
Citation:

Bagnall, A and Raine, G and Jones, R and White, A and Mitchell, B (2016) Systematic scoping review of proposed explanations for "excess" mortality. Final Report. Project Report. NHS Health Scotland.

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Systematic scoping review of proposed explanations for “excess” mortality

Final Report

April 2016

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Funding:

This is an independent report commissioned and funded by NHS Health Scotland. The views expressed are not necessarily those of NHS Health Scotland.

Conflicts of interest:

There were no conflicts of interest in the writing of this report.

Contributions:

The opinions expressed in this publication are not necessarily those of Leeds Beckett University or of the funders (NHS Health Scotland). Responsibility for the views expressed remains solely with the authors. Dr Anne-Marie Bagnall was the Principal Investigator for this work and has overall responsibility for the content of this report.

This report should be cited as: Bagnall AM, Raine G, Jones R, Mitchell B, White AK. A systematic review of proposed explanations for “excess” mortality. Leeds: Institute for Health and Wellbeing, Leeds Beckett University.

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Acknowledgements

We would like to thank our team of researchers who assisted with screening and data extraction: Humaira Akter, Susan Coan, Dr Frances Darby, Karina Kinsella, Dr Kris Southby, and Dr James Woodall.

We would also like to thank Dr Paul Marchant who was on hand to help with statistical queries.

We would like to acknowledge the hard working staff of the Sheila Silver Library at Leeds Beckett University, and particularly Susan Ellis and Karl Darbyshire of the Interlibrary Loans Service team, who have dealt cheerfully and efficiently with an unprecedented number of document requests in a short time. We are very grateful to them.

We would also like to acknowledge the helpful feedback and support provided by the commissioning team, Dr Gerry McCartney at NHS Health Scotland and Dr David Walsh at the Glasgow Centre for Population Health.

Executive summary

Background

This systematic review was commissioned by NHS Health Scotland (NHSHS), who are engaged in collaborative research with The Glasgow Centre for Population Health (GCPH) to investigate reasons behind the ‘excess’ levels of mortality (that is, higher mortality over and above that explained by differences in deprivation) seen in Scotland, and especially in Glasgow, compared to other parts of the UK. This report is one of a number of research projects commissioned to update and build on the findings of the synthesis that was published in 2011 by NHS Health Scotland and includes a review of the international literature on “excess” levels of mortality between higher income countries.

A previous research synthesis sought to summarise and assess the many potential explanations that had been proposed for the higher mortality seen in Glasgow, and in Scotland as a whole, compared to England & Wales (after accounting for differences in socio-economic deprivation). The synthesis reported 17 different hypotheses, and attempted to assess their relevance to plausible causal pathways. The report concluded that, while poverty and deprivation linked to particular industrial employment patterns, poor housing and unhealthy cultural and behavioural patterns seemed the most likely explanation for higher mortality pre-1980, after 1980 the mortality pattern changed and deaths were largely alcohol and drug related, suicides, violent deaths and road traffic accidents in young adults, in addition to the continuing high rates of mortality from cardiovascular disease, cancer and stroke. The authors of the synthesis¹ proposed that this changed pattern could be attributed to factors resulting from the disempowerment and community disruption in Scotland and Glasgow following neoliberal political attack.

Since publication of that report, a considerable amount of further research has been undertaken to investigate some of the more plausible hypotheses identified, while a number of other potentially relevant theses have emerged over the same period, some of which have also been the focus of new investigation. Project 1 of this systematic review sought to incorporate the new research, as well as undertaking a comprehensive literature search to incorporate any existing hypotheses that may have been missed by the earlier work. Project 2 of this systematic review sought to comprehensively search for and review all existing hypotheses for excess mortality between other higher income countries.

Aims and objectives

Aim of Project 1: To identify all potential explanations for the high mortality in Scotland, or parts of Scotland, relative to comparable populations.

Objectives

- To develop a strategy for, and perform, a comprehensive literature search that enables identification of all relevant hypotheses.
- To screen all identified citations for relevance to the research question.
- To critically appraise included studies for potential sources of bias, error and confounding.
- To describe the identified hypotheses and the evidence or logic for that explanation.

Aim of Project 2: To identify explanations for excess mortality between otherwise comparable populations with a view to generating hypotheses relevant to the Scottish excess.

Objectives

- To develop a strategy for, and perform, a comprehensive literature search that enables identification of all relevant hypotheses.
- To screen all identified studies citations for relevance to the research question.
- To critically appraise included studies for potential sources of bias, error and confounding where possible.
- To extract, and summarise, describe the proposed potential explanations and the evidence or logic for that explanation.

Method

The project followed the usual stages of a systematic review^{2,3}, except for validity assessment, adhering to the PRISMA guidelines for reporting⁴. A protocol and search strategy were developed and agreed with NHSHS and GCPH before the literature searches began.

The following databases were searched in November 2014: MEDLINE (including non-indexed articles and articles in progress), EMBASE, ASSIA, IDOX, Theses.com, the Cochrane Library, Web of Knowledge Social Sciences Citation Index, PsycINFO, NEXIS and CINAHL. The search was restricted to human articles. No limitations were imposed for year of publication or language.

Relevant grey literature was identified through a structured internet search using the search engines “Google” and “Google Scholar”, and by searching relevant websites such as the World Health Organisation, the Glasgow Centre for Population Health, the Office for National Statistics and the (former) Public Health Observatories. There was no date limit on these searches. Commentaries and discussion pieces (including blogs and newspaper or other media articles) were within the scope of the search.

Titles and abstracts of articles identified by the initial database searches were screened for relevance independently by one reviewer, with a random sample of 10% being screened by three reviewers. Disagreements were resolved by discussion. All articles were then reviewed in full by one reviewer for relevance before a decision to include or exclude was made.

Inclusion criteria

Participants: Studies based on comparisons between populations in high income countries, in any settings, were eligible for inclusion. Project 1 required reference to the higher mortality in Scotland, Glasgow, Greater Glasgow, Strathclyde, Clydeside or West Central Scotland (or other synonyms) but Project 2 included any higher income countries compared with each other. Articles reporting on people of all ages were eligible for inclusion.

Studies that compared populations within a single country were excluded.

Study design: All relevant study designs were eligible for inclusion, both observational (e.g. case-control or cohort studies) and “natural experiments”. Theories and hypotheses proposed in commentaries and discussion pieces were also eligible for inclusion.

Outcome measures: The outcomes of interest were mortality and morbidity relevant to excess mortality in Scotland (e.g. cancer, heart disease, accidental injuries, alcohol and drug use).

Data were extracted by one reviewer, using a piloted electronic form (using Microsoft Excel). Data were extracted into the following categories: Bibliographic details; Countries being compared; Study design; Outcomes reported; Hypotheses proposed (if any); Category (with reference to McCartney et al. 2011¹ and Walsh 2014⁵); Reviewer comments. Due to time constraints, validity assessment did not take place, other than the extraction of information about the study design.

Summary of main or key results

Most of the proposed explanations in both projects were not given as a single explanation but were combined with explanations from other categories. As this is a systematic scoping review, without validity assessment of the included studies, we are unable to comment on the strength and quality of the evidence in each category, but can only indicate how much of it there is. The majority of included studies were retrospective observational studies, some of which almost certainly were of good quality, and some of which were probably not.

Project 1

Half of the included studies mentioned deprivation or deprivation-related artefacts as an explanation for the excess mortality in Glasgow or Scotland. The next largest category of explanations (29%) related to health behaviours: alcohol, smoking, drugs, diet, physical activity and other behaviours. Other significant

explanations related to political attack and effects of policies, health services supply and demand, deindustrialisation, different culture of substance misuse, possibly mechanisms (e.g. vitamin D deficiency; psychosocial stress), migration, lower social capital, poor housing, life course effects, artefacts of measurement and the quality of the external physical environment.

Project 2

In the international literature, the largest category of proposed explanations for excess mortality related to health behaviours (37%), with deprivation featuring in 32%. Other significant explanations related to health services supply and demand, income inequalities, artefacts of measurement, political attack or effects, social capital, different culture of substance misuse, and genetic differences. This project was limited however by the necessary exclusion of studies which compared outcomes between populations within countries.

Conclusions

There is a great deal of relevant literature offering explanations for “excess” mortality, both in Scotland and Glasgow, and in other countries. Further research that includes validity assessment of these studies would be necessary to understand the reasons more fully and to ascertain which are the most robust. However we can make the following observations:

Project 1: Although deprivation is the most frequently proposed explanation for higher mortality in Glasgow and the rest of Scotland (and the brief of this review was to look at explanations over and above deprivation), deprivation seems to be linked to many of the other proposed explanations in a way that might also contribute to or exacerbate its effects. The second most frequently proposed explanation for the excess mortality in Scotland and Glasgow is in the category “health behaviours”, which includes diet, smoking, alcohol and drug misuse as well as other behaviours such as physical activity. Other prominent explanations are political attack or the effects of policies, health services supply and demand, deindustrialisation and a different culture of substance misuse.

Project 2: Health behaviours is the most frequently proposed explanation for the excess mortality in developed countries comparative to one another, more so than even deprivation. Other frequently proposed hypotheses include health services supply and demand, income inequality, “other artefacts” such as measurement of mortality, and political effects, such as the post-Soviet transition.

Although the focus of the international literature (and also prominent in the Scottish literature) seems to be on the “downstream” explanation of health behaviours, there is also a considerable amount of research being published on “upstream” and “midstream” explanations underlying these behaviours, both in

Scotland and internationally. Further research might focus on the links between these levels of explanations.

Main recommendations

Secondary research

The size of the literature, nature of the topic area and the nature of the more “upstream” explanations for excess mortality (such as political effects) suggest a realist review would be a useful way of formally “unpicking” the connections between upstream and downstream theories and effects. Realist reviews begin with a review of the theoretical literature, from which “context – mechanism – outcome” connections are proposed and tested by iterative searches of the literature and regular discussions with steering groups of experts.

Alternatively, full/ more detailed separate systematic reviews, including critical appraisal, could be undertaken of “promising” theories such as different culture of substance misuse, deindustrialisation, social capital, and health services supply and demand, capturing finer contextual information, and exploring links between “upstream” and “downstream” explanations.

Primary research

Further work on aspects of social capital and the different culture of substance misuse seem to be warranted.

A deeper analysis of the gendered component of the high rates of premature death would be of interest. Hearing the voices of men and women from different generations and across a spectrum of intersectional factors (for instance, ethnicity, sexuality, marital status, employment status) would create a detailed picture of how health behaviour is influenced by women’s and men’s socialised place in society.

Project 2:

It would seem to be of interest to explore in more detail the similarities and differences between upstream influences such as political effects, health behaviours and linked outcomes in Scotland and in eastern European countries.

1. Introduction

1.1 Background

This systematic review was commissioned by NHS Health Scotland (NHSHS), who are engaged in collaborative research with The Glasgow Centre for Population Health (GCPH) to investigate reasons behind the ‘excess’ levels of mortality (that is, higher mortality over and above that explained by differences in deprivation) seen in Scotland, and especially in Glasgow, compared to other parts of the UK.^a This report is one of a number of research projects commissioned to update and build on the findings of the synthesis that was published in 2011 by NHS Health Scotland¹ and includes a review of the international literature on “excess” levels of mortality between higher income countries.

Patterns of premature mortality in Scotland, and specifically Glasgow, have come under considerable scrutiny in recent years⁶⁻¹⁰. The excess mortality in Scotland and Glasgow is not just a historical issue: the current data^b on deaths for Glasgow reveal that 30.2% of all male deaths and 16.6% of female deaths occur within the working years of 15-64 years, as compared to 20.5% male deaths and 12.2% of female deaths in England and Wales^c, with 70% higher number of deaths in men as compared to women in Scotland, as opposed to 55% higher deaths in men as compared to women for England and Wales in these working years.

