The following are summaries of journal articles co-authored by NHS Health Scotland colleagues:

Jane Parkinson, Jon Minton, James Lewsey, Janet Bouttell, Gerry McCartney

**Recent cohort effects in suicide in Scotland: a legacy of the 1980s?**
Journal of Epidemiology and Community Health, July 18, 2016
Full text: [http://jech.bmj.com/content/early/2016/07/18/jech-2016-207296.long](http://jech.bmj.com/content/early/2016/07/18/jech-2016-207296.long)

- Scotland’s ‘excess’ mortality is partly due to higher mortality from suicide. We investigated whether cohort effects from exposure to adversity dating from the 1980s might explain the recent trends in suicide in Scotland (1974-2013). Suicide was most common in young adults living in deprived areas, with a younger peak in males. The peak age for suicide fell around 1990, especially for men. The risk of suicide increased for those born between 1960 and 1980, especially for males living in the most deprived areas, which resulted in a rise in suicide rates among young adults during the 1990s. The cohort at highest risk occurred earlier in the most deprived areas, 1965-1969 compared to 1970-1974. This is consistent with the hypothesis that exposure to neoliberal politics that were prevalent in the 1980s created a delayed negative health impact.

Andrew McAuley, Cheryl Denny, Martin Taulbut, Rory Mitchell, Colin Fischbacher, Barbara Graham, Ian Grant, Paul O’Hagan, David McAllister, Gerry McCartney

**Informing Investment to Reduce Inequalities: A Modelling Approach**

- The Informing Investment to Reduce Inequalities (Triple-I) project aimed to describe and compare the impact of different types of policy intervention, on population health and health inequalities in Scotland. A collaborative effort, the project looked at eight upstream interventions (changes to tobacco tax, income and council tax, changes to employment, increases to the value of unemployment benefit, income support and working tax credits, a living wage, increased levels of active commuting to work) and three downstream interventions (smoking cessation, alcohol brief interventions and counterweight (a weight management programme). A mixture of published literature, administrative data and surveys were used to model the absolute impact of these interventions on mortality (‘years of life lost’), hospitalisations and on inequalities in these measures.
The study found that introducing a living wage had the largest absolute impact in improving population health, while increases to the value of unemployment/income support had the most beneficial impact on reducing inequalities. There were also some interesting results, with income tax increases linked to a worsening of population health but narrower health inequalities, and increases in active commuting causing health inequalities to rise slightly. In general, upstream interventions had a larger impact on both population health and health inequalities than downstream ones, though the impact of downstream interventions (notably smoking) could be increased through targeting more deprived areas.

The Public Health Observatory team at Health Scotland is working on a new phase of Triple-I, which will explore the impact on a new range of interventions on health and health inequalities, as well as improving the assumptions that underpin the modelling work.

Smith, M. Williamson, A.E. Walsh, D and McCartney, G.
Is there a link between childhood adversity, attachment style and Scotland’s excess mortality? Evidence, challenges and potential research
BMC Public Health.16: 655, 2016
Full Text: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4964073/

This paper explores theories of childhood adversity, attachment, trauma, allostatic load and toxic stress in relation to their potential to be part of the explanation of subsequent negative health outcomes. In particular, the paper puts these theories into the societal contexts which give rise to (for example) adverse childhood experiences, thereby avoiding a ‘culture of poverty’ explanation to gain traction. Finally, the paper reflects upon whether or not these theories may help explain the higher mortality in Scotland and the available data comparing Scotland with other populations on these measures.

Gruer, L. Cézard, G. Clark, E. Douglas, A. Steiner, M. Millard, A. Buchanan, D. Katikireddi, S.V. Sheikh, A. and Bhopal, R.
Life expectancy of different ethnic groups using death records linked to population census data for 4.62 million people in Scotland.
Journal of Epidemiology and Community Health, July 2016
Full Text: http://jech.bmj.com/content/early/2016/07/29/jech-2016-207426.long

This study linked data from 4.62 million individuals in the 2001 Scottish census to deaths data for May 2001-April 2004 to calculate life expectancy by ethnic group. As far as we know, this is the first time this has been done in a European country. We found that males and females in most of the larger ethnic minority groups in Scotland had longer life expectancies than the majority White Scottish population. Pakistani females had the longest life expectancy (84.6; 95% CI 82.0 to 87.3) and White Scottish males the shortest (74.7 years; 74.6 to 74.8).
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Full text: https://www.ncbi.nlm.nih.gov/pmc/articles/pmid/27512652/

Collins, C. and Levitt, I.
Scottish Affairs, Volume 25 Issue 3, Page 294-316,

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Does parenting help to explain socioeconomic inequalities in children’s body mass index trajectories? Longitudinal analysis using the Growing Up in Scotland study.
Full text: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5013155/

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Journal of Aging and Health, August 2016

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A model to estimate the impact of changes in MMR vaccine uptake on inequalities in measles susceptibility in Scotland.
Abstract: https://www.ncbi.nlm.nih.gov/pmc/articles/27566772

Kirkwood, G and Pollock, A.M
Patient choice and private provision decreased public provision and increased inequalities in Scotland: a case study of elective hip arthroplasty.
McAuley, A et al
**Evaluating the impact of a national naloxone programme on ambulance attendance at overdose incidents: a controlled time series analysis.**
Addiction: September 2016

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**Representativeness of the participants in the smoking Cessation in Pregnancy Incentives Trial (CPIT): a cross-sectional study**
Trials, 17(1): 426, 2016
Full Text: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5002204/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5002204/)

Goodall, C.A et al
**Preliminary research informing policy on remote alcohol monitoring in criminal justice: the Scottish experience.**

O'Hagan, A.
**Redefining welfare in Scotland – with or without women?**
Abstract: [http://csp.sagepub.com/content/36/4/649.abstract](http://csp.sagepub.com/content/36/4/649.abstract)

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**Do early life cognitive ability and self-regulation skills explain socio-economic inequalities in academic achievement? An effect decomposition analysis in UK and Australian cohorts.**
Social Science and Medicine, September 2016,165, pp. 108-18

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Journal of Epidemiology and Community Health, July 2016

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Beard, E et al
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International Journal of Health Service, August 2016


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