and engineering facilities. When these industries closed many workers moved to areas where they could find work, East

Kilbride, Livingstone, down south and abroad. This left large numbers of people unable to find work and with no prospects left in areas such as Easterhouse.

Sir Harry stated that Scotland is not a nation with a lot of smokers compared to our European neighbours. A WHO study reported that smoking in teenage boys is low however smoking in teenage girls is closer to the European average.

In the 1960's the Finnish government noted their high incidence of heart disease and commenced a national plan to divert subsidies from dairy farming and offer subsidies to fresh fruit and vegetable production to in the long term try and decrease the rate of mortality from CHD. They took radical action against saturated fats. In 15 years they achieved a radical fall in mortality. Scotland has had a 60% fall in mortality in heart disease with no change in diet, which is attributed to a decrease in male smoking and better treatments for heart disease.

Glasgow City and Liverpool have identical income deprivation levels.

They also have similar causes of mortality.

12% have an increased risk of death by Coronary Heart Disease and Cancer and 6% excess mortality caused by drugs, alcohol, suicide and violence.

Mortality is higher in the young due to the above causes and due to cancer and CHD in the elderly. The causes of death are significantly important.

Sir Harry mentioned that in Aborigine tribes the same patterns of behaviour seen in the young of drinking etc. is seen in these tribes when they become dislocated in society and lose their roots.

Aaron Antonovsky an intellectual thinker and American sociologist studied individuals in this position and posed the question, "why aren't they all unhealthy and why do 30% flourish despite difficult circumstances."

This stress response can last for up to 40 years. Sir Harry believes doctors are fixated on disease.

For example chronic stress in an orphanage caused by social circumstances will increase a child's stress levels and turn up their stress levels thereby increasing their cortisol levels. A Marmot study found the same effect in civil servants with the higher-grade civil servants displaying less stress than their junior colleagues.

Manageability has an autogenic effect.

Sir Harry mentioned that whole countries have raised cortisol levels due to stress and lack of capability to reduce or manage this stress.

In Scotland post industrialization when we compare Scotland to European countries who also lost significant jobs we can see that all lost jobs 50% of which are male jobs but they maintained or increased their life expectancy unlike Scotland. In Germany for example when they lost their steel jobs the government capitalised on the skills of their population and transferred those skills to the car industry which gave people social support and a job whereas in Scotland many men who lost their jobs in the steel industry ended up on the dole.

As well as cortisol response to stress there is also an inflammatory response. This effect of inflammation doubles as you go down the social scale just as smoking and obesity doubles the inflammatory response.

Inconsistency and threat all cause changes in brain development. 3 main areas of the brain are affected, prefrontal lobe, hippocampus and amygdala.

Stressed animals lose cell growth from their pre frontal cortex, which affects their decision-making.

The hippocampus is responsible for long-term memory, learning and the controlling the stress response. If humans are stressed during pregnancy the gene that controls stress does not block the cortisol response. Sir Harry mentioned that the social circumstances that people are raised in could switch off and on various genes.

Amygdala controls emotional arousal such as fear, volatility and stress.

In deprived areas of communities there can be inconsistent approaches to childcare. Attachment theory is important to understand and monitor in early years.

### **Actions**

1. CPG Meeting Dates to be set for after recess into 2013. (JForde/MChisholm)
2. CPG Survey to be redistributed to gain feedback and obtain group thoughts for future meeting content and speakers. (JForde)

### Attended

Jacque Forde	Health Inequalities Alliance
Jim Swift.	Health Inequalities Alliance
Katharine Smith.	University of Edinburgh
Emma Anderson.	Bowel Cancer Care
Pamela Flynn.	Bowel Cancer Care
Brian Pringle.	Ash Scotland
Helen Reilly.	BMA

James Cant.	British Lung Foundation
Carolyn McCole	British Lung Foundation
Delia Thomas.	Health Scotland
Colwyn Jones.	Health Scotland
Alison Campbell.	Clinical Psychologist
Jamie Gray.	Healthy Living Streets
Muriel Mowat.	Scottish Independent Advocacy Alliance

Philip Atkinson	
Vicky Crichton.	Cancer Research Uk
Eva Georgeson.	Boroughmuir High School
Ben McKendrick	British Heart Foundation
Greg Quinn	Boeringher
Ramsay Young	Lundbeck

#### Apologies

Drew Smith	MSP
Murdo Fraser	MSP
Jim Eadie	MSP
Stewart Douglas	Scsn
Bill Paton	Napp
Diane Thompson	Pfizer
Colin Mair	Improvement Scotland
Karen Addie.	
Maddy Halliday.	Stroke Association
Lyndsey Patterson.	RCPE
Malcolm Clubb	CPS
Brendan Rooney	

Approved Minutes