Scotland has the highest mortality in Western Europe¹¹ and increasing amounts of evidence now suggest that not all of this higher mortality can be explained in terms of higher levels of deprivation (Scottish Public Health Observatory 2014^d). Hanlon et al.¹² showed that all-cause deaths in Scotland (after adjustment for differences in area-based deprivation) increased from almost 5% higher than in England and Wales in 1981 to more than 8% by 2001, and was considerably higher for particular causes of death (e.g. lung cancer deaths and suicide were 26% and 41% higher respectively). The effect was seen across all deprivation groupings in Scotland (deprived and non-deprived), being most pronounced in

^ahttp://www.gcph.co.uk/work_themes/theme_1_understanding_glasgows_health/excess_mortality_comparing_glasgow

^b NRS (2014) Vital Events Reference Tables 2013: Table 5.2 Deaths, by sex, age, and administrative area, Scotland, 2013. National Records of Scotland. Retrieved June 2015 from <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables/2013/section-5-deaths>

^c ONS (2014) Mortality Statistics: Deaths registered in England and Wales, 2013. Office for National Statistics. Retrieved June 2015 from <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-327590>

^d <http://www.scotpho.org.uk/comparative-health/excess-mortality-in-scotland-and-glasgow>

the areas of highest deprivation (Glasgow and other parts of West Central Scotland).

Various attempts have been made to make sense of the higher levels of premature mortality in Glasgow. Recently, research has focussed particularly on the three cities of Glasgow, Liverpool and Manchester. Research published by the Glasgow Centre for Population Health in 2010¹³ showed that despite almost identical socio-economic profiles, Glasgow's mortality profile was quite different to that of the two English cities: premature deaths were found to be more than 30% higher, with all deaths almost 15% higher. A number of hypotheses were proposed to explain this disparity, including access to services¹⁴, poverty¹³, geographical patterns of deprivation⁸, persistence of poverty¹⁵, policy⁶ and childhood experiences¹⁶.

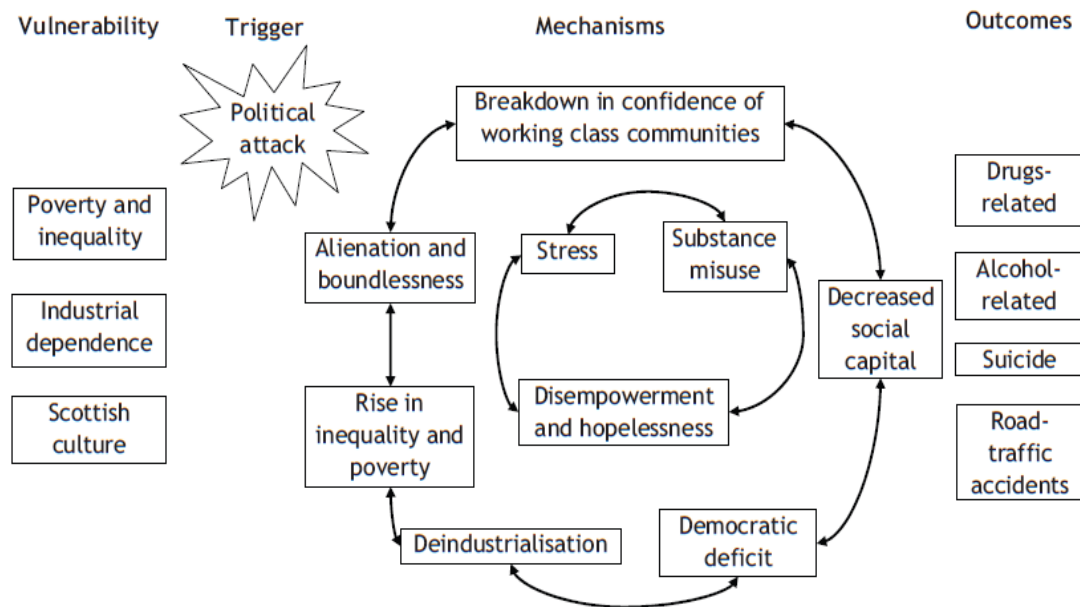
A previous research synthesis¹ sought to summarise and assess the many potential explanations that had been proposed for the higher mortality seen in Glasgow, and in Scotland as a whole, compared to England & Wales (after accounting for differences in socio-economic deprivation). The synthesis reported 17 different hypotheses, and attempted to assess their relevance to plausible causal pathways, although due to the complexity of the issues involved, reasons for the higher mortality in Scotland and Glasgow were still unclear. The report concluded that, while poverty and deprivation linked to particular industrial employment patterns, poor housing and unhealthy cultural and behavioural patterns seemed the most likely explanation for higher mortality pre-1980, after 1980 the mortality pattern changed and deaths were largely alcohol and drug related, suicides, violent deaths and road traffic accidents in young adults, in addition to the continuing high rates of mortality from cardiovascular disease, cancer and stroke. The authors of the synthesis¹ proposed that this changed pattern could be attributed to factors resulting from the disempowerment and community disruption in Scotland and Glasgow following neoliberal political attack (see Figure 1 for the logic model from that report, and also Collins & McCartney, 2011¹⁷).

Since publication of that report, a considerable amount of further research has been undertaken to investigate some of the more plausible hypotheses identified in the 2011 report, while a number of other potentially relevant theses have emerged over the same period, some of which have also been the focus of new investigation. Project 1 of this systematic review sought to incorporate the new research with the research in the 2011 synthesis, as well as undertaking a comprehensive literature search to incorporate any existing hypotheses that may have been missed by the earlier work.

From studies elsewhere in the world¹⁸⁻²², the most prevalent hypothesis proposed for the cause of the high levels of premature death was socio-economic deprivation. Nevertheless, cultural factors that go beyond poverty are

thought to have been a component in the rapid decline in life expectancy in the post-Soviet era²³. A common feature of the patterns of mortality between Scotland and the post-soviet countries are the high levels of alcohol abuse and alcohol related deaths and suicide deaths^{24, 25}.

Figure 1: A simplified representation of the synthesis of the cause of the Scottish Effect (and Glasgow Effect) (from McCartney et al. 2011¹)



Taulbut et al.²⁶ explored the lessons from other post-industrial countries in Europe in relation to the 'Glasgow Effect' and identified potential similarities in so much as they have shared de-industrialisation causing economic and social upheaval, but they also noted that the West Central of Scotland has generally better levels of employment and higher income levels than many countries where life expectancy has improved. They also noted higher levels of relative poverty in this region, thought to be a consequence of neoliberal policies widening social and economic inequalities in a way not seen across the rest of Europe, but which are seen within other regions of the UK where life expectancy is not so poor.

A comparative analysis undertaken in Baltic States between countries that have shared histories, but widening health gaps²⁷, found that whilst Lithuania was retaining a low level of life expectancy, neighbouring Latvia, Estonia and Finland were experiencing much faster recovery. Further analysis found that the improving countries were more proactive in introducing public health initiatives, such as alcohol and smoking control and the detection and management of cardiovascular health problems.

Project 2 of this systematic review sought to comprehensively search for and review all existing hypotheses for excess mortality between other higher income countries.

1.2 Aims and objectives

Aim of Project 1: To identify all potential explanations for the high mortality in Scotland, or parts of Scotland, relative to comparable populations.

Objectives

- To develop a strategy for, and perform, a comprehensive literature search that enables identification of all relevant hypotheses.
- To screen all identified citations for relevance to the research question.
- To critically appraise included studies for potential sources of bias, error and confounding.
- To describe the identified hypotheses and the evidence or logic for that explanation.

Aim of Project 2: To identify explanations for excess mortality between otherwise comparable populations with a view to generating hypotheses relevant to the Scottish excess.

Objectives

- To develop a strategy for, and perform, a comprehensive literature search that enables identification of all relevant hypotheses.
- To screen all identified studies citations for relevance to the research question.
- To critically appraise included studies for potential sources of bias, error and confounding where possible.
- To extract, and summarise, describe the proposed potential explanations and the evidence or logic for that explanation.

1.3 Report structure

Chapter 2 describes the methodology of this systematic scoping review. In Chapter 3, the results of the literature search and the search for grey literature are presented, with the number and type of articles reporting theories in a range of categories presented and referenced for both projects 1 and 2. Chapter 1 presents a discussion of the findings, the limitations of the review, and attempts a brief overview of other relevant literature. Chapter 5 presents conclusions and observations, including recommendations for further research.

2. Methodology

2.1 Study design

Similar methods were adopted for projects 1 and 2, albeit using different search terms. The project followed the usual stages of a systematic review^{2, 3}, except for validity assessment, adhering to the PRISMA guidelines for reporting⁴.

A protocol and search strategy were developed and agreed with NHSHS and GCPH before the literature searches began.

2.2 Search Strategy

A search strategy was developed and discussed in collaboration with the project leads from NHSHS/ GCPH, alongside subject librarians from NHSHS. The following databases were searched in November 2014: MEDLINE (including non-indexed articles and articles in progress), EMBASE, ASSIA, IDOX, Theses.com, the Cochrane Library, Web of Knowledge Social Sciences Citation Index, PsycINFO, NEXIS and CINAHL. The search was restricted to human articles. No limitations were imposed for year of publication or language. The results of the search were de-duplicated using Endnote reference management system.

Relevant grey literature was identified through a structured internet search using the search engines “Google” and “Google Scholar”, and by searching relevant websites such as the World Health Organisation, the Glasgow Centre for Population Health, the Office for National Statistics and the (former) Public Health Observatories. There was no date limit on these searches. Commentaries and discussion pieces (including blogs and newspaper or other media articles) were within the scope of the search.

Sample search strategies and a search history can be found in Appendix 1 of this report.

2.3 Study selection

Titles and abstracts of articles identified by the initial database searches were screened for relevance independently by one reviewer, with a random sample of 10% being screened by three reviewers, for the purpose of testing and agreeing on the inclusion criteria. Disagreements were resolved by discussion, with full copies of articles identified as potentially relevant by any reviewer being obtained for detailed screening.

All articles were then reviewed in full by one reviewer for relevance before a decision to include or exclude was made. Queries were resolved through discussion within the review team and with reference to the commissioning team where necessary.

2.4 Inclusion criteria

Participants: Studies based on comparisons between populations in high income countries, in any settings, were eligible for inclusion. Project 1 required reference to the higher mortality in Scotland, Glasgow, Greater Glasgow, Strathclyde, Clydeside or West Central Scotland (or other synonyms) but Project 2 included any higher income countries compared with each other. Articles reporting on people of all ages were eligible for inclusion. Studies that compared populations within a single country were excluded.

Study design: All relevant study designs were eligible for inclusion, both observational (e.g. case-control or cohort studies) and “natural experiments”. Theories and hypotheses proposed in commentaries and discussion pieces were also eligible for inclusion.

Outcome measures: The outcomes of interest were mortality and morbidity relevant to excess mortality in Scotland (e.g. cancer, heart disease, accidental injuries, alcohol and drug use).

2.5 Data extraction

Data were extracted by one reviewer, using a piloted electronic form (using Microsoft Excel). Data were extracted into the following categories: Bibliographic details; Countries being compared; Study design; Outcomes reported; Hypotheses proposed (if any); Category (with reference to McCartney et al. 2011¹ and Walsh 2014⁵); Reviewer comments.

2.6 Critical Appraisal

We planned to critically appraise all included studies, using the STROBE checklist for observational studies²⁸, or other checklists as appropriate (e.g. AMSTAR for a systematic review²⁹). For expert discussions and commentaries, we planned to use the NOTARI checklist developed by the Joanna Briggs Institute to critically appraise the source of the evidence. Theories retrieved from social media such as Twitter, YouTube and (comments on) newspaper articles were included but we did not plan to critically appraise them unless a credible source of evidence was cited.

However, the large number of included articles (see “Findings”) and the need to produce a report within a certain timescale meant that critical appraisal did not take place, other than the extraction of information about the study design.

2.7 Analysis

A fully referenced list of hypotheses relevant to each project is presented, with prominence being given to findings from prospective study designs or systematic reviews. Findings are tabulated for ease of reference so that hypotheses can be associated with or “mapped” against study designs, countries or regions being

compared. Findings for Projects 1 and 2 are presented separately, although themes common to both are highlighted.

3. Results

3.1 Study selection

Figure 2 shows the study selection flowchart. A total of 27,723 “hits” were identified by the searches as potentially relevant, and their titles and abstracts were screened for inclusion. 25,597 articles were excluded at this stage as not relevant, leaving 2,126 articles to be obtained in full. Of these, 1,207 were excluded, 91 were unobtainable, and 41 were recorded as “awaiting assessment”, either because they had been requested as interlibrary loans and not yet arrived (n=15), or because they were in a foreign language and we were unable to translate them (n=26).

Articles were excluded for the following reasons: no geographical comparison (n=625); no theory or explanation offered for excess mortality (n=266); not related to mortality outcomes (n=126); not high income countries (n=69); briefing documents, citations, critiques or press releases relating to full reports that were included (n=15); historical papers (n=8); errata papers not related to an included study (n=4); methodology papers (n=2); and a book review (n=1).

This left 837 articles that were included in the review: 305 in Project 1 and 532 in Project 2.

Details of all the studies included in Project 1 (Scotland or Glasgow compared to other countries or parts of Scotland) can be found in Appendix 2, while details of all the studies included in Project 2 (any higher income country compared to any other higher income country or countries) can be found in Appendix 3.

3.2 Description of included studies

Most of the included studies (n=174 (59%) in Project 1, n=326 (60%) in Project 2) were retrospective observational studies using national or regional data sets, some with data linkage to cross-sectional surveys. A small number of prospective cohort studies have been included (n= 18 in Project 1³⁰⁻⁴⁷, n=29 in Project 2⁴⁸⁻⁷⁶, along with very small numbers of other study designs such as RCTs (n= 1 in Project 1⁷⁷, n=1 in Project 2⁷⁸, systematic reviews (none in Project 1, n=8 in Project 2⁷⁹⁻⁸⁶ and qualitative research (n=1 in Project 1⁸⁷, n=3 in Project 2⁸⁸⁻⁹⁰).

3.3 Overview of theories

Figures 2 and 3 show the distribution of theories within categories. The largest category by far in Project 1 (see Figure 3) and second largest in Project 2 (see Figure 4) was theories linked to deprivation, income or wealth. Other categories which were well populated in both projects were health behaviours (which was

the largest category in Project 2), health services supply and demand, and political attack or effects.

In Project 1, other frequently proposed theories were: different culture of substance misuse (often alcohol); possible mechanisms contributing to excess mortality, such as psychosocial stress; lower social capital; deindustrialisation; migration; poor housing; life course effects; other artefacts (such as how deaths are registered); quality of external physical environment, anomie, climatic differences (e.g. lack of sun leading to vitamin D deficiency, or cold/ damp conditions leading to ill health); family and gender relationships and parenting differences; income inequalities; individual values (especially with regard to risk taking and attitudes towards the future e.g. not expecting to live long enough to experience the consequences of risky health behaviours); sense of coherence.

In Project 2, other frequently proposed theories were: income inequalities; other artefacts (to do with measurement of mortality); social capital; different culture of substance misuse; educational attainment; genetic differences; individual values; possible mechanisms (by which external factors may affect health, such as by increasing psychosocial stress), and welfare regimes.

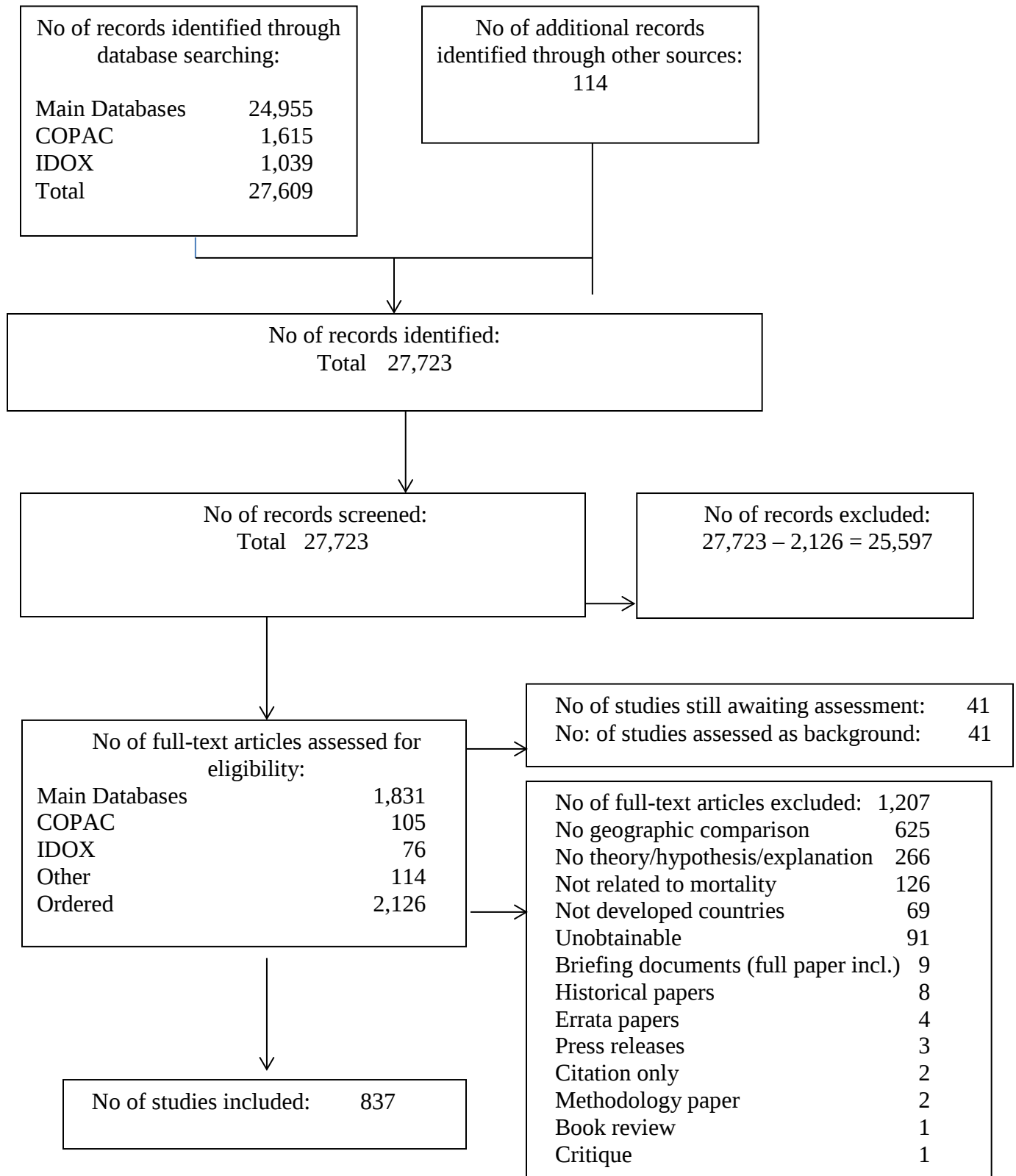
There do not seem to be many striking differences between projects 1 and 2 in terms of the distribution of theories across categories. However, theories in the “health behaviours” category form a higher proportion of the international literature (37%), than they do in the literature relating to Scotland and Glasgow (29%). Instead, the literature in Project 1 has a stronger focus (than the literature in Project 2) on more “upstream” or “midstream” explanations such as political attack, external environment and social capital. The international literature has a greater focus on “downstream” explanations and in this sense does not seem to have caught up with the work going on in Scotland and Glasgow, which seems more advanced with regard to the reasons underlying people’s health behaviours that may lead to excess mortality.

Some theories which did not seem to quite fit into existing categories from previous syntheses (McCartney G. et al. 2011¹; Walsh D. 2014⁵) are listed below:

- ability to heal or ward off insults to organs; Poorer symptom awareness; number of concomitant illnesses; lower potential for resuscitation
- local culture
- implementation of prevention strategies/policy
- lag in the process of lifestyle change
- increased flu activity; other infections
- policy implementation (The control of asbestos & other industrial carcinogens)
- Later availability of refrigeration; availability of foods & variety of diet
- Comorbidity
- inequalities in power, prestige

- High rate of preterm births
- Greater trade union membership and political representation by women;
- Public awareness
- Happiness, gender empowerment
- Patient behaviour; help-seeking behaviours; Comorbidity
- Bovine Spongiform Encephalitis (BSE) crisis
- Availability of suicide methods (e.g. guns, high buildings)
- War & terrorist attack has protective effect. Continuous risk to national security has generated a national feeling of common destiny that strengthens sense of belonging
- Hepatitis C epidemic
- Efficacy of suicide prevention efforts; changing socioeconomic conditions in the world; proportionally fewer suicide-prone individuals remaining after a period of high suicide rates.
- Phase transition
- Driving long distances on poor roads in inclement weather conditions; Differences in the availability or appeal of prevention programs
- Level of control over life
- Socioeconomic modernisation (Historical process of large scale socioeconomic changes in society such as rising prosperity, industrialisation, urbanisation & expansion of mass education)
- Low birth weight/ early childhood experiences/ life course effects
- Epigenetics
- Living in mountainous regions
- Faster pace of urban life
- Gompertzian effects (i.e. this is a model of change over time whereby the change is initially slow and effects a small proportion of the population, a tipping point is then reached and the change rapidly spreads as more people are exposed, and then finally the rate of change slows down again as there are fewer and fewer people left unexposed).
- Anger / hate (from social media)
- Something in the Glasgow water supply (toxins?) (from social media)
- Microbiome (from social media)
- Radiation from nuclear submarines (from social media)

Figure 2: Study selection flowchart



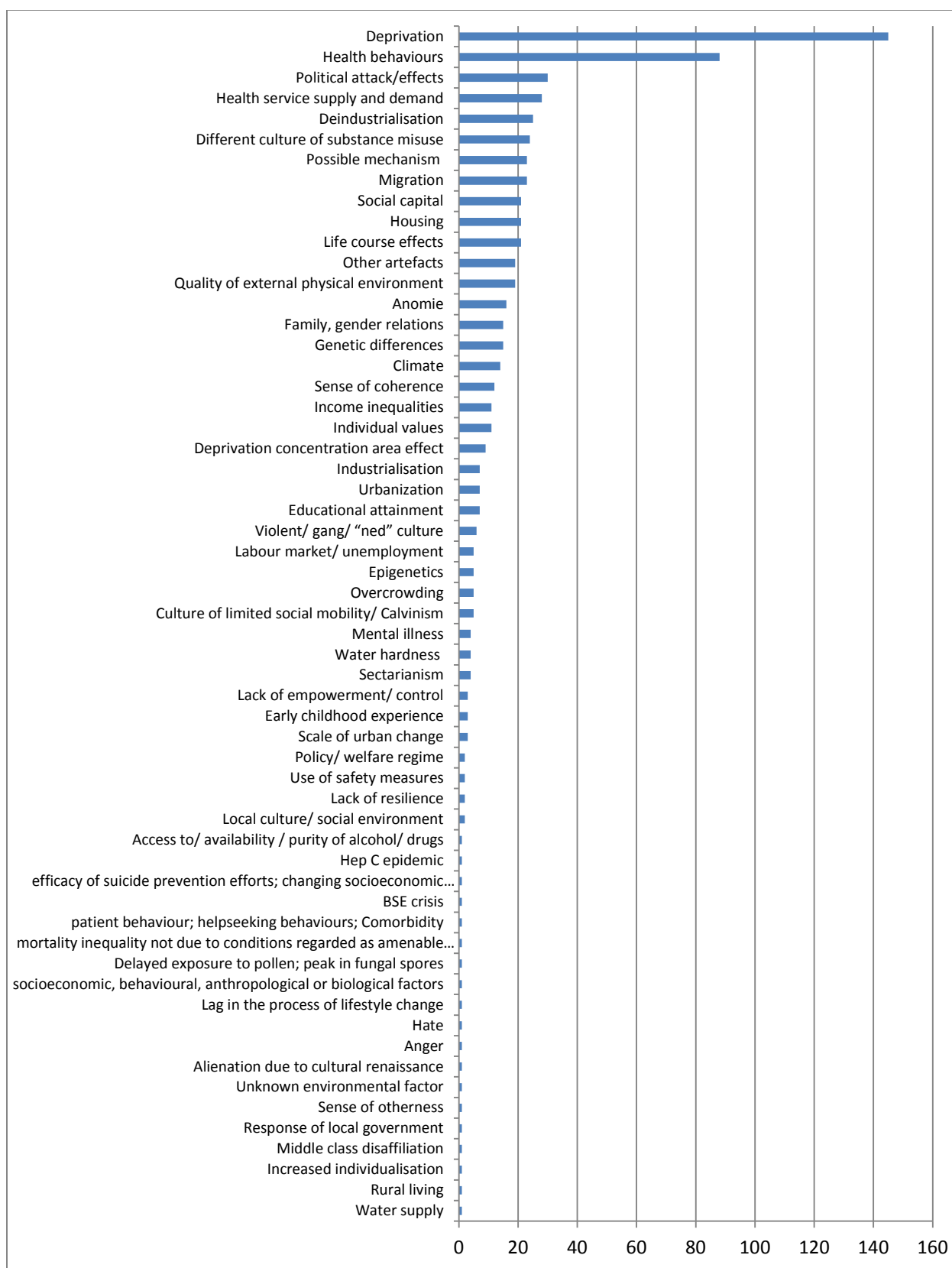


Figure 3: Distribution of theories for excess mortality in Scotland (Project 1)

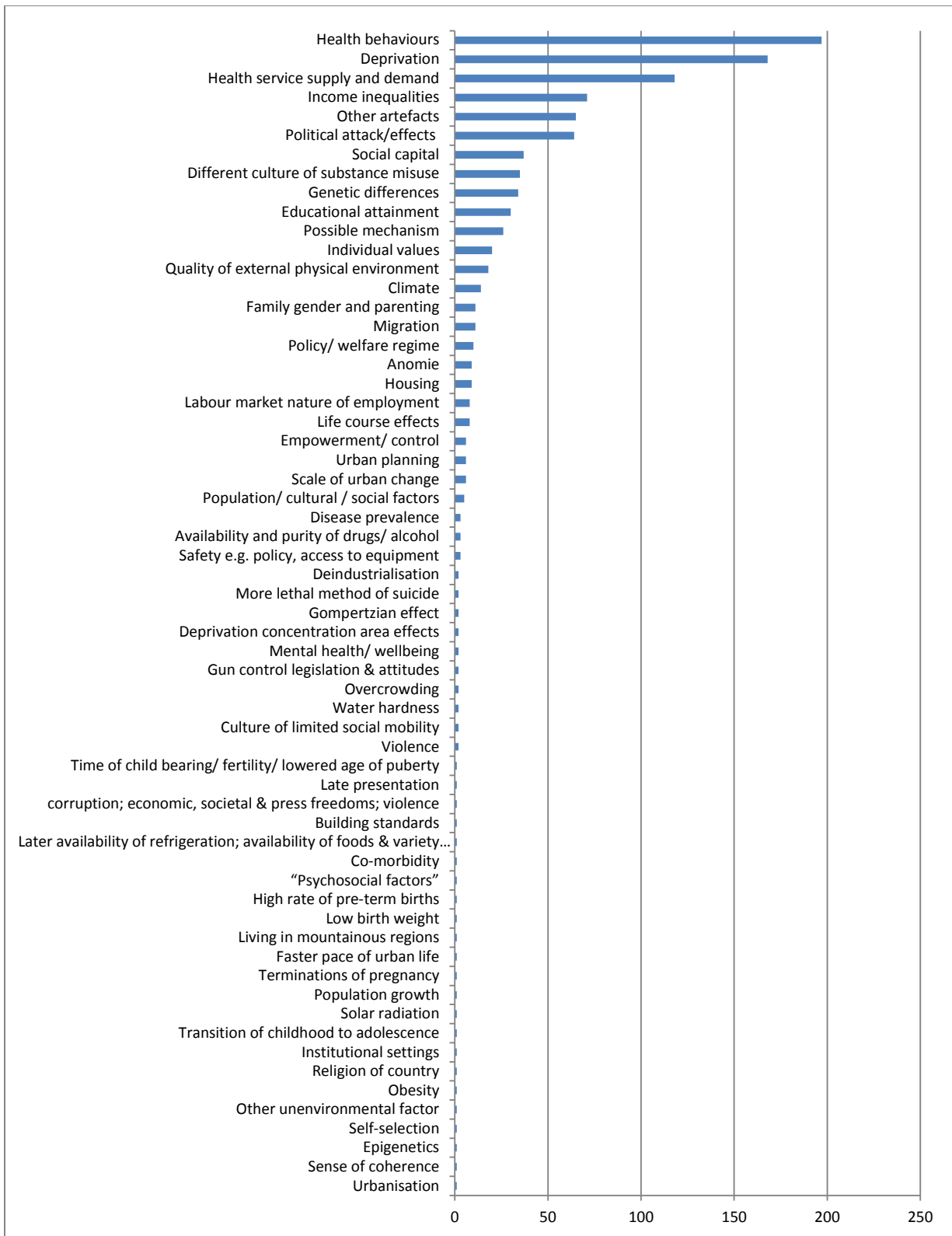


Figure 4: Distribution of theories for excess mortality in international studies (Project 2)

3.4 Theories (by category)

Examples in each category are taken from systematic reviews or prospective cohort studies, where possible.

3.4.1 Deprivation

In this review, as in the 2011 synthesis, deprivation is defined as absolute or relative poverty. The deprivation hypothesis in McCartney 2011 suggests that the “Scottish Effect” would be explained by deprivation, but that the measures have, since 1981, become increasingly unsuitable in capturing the changing nature of the deprivation experienced by the population⁹¹. However in this review, such artefactual explanations relating to the measurement of deprivation have been recorded in a different category (Deprivation artefact), as a large number of articles in both Projects 1 and 2 proposed that deprivation itself, rather than the measurement of it, was one of the causes of “excess” mortality between areas or countries. Although the objective of this systematic review was to review proposed explanations for excess mortality over and above that explained by deprivation, we have included this category to give a full picture of explanations proposed for higher mortality, and because many of the other categories of proposed explanations include deprivation as a causal or correlated link.

The deprivation artefact hypothesis from the 2011 synthesis suggests that the excess mortality or Scottish effect would be explained by deprivation but that the measures have since 1981 become increasingly unsuitable in capturing the changing nature of the deprivation experienced by the population. Four aspects of the measurement of deprivation which would explain the apparent but artefactual Scottish effect are highlighted in the 2011 synthesis as:

1. The Carstairs index has become outdated
2. The proxy measures of deprivation available do not adequately capture how deprivation is experienced
3. Issues around the size, and consistency of size, of the small areas at which historical measures of deprivation (Carstairs) were calculated
4. Underestimation of the population denominator for Scotland.

Project 1:

A total of 153 articles (50%) mentioned deprivation or deprivation area artefacts as a potential explanation for excess mortality in Scotland or Glasgow.^{6, 7, 11-13, 36, 39, 40, 42, 47, 80, 92-224 112, 162, 170, 225-230}. Three were prospective cohort studies^{36, 42, 47}

Most articles that proposed deprivation as an explanation for excess mortality acknowledged that deprivation alone did not explain all of the excess. Two examples are given below.

Results of a survey of four neighbourhoods in Glasgow City, nested in the West of Scotland Twenty-07 prospective cohort study (Forsyth et al. 1994)³⁶, suggested that intra-urban variations in eating habits were not entirely explicable

in terms of individual socio-economic or socio-demographic characteristics, household finances or even local availability or accessibility of food outlets. Instead, the authors suggested that observed patterns were best explained by a dynamic model taking into account household resources, local availability and cultural factors such as traditional beliefs about appropriate or healthy diets. They observed that components of a healthy diet may be least accessible and most costly in neighbourhoods whose inhabitants are least healthy, poorer, have fewer facilities for buying and preparing food, have to buy food more frequently and in smaller quantities, and who do not like or value the diet recommended by the “experts”.

A study by Gemmell et al (2000)¹¹⁹ on seasonal variations in mortality found that they were associated with socioeconomic status as well as outdoor temperature. The authors hypothesised that the strength of the relationship between temperature and mortality is likely to be a result of the population being unable to protect themselves adequately from the effects of temperature (possibly due to housing characteristics such as fuel poverty or the presence of dampness and condensation) rather than the effects of temperature itself.

Project 2:

A total of 190 articles (36%) mentioned deprivation or deprivation area artefacts as a potential explanation for excess mortality in the international literature^{18, 50, 58, 61, 70, 73, 76, 81, 84, 86, 231-410}. Three were systematic reviews^{81, 84, 86} and seven were prospective cohort studies^{50, 55, 58, 61, 70, 73, 76}.

One systematic review⁸¹ which included studies from Sweden, Denmark, US, Scotland, Canada, Italy, Japan, Spain, England, Brazil, and the Netherlands, found socioeconomic deprivation to be a powerful independent predictor of the development of heart failure and adverse outcomes. The authors concluded that although heart failure represents the endpoint of numerous different pathophysiological processes and ‘chains of events’, each modifiable throughout the disease trajectories, the precise mechanisms underlying this interaction were complex and “remain elusive”, due to the challenges of disentangling many and varied life course processes leading to heart failure and inequalities among patients with heart failure. Nevertheless, they recommend that every link in the chain of events is a target for research, while the pathways mediating the inequality are amenable to both public health and clinical interventions.

A recent systematic review which examined alcohol consumption as a potential explanation for socioeconomic inequalities in mortality, and included studies from Finland, Sweden, Russia, Estonia, Poland, Switzerland, and Canada⁸⁴ found a 1.5–2-fold higher mortality for alcohol-attributable causes compared with all causes in participants with low socioeconomic status (SES). This indicates that whereas low SES is associated with an elevated risk of dying, this risk is especially elevated for alcohol-attributable causes of death.

Another systematic review⁸⁶ which included studies from USA, Germany, Austria and Britain, found that individuals with unmet loan payments had suicidal ideation and suffered from depression more often than those without such financial problems. Unpaid financial obligations were also related to poorer subjective health and health-related behaviour. The authors concluded that indebtedness at an individual level has serious effects on health.

3.4.2 Migration

In the 2011 synthesis, relating to Project 1 (Scotland and Glasgow) only, the most frequently proposed hypothesis relating to migration was that Scotland or Glasgow suffered from a greater degree of emigration of healthy individuals than other areas, leaving behind a more unhealthy population which would be more likely to suffer from higher mortality (the opposite of the “healthy migrant effect”⁴¹¹).

Project 1:

There were 23 articles (7.5%) which mentioned migration as a potential explanation for excess mortality in Scotland or Glasgow^{13, 15, 30, 31, 41, 97, 112, 118, 130, 149, 151, 179, 211, 412-421}.

Three were prospective cohort studies^{30, 31, 41}.

A prospective cohort study in the West of Scotland^{30, 31} found that people of Irish Catholic descent, and specifically men with patrilineal Irish descent had higher death rates from all causes and from cardiovascular disease. The authors suggested that smoking and relative deprivation during childhood and adulthood contributed to this excess mortality, but did not account for all of it.

Project 2:

Some 11 articles (2%) mentioned migration as a potential explanation for excess mortality in the international literature^{66, 67, 292, 305, 323, 328, 340, 422-425}.

One was a prospective cohort study⁶⁷, nine were retrospective observational studies^{66, 292, 305, 323, 328, 340, 422, 423, 425} and one was a cross-sectional survey⁴²⁴.

A prospective cohort study of migrants from the former Soviet Union living in either Israel or Germany⁶⁷ found that, after adjusting for several co-variables, there were differences between migrants in the cause of death patterns in the two host countries, which the authors suggested may have been associated with differences in their initial conditions or with effects of the destination country. They concluded that duration of residence had an impact on migrant mortality, but that the extent to which the change in mortality is attributable to related modifications in risk factors or differences in healthcare utilisation could not be determined.

3.4.3 Genetic differences

As in the 2011 synthesis, the genetic hypothesis suggests that populations experiencing “excess” mortality are either predisposed to negative health behaviours or are particularly vulnerable to their effects, as a result of differences in the genetic mix of the population.

Project 1:

A total of 15 articles (5%) mentioned genetic differences as a potential explanation for excess mortality in Scotland or Glasgow^{12, 13, 31, 35, 39, 139, 170, 177, 199, 217, 218, 426-429}.

Two were prospective cohort studies^{31, 35}, nine were retrospective observational studies^{12, 39, 139, 177, 199, 426-429}, two were cross-sectional surveys^{13, 218} one was a newspaper article with comments¹⁷⁰ and one was a blog with comments²¹⁷.

A prospective cohort study that compared people in Aberdeen to the West of Scotland and the whole of Scotland³⁵, found that higher childhood IQ was linked to better survival rates. The authors proposed the following potential mechanisms: childhood IQ might be a record of bodily insult up to that age, including perinatal and childhood problems; childhood IQ might be a marker for bodily system integrity (IQ is a marker for something more basic about the organism); IQ at age 11 years might be a predictor of better health behaviours and knowledge over the life span; and IQ might confer an entry to environments that are safer (i.e. educational and occupational outcomes).

Another prospective cohort study³¹ found that men in the West of Scotland with patrilineal Irish descent had higher death rates from 'all causes', and specifically cardiovascular disease. Whilst smoking and relative deprivation during childhood and adulthood contributed to the high Irish mortality, there remained a substantial excess of premature mortality which was unaccounted for.

Project 2:

There were 34 articles (6%) that mentioned genetic differences as a potential explanation for excess mortality in the international literature^{56, 82, 260, 277, 279, 282, 287, 291, 303, 315, 430-453}.

One was a prospective cohort study⁵⁶ and one was a systematic review⁸².

The authors of a prospective cohort study which compared mortality, systolic blood pressure and forced expiration volume (FEV) in Italian and Greek men⁵⁶ found that although cholesterol explained some of the higher mortality in Italian men, 75% was explained by differences in baseline blood pressure and FEV, which could be genetic rather than behavioural factors.

A systematic review of 98 aggregate & multilevel studies examining the association between income inequality & health⁸² found that the association was weak at an individual level and proposed that other factors (such as genetic factors) may have a stronger effect.

3.4.4 Health behaviours

In the 2011 synthesis¹ the health behaviours hypothesis asserts that a large proportion of the higher mortality in Scotland and Glasgow (and, in Project 2, the higher mortality in some countries compared to other countries) can be attributed to alcohol-, smoking- and drug-related deaths because of a higher prevalence of these negative health behaviours. The hypothesis also includes worse dietary habits (in terms of the intake of fat, salt and sugar, and lower intakes of fruit and vegetables) and lower physical activity. In this review we also found examples of other negative health behaviours (e.g. unprotected sex increasing the risk of diseases such as HIV/ AIDS and cervical cancer).

Project 1:

A total of 91 articles (30%) mentioned health behaviours as a potential explanation for excess mortality in Scotland or Glasgow^{11, 12, 15, 16, 31, 36, 37, 40, 46, 47, 92, 94, 98, 100, 107, 125, 129, 130, 137, 139, 140, 144, 146, 151, 152, 156, 158, 163-165, 168, 177, 181, 182, 187, 190-192, 194, 196, 199, 202, 207, 208, 211, 213, 220, 222, 223, 226, 412, 419, 426-428, 454-491}.

Seven were prospective cohort studies^{30, 31, 34, 37, 45-47}.

Findings from a survey carried out as part of a prospective cohort study in the countries of the UK³⁴ showed that Scottish people smoked and drank more, were more overweight and had lower consumption of fruit and vegetables than people in other countries in the UK. Another prospective cohort study³⁷ reported that lung cancer rates are higher in the West of Scotland at all levels of cigarette exposure than in other cohort studies (UK and US), which might indicate that more non-smokers died from lung cancer in Glasgow than in other areas, while another⁴⁶ found that cigarette smoking and blood pressure could explain part of the regional variation in mortality in Scotland, but that much remains unaccounted for.

Project 2:

There were 197 articles (37%) which mentioned health behaviours as a potential explanation for excess mortality in the international literature^{18, 27, 50, 51, 53, 56, 60, 61, 63, 64, 66, 69, 70, 72, 74, 76, 78, 82, 84, 88, 231, 241, 248, 249, 252, 260, 269, 271-275, 279, 280, 291-293, 299, 300, 303-305, 308-310, 312-314, 317-320, 323-327, 329, 330, 333-336, 342, 344, 345, 347, 348, 354-356, 361, 362, 367, 370, 372, 376, 381, 390-392, 397-399, 437, 440, 442, 445-449, 451, 489, 492-594}.

Twelve were prospective cohort studies^{50, 51, 53, 56, 61, 63, 64, 69, 70, 72, 74, 76} and two were systematic reviews^{82, 84}.

A recent systematic review which examined alcohol consumption as a potential explanation for socioeconomic inequalities in mortality, and included studies from Finland, Sweden, Russia, Estonia, Poland, Switzerland, and Canada⁸⁴ found a 1.5–2-fold higher mortality for alcohol-attributable causes compared with all causes in participants with low socioeconomic status (SES). This indicates that

whereas low SES is associated with an elevated risk of dying, this risk is especially elevated for alcohol-attributable causes of death.

One prospective cohort study comparing smoking and mortality in Australia and New Zealand⁵³ found that trends in smoking did not fit well with trends in mortality. The authors suggested that this could be because while an overall decline in the prevalence of smoking had been observed, there appeared to be little change in heavy smoking.

The prospective cohort study comparing mortality in Italian and Greek men suggested that differences in diet may be one of the factors associated with improved longevity in Greek men⁵⁶. Another prospective cohort study comparing Finland, Italy and the Netherlands⁶³ reported that 20 year mortality is lowest in men with the healthiest diet according to WHO recommendations.

3.4.5 Individual values

This hypothesis from the 2011 synthesis asserts that if certain populations (such as the population of Scotland, the West of Scotland and Glasgow) had a different psychological outlook to others, in terms of their aspirations or time preferences (favouring immediate rewards to delayed gratification – hedonism) this may have a negative impact on mortality, most likely through negative health behaviours relating to alcohol, drug and tobacco use. We have included attitudes to risk and increased risk taking in this category.

Project 1:

A total of 11 articles (4%) mentioned individual values as a potential explanation for excess mortality in Scotland or Glasgow^{110, 112, 129, 170, 171, 192, 455, 475, 595-597}.
None were prospective cohort studies or systematic reviews.

A recent quantitative study from the Glasgow Centre for Population Health²⁰⁵ found evidence against individual values being an explanatory factor for the excess mortality in Glasgow, as a cross-sectional survey of participants in Glasgow, Liverpool and Manchester found no substantial difference between the three cities in peoples' individual values.

Project 2:

There were 30 articles (6%) which mentioned individual values as a potential explanation for excess mortality in the international literature^{48, 89, 266, 274, 275, 303, 322, 335, 345, 354, 356, 357, 362, 363, 406, 497, 503, 513, 569, 598-608}.

One prospective cohort study⁴⁸ that compared Lithuania and the Netherlands found that a negative evaluation of one's health was associated with mortality. The authors suggested that a potential explanation may be that those who rate their health as poor tend to think they can do little to prevent disease (and so do not try to take control of their health).

3.4.6 Different culture of substance misuse

This hypothesis from the 2011 synthesis suggested that the way in which substances (illicit drugs, alcohol and tobacco) are used in Scotland (or other countries with higher mortality) differs from that elsewhere and/ or that there is a unique culture surrounding their use which exacerbates their effect. The hypothesis does not require the per capita use of substances, or the distribution of their use among the population to be different.

Project 1:

There were 22 articles (7%) that mentioned different culture of substance misuse as a potential explanation for excess mortality in Scotland or Glasgow^{12, 13, 33, 98, 112, 127, 154, 168, 171, 182, 185-187, 194, 207, 225, 597, 609-613}.

One prospective cohort study³³ reported that problem drug use accounted for a third of the excess mortality in Scotland compared with England among people aged 15 to 54, supporting Hanlon et al's suggestion that the "Scottish effect" can be explained by higher prevalence of risk behaviours within a particular level of deprivation.

Project 2:

A total of 37 articles (7%) mentioned different culture of substance misuse as a potential explanation for excess mortality in the international literature^{27, 50, 222, 261, 293, 323, 327, 330, 342, 345, 356, 361, 362, 372, 381, 494, 503, 510, 513, 521, 551-553, 561, 567, 571-574, 584, 614-620}.

One was a prospective cohort study⁵⁰ comparing the impact of opiate use on mortality in 8 European countries. The authors suggested that not all excess mortality was likely to be caused by opiate use - strong risks factors for mortality, such as deprivation, smoking, drinking and other risky behaviour were strongly associated with opiate use.

3.4.7 Culture of boundlessness and alienation/ anomie

The 2011 synthesis stated that it had been suggested that Scotland and Glasgow may have a culture different to other areas in terms of boundlessness, hopelessness and alienation. Similar cultural patterns were observed during the 19th century in some industrial cities. The theory is that this distinctive subculture undermines pre-existing behavioural restraints leading to greater risk-taking and self-destructive behaviour (such as alcohol/ drug misuse and violence).

Project 1:

There were 15 articles (5%) that mentioned anomie, or a culture of boundlessness and alienation as a potential explanation for excess mortality in Scotland or Glasgow^{13, 16, 87, 134, 144, 168, 170, 205, 458, 482, 597, 621-624}.

None were prospective cohort studies or systematic reviews.

For example, anomie was related to excess risk for anxiety and heart attack in one study.¹⁴⁴

Project 2:

Nine articles (2%) mentioned anomie as a potential explanation for excess mortality in the international literature^{48, 89, 261, 327, 357, 432, 552, 599, 625}.

Two were prospective cohort studies^{48, 64}.

3.4.8 Family, gender relations and parenting differences

The 2011 synthesis reported that if family breakdown, acrimony between partners or dysfunctional parenting were more prevalent in Scotland and Glasgow (and other places with higher mortality) this would have a negative effect on health.

Project 1:

There were 15 articles (5%) that mentioned family, gender relations or parenting differences as a potential explanation for excess mortality in Scotland or Glasgow^{13, 43, 44, 105, 112, 120, 144, 162, 180, 219, 456, 458, 482, 619, 621}.

Two were prospective cohort studies^{43, 44}. One⁴³ suggested a potential explanation that differences in early years' experiences in terms of poor mental health, lack of formal qualifications, "low warmth" parent-child relationships, are associated with poor outcomes for child health, and with higher levels of mortality and morbidity in adulthood. However, although the authors found that the proportion of women smoking during pregnancy were higher, and the proportion of mothers breastfeeding were lower in Scotland compared with England, and that Scotland had a higher proportion of lone parent households than England and higher levels of conflict between parents about how to raise their children, in absolute terms, these differences were small.

Project 2:

Eleven articles (2%) mentioned family, gender relations or parenting differences as a potential explanation for excess mortality in the international literature^{261, 287, 288, 323, 356, 406, 452, 626-629}.

None were prospective cohort studies or systematic reviews.

3.4.9 Social capital

It was suggested in the 2011 synthesis that "social capital" in Scotland and Glasgow was lower than elsewhere and that this had had a detrimental impact on health. Definitions of social capital vary and can include the quality of relationships between individuals, families, communities, but also the relationships between communities and the relationships of individuals and communities with "the state".

Project 1:

A total of 21 articles (7%) mentioned social capital as a potential explanation for excess mortality in Scotland or Glasgow^{5, 87, 130, 134, 149, 171, 184, 188, 202, 205, 419, 458, 595, 596, 619, 624, 630-634}

None were prospective cohort studies or systematic reviews.

One article (<1%) mentioned increased individualisation and lower levels of trust as a potential explanation for excess mortality in Glasgow⁸⁷. This was a qualitative study with interviews with key informants in Glasgow, Liverpool and Manchester.

Project 2:

There were 39 articles (7%) that mentioned social capital as a potential explanation for excess mortality in the international literature^{18, 58, 83, 89, 90, 271, 275, 300, 305, 313, 322, 325, 335, 342, 354, 357, 361, 362, 373, 376, 379, 392, 409, 410, 442, 530, 534, 542, 544, 608, 628, 635-642}.

One was a prospective cohort study⁵⁸ and one was a systematic review⁸³.

A prospective cohort study comparing mortality in America and Sweden⁵⁸ found that social networks were important predictors of longevity for both samples. However, marital status and participation in formal organizations predicted longevity for the Americans, whereas contact with children emerged as the predictor variable for the Swedes. The authors also suggested that the Swedish welfare system had eliminated poverty, which contributed to their higher eight year survival rate.

The systematic review⁸³ found that social participation and social networks were negatively associated with mortality. The authors suggested that this was because social participation and being integrated in social networks may strengthen self-esteem and coping strategies needed during difficult life situations. Social participation can result in greater empowerment and accountability. Trust may reduce social anxiety and protect against chronic stress, and supportive networks can improve access to resources, goods, aid and assistance. A trustful and supportive environment thus reduces social isolation, and has positive effects on peoples' health status.

3.4.10 Health services supply and demand

The 2011 synthesis proposed that if the quality, accessibility or demand for health services was lower in Scotland and Glasgow compared to other areas, this might increase the differential mortality – since populations with equal need for services might benefit inequitably from them (thereby generating differential outcomes).

Project 1:

There were 28 articles (9%) that mentioned health services supply and demand as a potential explanation for excess mortality in Scotland or Glasgow^{11, 38, 45, 92, 101, 110, 125, 139, 145, 181, 199, 209, 210, 226, 427, 459, 469, 475, 643-652}.

One prospective cohort study³⁸ reported that treatment and survival rates within Scotland for patients with lung cancer seemed lower than in other European countries. The authors suggested this could be due to variations in investigation, comorbidity and treatment and outcomes between different centres.

Project 2:

There were 128 articles (24%) that mentioned health services supply and demand as a potential explanation for excess mortality in the international literature^{27, 52, 54, 59, 60, 62, 67, 78, 82, 239, 254, 263, 273, 282, 283, 298, 299, 304-307, 312, 314, 322, 324, 326, 328, 330, 332, 333, 340, 341, 345, 356-359, 363, 366, 368, 369, 371, 379, 391, 392, 394, 399, 400, 407, 425, 431, 433, 444, 445, 450, 499, 501, 502, 504, 516, 517, 519, 520, 530, 538, 539, 543, 550, 556, 562, 564-567, 569, 570, 583, 584, 602, 636, 640, 642, 653-698}.

Eight were prospective cohort studies^{52, 54, 59, 62, 66, 67, 584, 667}, one was a randomised controlled trial⁷⁸ and one was a systematic review⁸².

The systematic review⁸² authors noted that medical treatment was one of the factors that previous work had suggested might help to understand health “differences” within and among populations. A randomised controlled trial⁷⁸ found that there were substantial differences in placebo group rates of mortality, coronary deaths and major coronary events between countries (Denmark, Finland, Iceland, Norway and Sweden) and suggested that surgical and medical therapy varied importantly between countries.

3.4.11 Sectarianism

The 2011 synthesis included the hypothesis that both the higher mortality in Scotland and the distinct Scottish effect could be explained by Scotland being more affected by sectarianism than other areas and that this has negatively impacted on health.

Project 1:

Four articles (1%) mentioned sectarianism as a potential explanation for excess mortality in Scotland or Glasgow^{31, 112, 124, 170}.

Two were reports of a prospective cohort study^{30, 31} which found that those of Irish catholic descent (in the West of Scotland) are at some disadvantage compared with the rest of the population in terms of general and physical health, psychological distress, physical measures (cardiovascular health) and mortality.

Project 2:

No articles mentioned sectarianism as a potential explanation for excess mortality in the international literature.

3.4.12 Industrialisation

Rapid industrialisation has been proposed as a potential explanation for Glasgow's excess mortality, particularly with regard to its perceived association with poor housing and overcrowding (and subsequent negative effect on gender relations) as well as with regard to poor health and safety procedures in the workplace.

Project 1:

Seven articles (2%) mentioned industrialisation as a potential explanation for excess mortality in Scotland or Glasgow^{112, 211, 619, 620, 699-701}

None were prospective cohort studies or systematic reviews.

Project 2:

No articles mentioned industrialisation as a potential explanation for excess mortality in the international literature.

3.4.13 Deindustrialisation

The 2011 synthesis mentioned deindustrialisation as a popular hypothesis: Scotland and Glasgow suffered from more profound deindustrialisation than other areas, which in turn compounded the effect of deprivation to exacerbate mortality.

Project 1:

Twenty-four articles (8%) mentioned deindustrialisation as a potential explanation for excess mortality in Scotland or Glasgow^{12, 26, 112, 132, 134, 154, 162, 174, 180, 200-202, 206, 207, 221, 223, 419, 458, 619, 620, 699, 702-704}

None were prospective studies or systematic reviews.

Project 2:

Two articles (<1%) mentioned deindustrialisation as a potential explanation for excess mortality in the international literature^{246, 275}.

Neither were prospective cohort studies or systematic reviews.

3.4.14 Income inequalities

"The relationship between income inequality and health has been independently discovered several times by people who appeared not to know of each other's work" (Wilkinson 2002⁷⁰⁵, referring to (at least) Steckel 1983⁷⁰⁶, Waldmann 1992⁷⁰⁷ and Rodgers 1979⁷⁰⁸).

Income inequalities are said to be the major determinant of people's unequal living standards and are in turn shaped by inequalities in education and occupation: in this way the relationship between a country's wealth and health is mediated by policy or the "redistributive ambitions of the government" (Graham 2007⁷⁰⁹, quoting Atkinson 1999⁷¹⁰). Theories relating to income inequalities are potentially more relevant to Project 2 than Project 1, as the socioeconomic and political structures that lead to income inequality tend to be applied at the national level. There is evidence that wide income inequalities adversely affect overall levels of health⁷¹¹, perhaps because societies with marked income inequalities also display less trust and less community spirit, which in turn lead to more violence, greater stress and poorer health⁴⁰⁵. The authors of the 2011 synthesis¹ suggested that if Scotland and Glasgow suffered from greater income inequality, this would have an additional impact to that of deprivation and thereby help to explain the Scottish Effect.

Project 1:

Eleven articles (4%) mentioned income inequalities as a potential explanation for excess mortality in Scotland or Glasgow^{99, 109, 112, 113, 140, 159, 180, 202, 419, 712, 713}. None were prospective cohort studies or systematic reviews.

Project 2:

Seventy-three articles (14%) mentioned income inequalities as a potential explanation for excess mortality in the international literature^{82, 251, 252, 255, 256, 258, 260, 262, 263, 266, 269, 285, 286, 319, 320, 325, 330, 340, 342, 344, 349, 350, 359, 362, 365, 368, 369, 372, 375, 376, 401, 403-405, 409, 410, 531, 538, 544, 549, 550, 611, 617, 628, 637, 638, 642, 676, 711, 714-734}.

One was a systematic review⁸², although this reported only a weak association between income inequality and mortality.

A 2004 systematic review of 98 aggregate & multilevel studies examining the association between income inequality & health⁸² reported that countries that had greater trade union membership and political representation by women had better child mortality profiles. The authors suggest that low levels of coronary heart disease in southern Europe may be related to high prevalence and low social inequality in healthy eating, while the relatively low life expectancy of Danish women is likely related to the historical patterns of relatively high prevalence and low social inequality in smoking. Results show that neither an income inequality nor psychosocial environment theory of health is universally applicable to understanding why some countries have better population health than others. Explanations for between-country differences in health will require an appreciation of the complex interactions of history, culture, politics, economics, and the status of women and ethnic minorities.

A recent paper by experts in this field³⁴⁹ mentioned that suicides are an exception to the general pattern, having a tendency to be more common in more equal societies, despite evidence that depression is more common in more unequal societies^{735, 736}. The authors suggest that although the explanation may

be, as Burrows & Laflamme (2010)⁷³⁷ suggest, that social gradients in suicides are not always consistent internationally, there may be some truth in the view that violence can be directed either outwards or inwards and that “if suicide is, like homicide, often a response to adversity, we think it likely that greater equality increases a tendency to blame oneself rather than others for what goes wrong”.

3.4.15 Culture of limited social mobility

It was suggested in the 2011 synthesis that there was a culture of limited aspiration in Scotland which had led to limited social mobility – this was linked to both a cultural lack of confidence through the influence of Calvinism, and also to a distinctive culture of social control where people were discouraged from being seen to be doing better than their peers. These distinctive cultural patterns were thought to have emerged in the first decades of the 20th century.

Project 1:

Five articles (2%) mentioned culture of limited social mobility (or Calvinism) as a potential explanation for excess mortality in Scotland or Glasgow^{16, 87, 112, 170, 632}. None were prospective cohort studies or systematic reviews.

Project 2:

Two articles (<1%) mentioned culture of limited social mobility as a potential explanation for excess mortality in the international literature^{325, 721}. Neither were prospective cohort studies or systematic reviews.

3.4.16 Political attack/ effects of policy

There were three aspects to this hypothesis, which emerged as the preferred hypothesis in the 2011 synthesis. First, that the UK as a whole was exposed to neoliberal ideology and policies from 1979 onwards in a way in which other European countries were not. This neoliberalism amounted to a political attack on the institutions and culture of the organised working class. Second, that Scotland and Glasgow were more vulnerable to the damaging effects of this neoliberal “political attack” than other areas of the UK. Thirdly, that in Scotland there was a distinctive cultural reaction to this because of the perceived problems of democratic illegitimacy.

Project 1:

Thirty articles (10%) mentioned political attack or the effects of policies as a potential explanation for excess mortality in Scotland or Glasgow^{1, 11, 16, 17, 26, 107, 112, 117, 129, 132, 141, 144, 160, 170, 202, 221, 222, 251, 479, 652, 738-747}.

None were prospective cohort studies or systematic reviews.

Project 2:

Sixty-five articles (12%) mentioned political attack or the effects of policies as a potential explanation for excess mortality in the international literature^{61, 236, 239, 246, 252, 255-257, 267, 268, 290, 293, 304, 305, 313, 314, 316, 319, 324, 326, 330, 332, 333, 345, 355, 368, 369, 376, 379, 384, 387, 397, 409, 410, 442, 444, 502, 527, 531, 534, 544, 552, 603, 608, 628, 635, 639, 695, 697, 714, 715, 728, 729, 747-758}.

One was a prospective cohort study⁶¹, and three were evidence (not systematic) reviews^{255, 256, 751}.

Although many Eastern European countries have gone through large political and economic changes in the recent past, there is some evidence that the negative effects of these changes can be mitigated against, for example Grigoriev et al.⁵²⁷ suggested that a key explanation for the absence of an abrupt mortality increase in Belarus immediately after the dissolution of the USSR lies in the diverging paths of socioeconomic development chosen by the Belarussian and Russian authorities after the collapse of the communist system. Unlike Belarus, Russia adopted a mass privatisation programme, which was poorly implemented, and this was associated with increased adult male mortality.

A comparison of the United States of America and Canada⁶⁴² suggests that while both countries underwent significant neoliberal reforms between 1980 and 2008, Canada showed more resilience in terms of health inequalities due to differences in the degree of income inequality (itself resulting from differences in features of labour markets, tax and transfer policies), equality in the provision of social goods such as health care and education, and the extent of social cohesiveness across ethnic and social class-based groups.

3.4.17 Housing

Poor and overcrowded housing has been proposed as a potential explanation for some of the excess mortality in Glasgow and Scotland.

Project 1:

Twenty-one articles (7%) mentioned poor housing as a potential explanation for excess mortality in Scotland or Glasgow^{112, 119, 123, 136, 140, 146, 156, 164, 170, 171, 181, 221, 472, 491, 619, 699-701, 759-761}.

None were prospective cohort studies or systematic reviews.

Project 2:

Nine articles (2%) mentioned poor housing as a potential explanation for excess mortality in the international literature^{79, 245, 297, 333, 374, 375, 530, 726, 762}.

One was a systematic review⁷⁹, seven were retrospective observational studies^{245, 333, 374, 375, 530, 726, 762}, and one was a commentary²⁹⁷.

One systematic review⁷⁹ found no consistent relation between housing quality and excess winter mortality or excess winter hospitalisation, although some studies showed a weak protective effect of home heating.

3.4.18 Quality of external physical environment

The quality of the external physical environment, including such things as air and water pollution, has been proposed as a potential explanation for excess mortality.

Project 1:

Nineteen articles (6%) mentioned quality of the external physical environment as a potential explanation for excess mortality in Scotland or Glasgow^{112, 139, 156, 167, 170, 177, 195, 217, 223, 419, 428, 455, 481, 622, 701, 747, 763-765}

None were prospective cohort studies or systematic reviews.

Project 2:

Eighteen articles (3%) mentioned quality of the external physical environment as a potential explanation for excess mortality in the international literature^{19, 311, 314, 335, 345, 445, 501, 530, 538, 585, 656, 693, 766-771}

None were prospective cohort studies or systematic reviews.

3.4.19 Other artefact

Artefactual explanations other than the deprivation area artefact have been proposed as potential explanations for excess mortality: these include gender/sex, ethnicity as well as mortality measurement artefacts – some to do with area size (as with deprivation artefacts) and others to do with reporting of death and calculation of mortality rates.

Project 1:

Nineteen articles (6%) mentioned other artefacts as a potential explanation for excess mortality in Scotland or Glasgow^{121, 126, 137, 170, 175, 463, 476, 488, 621, 743, 763, 772-779}

None were prospective cohort studies or systematic reviews.

Project 2:

There were 59 articles (11%) which mentioned other artefacts as a potential explanation for excess mortality in the international literature^{49, 137, 240, 282, 283, 319, 322, 323, 325, 339, 342, 344, 354, 366, 425, 432, 503, 508, 540, 556, 563, 571, 577, 637, 655, 664, 667, 683, 688, 694, 721, 754, 755, 780-805}

Two were prospective cohort studies^{49, 667}. One suggested that the detection of any associations between depression and mortality is dependent on the measurement used and method of analysis. The other reported that the increasing mortality rate was almost exclusively explained by an increasing case-fatality rate.

One retrospective observational study (<1%) mentioned self-selection as a potential explanation for excess mortality in the international literature²³¹.

Two articles (<1%) mentioned a Gompertzian effect (i.e. a rate of change that is initially slow, then fast, then slow again as a factor diffuses through a population) as a potential explanation for excess mortality in the international literature: one book chapter and one retrospective observational study^{445, 806}. For example, in their book chapter Deaton & Paxson 2004⁸⁰⁶ suggested that over time, declines in mortality are driven by technological advances or by the emergence of new infectious diseases such as AIDS. These advances and retreats are associated with specific conditions and specific treatments, and so affect men and women and different age groups differently.

3.4.20 Possible mechanisms

Project 1:

A total of 22 articles (7%) mentioned possible mechanisms (of how external factors may affect health) as a potential explanation for excess mortality in Scotland or Glasgow^{13, 16, 80, 112, 139, 156, 170, 204, 217, 458, 472, 482, 596, 619, 620, 623, 746, 747, 807-810}.

One was a systematic review that looked at the effects of climate on vitamin D levels.⁸⁰ The review reported a significant association between supplementation with vitamin D and reduction in mortality. The authors suggested:

“a clear pathway of cause and effect can be shown from environmental factors and the modern effects of industrialization, which reduce sun exposure and vitamin D uptake, to the major physical illnesses that excessively afflict Scots today. The same pathway can also be traced to an increased vulnerability of Scots to mental illness, drug and alcohol problems, although social factors must clearly be involved with these endpoints. The pathway also shows the complex interaction of these factors with diet, 21st century lifestyle and national failures in policy and advice.”

Project 2:

Twenty-six articles (5%) mentioned possible mechanisms as a potential explanation for excess mortality in the international literature^{85, 239, 252, 255, 257, 274, 300, 319, 320, 324, 372, 373, 437, 442, 513, 526, 534, 552, 555, 639, 642, 671, 747, 792, 811, 812}.

One was a meta-analysis of 8 prospective cohort studies looking at vitamin D levels⁸⁵.

Ten articles mentioned psychosocial stress as a potential mechanism^{252, 255, 257, 274, 300, 513, 534, 639, 642, 747}.

One article mentioned hormones as a potential mechanism⁴³⁷.

One article mentioned *Helicobacter pylori* (an organism found in the gut) as a potential mechanism⁸¹².

3.4.21 Water

Project 1:

Four articles (1%) mentioned water hardness as a potential explanation for excess mortality in Scotland or Glasgow^{191, 426, 813, 814}, although one of these⁸¹⁴, a newspaper article, claimed that water hardness was not to blame for Glasgow's excess mortality compared to Edinburgh. None were prospective cohort studies or systematic reviews.

One article (<1%) mentioned water supply as a potential explanation for excess mortality in Glasgow¹¹². This was a newspaper article to which there were four online comments about contamination of the water supply near the Clyde. Two mentioned toxins in the water coming from sewage, and one mentioned toxins in the ground and water coming from (previous) heavy industry.

Project 2:

No articles mentioned water hardness or water supply as a potential explanation for excess mortality in the international literature

3.4.22 Urbanisation or urban planning

Project 1:

Seven articles (2%) mentioned aspects of urbanisation or urban planning as a potential explanation for excess mortality in Scotland or Glasgow^{36, 107, 112, 116, 133, 701, 815}.

The authors of a prospective cohort study³⁶ suggested that the observed intra-urban variations in eating habits were best explained by a dynamic model which takes into account household resources, local availability and cultural factors such as traditional beliefs about appropriate or healthy diets. Components of a healthy diet may be least accessible and most costly in neighbourhoods whose inhabitants are least healthy, poorer, have fewer facilities for buying and preparing food, have to buy food more frequently and in smaller quantities, and who do not like or value the diet recommended by the experts. Increasing the supply or reducing the cost of healthy foods in an area may have little impact if these healthy foods do not fit the cultural repertoire of local people. Equally, changing beliefs, attitudes and values about healthy foods may be ineffective if these foods are not easily available at affordable prices.

Project 2:

Six articles (1%) mentioned aspects of urbanisation as a potential explanation for excess mortality in the international literature^{272, 305, 535, 673, 816, 817}. All six were retrospective observational studies.

A large retrospective observational study involving analysis of national datasets³⁹² reported a clear rural excess mortality in Russia and Romania.

3.4.23 Scale of urban change

The scale and nature of urban change in Glasgow has been proposed as a partial explanation for the excess mortality.

Project 1:

Three articles (1%) mentioned the scale of urban change as a potential explanation for excess mortality in Scotland or Glasgow^{134, 221, 458}. None were prospective cohort studies or systematic reviews.

Project 2:

Four articles (<1%) mentioned the scale of urban change as a potential explanation for excess mortality in the international literature^{272, 323, 377, 560}. None were prospective cohort studies or systematic reviews.

3.4.24 Sense of coherence

The concept of sense of coherence (SOC) was put forward by Aaron Antonovsky in 1979 to explain why some people become ill under stress and others stay healthy. The SOC is defined as: "The extent to which one has a pervasive, enduring though dynamic, feeling of confidence that one's environment is predictable and that things will work out as well as can reasonably be expected." Difference in people's sense of coherence was proposed as a potential explanation for poor health in Glasgow and Scotland by the Chief Medical Officer in 2015.⁴⁵⁸

Project 1:

Twelve articles (4%) mentioned sense of coherence as a potential explanation for excess mortality in Scotland or Glasgow^{5, 134, 180, 185, 205, 595, 622, 623, 632, 699, 703, 745}.

None were prospective cohort studies or systematic reviews.

Project 2:

One retrospective observational study (<1%) mentioned sense of coherence as a potential explanation for excess mortality in the international literature⁵³⁴. This was a publication from the LiViCordia study comparing risk factors for coronary heart disease in Swedish and Lithuanian men.

3.4.25 Life course effects

Strictly speaking, life-course approaches to health inequalities explicitly consider how exposures acting from before conception through to death could have important health consequences. We have included influences acting in early childhood (e.g. poor nutrition, poor parenting) in this category. It is thought that the physical and psychological stress caused by adverse circumstances in early life can have an effect on the development of the brain as well as the more obvious effects on the body, leading to greater susceptibility and less resilience to risk factors for poor health in adulthood.

Project 1:

There were 20 articles (7%) that mentioned life course effects or early childhood experience as a potential explanation for excess mortality in Scotland or Glasgow^{16, 39, 47, 94, 107, 117, 120, 147, 162, 170, 181, 458, 622, 623, 703, 818-822}.

None were prospective cohort studies or systematic reviews.

Project 2:

Eight articles (1.5%) mentioned life course effects or early childhood experience as a potential explanation for excess mortality in the international literature^{27, 66, 67, 281, 721, 823-825}.

Two were about the same prospective cohort study^{66, 67}, suggesting that higher mortality from cancers associated with infection and from viral hepatitis among migrants from the former Soviet Union might result from higher prevalence of infections which were acquired in earlier years of life. Three were retrospective observational studies^{27, 281, 823}, two were commentaries^{721, 824} and one was the Chief Medical Officer's report for England and Wales⁸²⁵ which advocated for a public health emphasis on the health of children.

3.4.26 Climate

The 2011 synthesis presented two separate hypotheses regarding the role of the Scottish climate in explaining the excess mortality: that Scots suffer from a lack of sunlight and consequent deficit in vitamin D; and that harsher winters increase mortality through the effects of the cold. These adverse effects may be exacerbated by existing health conditions, poor housing, substance misuse or deprivation. The international literature also mentions heat and solar radiation as possible climatic risk factors for excess mortality.

Project 1:

Fourteen articles (5%) mentioned climate as a potential explanation for excess mortality in Scotland or Glasgow^{80, 112, 119, 136, 170, 191, 426, 491, 619, 620, 759, 809, 810, 826}.

One was a systematic review⁸⁰ which reported a significant association between supplementation with vitamin D and reduction in mortality. The authors suggested:

“a clear pathway of cause and effect can be shown from environmental factors and the modern effects of industrialization, which reduce sun

exposure and vitamin D uptake, to the major physical illnesses that excessively afflict Scots today. The same pathway can also be traced to an increased vulnerability of Scots to mental illness, drug and alcohol problems, although social factors must clearly be involved with these endpoints. The pathway also shows the complex interaction of these factors with diet, 21st century lifestyle and national failures in policy and advice.”

Project 2:

Fourteen articles (3%) mentioned climate as a potential explanation for excess mortality in the international literature^{79, 263, 433, 441, 526, 532, 538, 674, 726, 762, 827-830}.

One was a modelling study⁸²⁷, one was a systematic review⁷⁹ relating to excess winter mortality and housing, ten were retrospective observational studies relating to sun exposure and skin cancer^{263, 433, 441}, temperature⁷⁶², excess winter mortality^{532, 674, 726, 829}, heat⁸²⁸ and other climatic differences⁵³⁸, one was a commentary⁵²⁶, and one was a report⁸³⁰.

One article (<1%) mentioned solar radiation as a potential explanation for excess mortality in the international literature⁵²⁶. This was a commentary focused on the prevalence of the ‘apolipoprotein e epsilon 4’ allele and links to coronary heart disease mortality.

3.4.27 Educational attainment

Project 1:

Seven articles (2%) mentioned educational attainment as a potential explanation for excess mortality in Scotland or Glasgow^{32, 112, 156, 162, 171, 172, 831}.

The authors of a prospective cohort study³² in the West of Scotland suggested that low IQ in childhood or adulthood was associated with elevated rates of later death or disease, but found that although adjusting for IQ markedly reduced socioeconomic gradients in health, it did not completely explain them.

Project 2:

Twenty-nine articles (6%) mentioned educational attainment as a potential explanation for excess mortality in the international literature^{18, 55, 245, 259, 264, 270, 271, 273, 274, 277, 288, 319, 330, 381-383, 392, 410, 502, 519, 602, 627, 718, 725, 832-836}.

One was a prospective cohort study⁷⁶ which suggested that educational experiences (both cultural and environmental) may be of primary importance in setting the pattern for lifetime smoking behaviour.

3.4.28 Epigenetics

Epigenetics refers to external or environmental factors that turn genes on and off and affect how cells read genes. It has been suggested that this can have a

trans-generational effect, for example in one study⁸³⁷ the paternal (but not maternal) grandsons of Swedish men who were exposed during pre-adolescence to famine in the 19th century were less likely to die of cardiovascular disease.

Project 1:

Five articles (2%) mentioned epigenetics as a potential explanation for excess mortality in Scotland or Glasgow^{112, 129, 170, 619, 699}.

None were prospective cohort studies or systematic reviews.

Project 2:

One retrospective observational study (<1%) mentioned epigenetics as a potential explanation for excess mortality in the international literature⁴⁴⁵.

3.4.29 Mental illness

Project 1:

Four articles (1%) mentioned mental illness as a potential explanation for excess mortality in Scotland or Glasgow^{112, 168, 196, 622}.

None were prospective cohort studies or systematic reviews.

Project 2:

Two commentaries (<1%) mentioned mental illness as a potential explanation for excess mortality in the international literature^{521, 754}.

3.4.30 Lack of empowerment/ control

Project 1:

Three articles (1%) mentioned lack of empowerment/ control as a potential explanation for excess mortality in Scotland or Glasgow.^{217, 619, 623} These were all newspaper articles or blogs.

Project 2:

Six articles (1%) mentioned lack of empowerment/ control as a potential explanation for excess mortality in the international literature^{19, 330, 538, 629, 811, 835}.

None were prospective cohort studies or systematic reviews.

3.4.31 Violent/ gang culture

Project 1:

Four articles (1%) mentioned violent or gang culture as a potential explanation for excess mortality in Scotland or Glasgow^{112, 171, 619, 620} These were all newspaper or online articles (or comments about them).

Project 2:

Two articles (<1%) mentioned violent or gang culture as a potential explanation for excess mortality in the international literature: one commentary²⁶¹, and one retrospective observational study³³⁶.

3.4.32 Labour market/ nature of employment or workplace

It has been proposed that there is something different about work practices that contributes to the excess mortality in Scotland and Glasgow.⁷⁴⁴

Project 1:

Five articles (2%) mentioned the labour market or nature of workplace as a potential explanation for excess mortality in Scotland or Glasgow^{426, 456, 744, 838, 839}. None were prospective cohort studies or systematic reviews.

Project 2:

Eight articles (1.5%) mentioned the labour market or nature of workplace as a potential explanation for excess mortality in the international literature^{237, 294, 380, 408, 503, 605, 840, 841}. None were prospective cohort studies or systematic reviews.

3.4.33 Access to/ availability of/ purity of alcohol/ drugs

Project 1:

One article (<1%) mentioned increased availability and affordability of alcohol as a potential explanation for increased alcohol-related deaths in young women in Scotland¹⁹⁴.

Project 2:

Three articles (<1%) mentioned access to or purity of drugs or alcohol as a potential explanation for excess mortality in the international literature^{361, 517, 673}. None were prospective cohort studies or systematic reviews.

3.4.34 Overcrowding

Project 1:

Five articles (2%) mentioned overcrowding as a potential explanation for excess mortality in Scotland or Glasgow^{112, 140, 619, 699, 701}. None were prospective cohort studies or systematic reviews.

Project 2:

Two retrospective observational studies (<1%) mentioned overcrowding as a potential explanation for excess mortality in the international literature^{233, 279}.

3.4.35 Welfare regime

The redistributive potential of welfare regimes could mitigate against the negative effects caused by deprivation and income inequality, therefore countries with

effective welfare regimes may have less premature mortality than countries with ineffective welfare regimes.

Project 1:

Two articles (<1%) mentioned welfare regime as a potential explanation for excess mortality in Scotland or Glasgow^{176, 746}.

None were prospective cohort studies or systematic reviews.

Project 2:

Ten articles (2%) mentioned welfare regime as a potential explanation for excess mortality in the international literature^{58, 237, 238, 267, 268, 278, 284, 752, 757, 842}.

One prospective cohort study⁵⁸ reported that American respondents had a lower 8-year survival rate than the Swedes and concluded that the Swedish respondents seem to have benefited from the welfare state's guaranteed provision of preventive and other medical services. Also, the 'spread the wealth' strategy behind the Swedish welfare system has eliminated poverty, a singularly important risk factor. In contrast, most of the Missouri respondents had extremely low incomes and were living in medically underserved rural areas.

Bambra²³⁸ reported that the negative relationship between unemployment and health is consistent across Europe but varies by welfare state regime, suggesting that levels of social protection may have a moderating influence. There were also clear differences by welfare state regime: relative inequalities were largest in the Anglo-Saxon, Bismarckian and Scandinavian regimes.

3.4.36 Use of child safety measures

Project 1:

Two articles (<1%) mentioned use of safety measures as a potential explanation for excess mortality in Scotland or Glasgow^{121, 131}.

None were prospective cohort studies or systematic reviews.

Project 2:

Three retrospective observational studies (<1%) mentioned use of safety measures as a potential explanation for excess mortality in the international literature^{345, 605, 843}.

3.4.37 Obesity

Project 1:

No articles mentioned obesity as a potential explanation for excess mortality in Scotland or Glasgow.

Project 2:

One retrospective observational study (<1%) of 15 EU member states mentioned obesity as a potential explanation for excess mortality in the international literature⁸⁴⁴.

3.4.38 More lethal methods of suicide

Project 1:

No articles mentioned more lethal methods of suicide as a potential explanation for excess mortality in Scotland or Glasgow.

Project 2:

Two retrospective observational studies (<1%) mentioned more lethal methods of suicide as a potential explanation for excess mortality in the international literature^{845, 846}.

Two articles (<1%) mentioned gun control legislation & attitudes as a potential explanation for excess mortality in the international literature. One was a retrospective observational study⁵⁷⁵, and one was a letter⁸⁴⁷.

3.4.39 Time of child bearing/ fertility

Project 1:

No articles mentioned time of child bearing or fertility as a potential explanation for excess mortality in Scotland or Glasgow.

Project 2:

One article (<1%) mentioned time of child bearing or fertility as a potential explanation for excess mortality in the international literature⁵⁵. Doblhammer⁵⁵ compared two cohort studies and suggested that there might be a physiological “trade-off” between fertility and longevity, but found that this effect was not as strong as the influence of deprivation or education.

3.4.40 Transition of childhood to adolescence

Project 1:

No articles mentioned transition from childhood to adolescence as a potential explanation for excess mortality in Scotland or Glasgow.

Project 2:

One article (<1%) mentioned transition from childhood to adolescence as a potential explanation for excess mortality in the international literature⁸⁴⁸. This was a retrospective observational study.

3.5 Summary of findings

Most of the proposed explanations in both projects were not given as a single explanation but were combined with explanations from other categories. As this is a systematic scoping review, without validity assessment of the included

studies, we are unable to comment on the strength and quality of the evidence in each category, but can only indicate how much of it there is. The majority of included studies were retrospective observational studies, some of which almost certainly were of good quality, and some of which were probably not.

Project 1

Half of the included studies mentioned deprivation or deprivation-related artefacts as an explanation for the excess mortality in Glasgow or Scotland. The next largest category of explanations (29%) related to health behaviours: alcohol, smoking, drugs, diet, physical activity and other behaviours. Other significant explanations related to political attack and effects of policies, health services supply and demand, deindustrialisation, different culture of substance misuse, possible mechanisms by which external factors can influence health (e.g. vitamin D deficiency; psychosocial stress), migration, lower social capital, poor housing, life course effects, artefacts of measurement and the quality of the external physical environment.

Project 2

In the international literature, the largest category of proposed explanations for excess mortality related to health behaviours (37%), with deprivation featuring in 32%. Other significant explanations related to health services supply and demand, income inequalities, artefacts of measurement, political attack or effects, social capital, different culture of substance misuse, and genetic differences.

4. Discussion

1. Findings and comparison with existing research

The range of theories put forward as possible explanations for the 'Glasgow Effect' show that there is still much speculation as to the origins of the problem. This reinforces the observation that this is not a simple cause-effect relationship and that, as a complex problem, there are a complex array of factors that are at play. In this systematic scoping review, theories were placed into 40 categories, whereas in McCartney et al.⁹¹ only 17 categories were used, however it is likely that some of the least-populated categories in our review could be subsumed into one of the pre-existing 17 categories. Potentially novel categories may be: rapid industrialisation in Glasgow; poor housing; quality of the external physical environment; artefacts in the way mortality is recorded and measured; other artefacts; life course effects; sense of coherence; epigenetics; urbanisation/urban planning; scale of urban change; welfare regimes; labour market/ nature of employment or workplace; more lethal methods of suicide.

Having noted for completeness the large volume of literature reporting on the deprivation factor, the majority of the rest of the wide ranging theories for Project 1 and particularly for Project 2 have a strong flavour of health behaviours and lifestyles underpinning their positions. Many of the theories are directed at the greater propensity of populations with excess mortality to drink excessively, to smoke, to have a poor diet, and to have a high risk taking culture, and the reasons behind this behaviour.

On exploring the international dimension it seems that the places that have most resonance with the 'Glasgow Effect' are those Eastern European states that have experienced a similar 'political attack' alongside massive social upheaval as a result of de-industrialisation and economic recession. In the case of these countries the rapid disassembling of the USSR produced a similar state of anomie described in the GCPH (2011) report to Glasgow. They have been affected by a combination of socio-economic hardship coupled with major blows to national identity and sense of place in the world⁸⁴⁹⁻⁸⁵¹. Each state had to contend with a population left without purpose and lacking in social direction, a void filled with alcohol, drug abuse, violence, poor diet and marked mental health problems. Similarly to Scotland the principal cause of premature death in Russia and the Baltic states are directly attributable to alcohol (cardiomyopathy, acute poisoning, liver failure etc.) and smoking (lung cancer, COPD), there are also higher levels of accidental deaths^{24, 27, 852, 853}.

Nevertheless though some important similarities are seen between what is occurring in Glasgow and Scotland and these other countries there are important differences too. Historically in the former Communist states there was a general reluctance to focus on non-communicable diseases, with a general focus being on communicable diseases and a medical curative approach. This left little in the

way of alcohol reform, tobacco control, and legislation against drink driving etc.^{854, 855}: this is not the case in Scotland, where there is a well-developed public health strategy in place, underpinned with sound epidemiological support. For instance, accidents do not have the same level of mortality in Scotland due to the stricter health and safety legislation within the workplace and more stringent road safety legislation.

In Russia and other Eastern European countries the main group affected by premature death are working age men, whereas in Scotland though the male life expectancy is poor the effect is also pronounced for women. High smoking and alcohol intake are very much a male preserve in Russia, whereas in Scotland (as noted for project 1), examination of the literature relating to women's identity also demonstrates a stronger propensity to drink⁸⁵⁶ and smoke⁸⁵⁷. In Scotland there are more similarities between men's and women's dietary patterns, and although much of this is explained by socio-economic factors in Scotland⁸⁵⁸, this is not the case elsewhere as in the Baltic states women still tend to have a better diet than men⁸⁵⁹.

Potential reasons underlying these detrimental behaviours in Glasgow are the focus of a large body of work by the Glasgow Centre for Population Health, which has explored not only the prevalence of the behaviours themselves between Glasgow, Liverpool and Manchester, but also more "upstream" or "midstream" explanations such as aspects of social capital, anomie, individual values, sense of coherence, and culture of substance misuse. A recent cross-sectional survey and quantitative study reported lower levels of trust among key informants in Glasgow than in Liverpool or Manchester, but other aspects of social capital did not differ between the three cities.

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2. Limitations

Protocol deviations: We stated in the protocol for this review that "the reference lists of the included studies and relevant review articles will be scanned for other potential relevant literature and papers listed as citing the eligible studies on will be reviewed for relevance". However, we were unable to do this owing to the large number of included articles. We also did not contact key authors other than the commissioners of the research (Dr Gerry McCartney and Dr David Walsh).

The search strategies were too sensitive at first, bringing up an unmanageable number of titles and abstracts, and had to be narrowed (made more specific). This means we may have missed some relevant studies.

Twenty-six papers were in foreign language and due to time constraints we have not translated them. We do not know whether they would make a substantial

difference to the review findings (although this is probably unlikely). Similarly, 15 potentially relevant papers did not arrive within the timescale of the review.

We had planned to undertake critical appraisal of all included articles using validated checklists but again, owing to the large number of included articles and a need for the review to be completed within a certain timeframe, this was not possible and we have only been able to make a note of study design to give an indication of the strength of the evidence in each theoretical category.

Again, due to time constraints, there was limited opportunity for discussion within the team about allocation of categories and study designs. This means that some included studies may not have all the correct categories assigned to them, and some of the study designs may have been wrongly allocated. We do not expect that this would have a substantial impact on the review findings, as without validity assessment we have been very cautious about drawing conclusions.

We were also unable to track multiple publications of the same study (again owing to time constraints) which means that although some categories are mentioned in a large number of articles, they probably relate to a smaller number of studies.

Limitations of included articles: Although validity assessment was not undertaken due to time constraints, around 60% of included studies were retrospective observational studies using population-level data e.g. from UK Census. Although this is probably the most appropriate study design for population level studies of mortality, the main limitation of this study design is that it cannot infer causation, only correlation. Well-conducted retrospective studies can still tell us a lot, but as we were unable to assess the included studies for validity, we cannot comment on the strength of the evidence. For this reason we have mainly presented examples from prospective cohort studies (which can be used to distinguish between cause and effect⁸⁶⁰), and from systematic reviews (in which validity assessment has already been undertaken).

Limitations of review: This review was limited to studies that compared mortality within different parts of Scotland, or studies that compared mortality between other countries. Our searches found many other studies of potential relevance that compared mortality between different areas or groups within the same country. Potentially the most useful subset of these would be the within-country USA studies, due to both the size and the level of variation and inequality within that country. However, time constraints would have made it impossible to include these studies, even if we had originally planned to.

Owing to the broad nature of some of the theoretical categories into which papers were assigned, it is possible that potentially significant information related to explanations for mortality differences could be lost. For example, one study

examined inter-country differences in lung cancer mortality and identified smoking & specifically variations in the type of tobacco smoked as being potentially important⁵⁶¹. Another study found that the pattern and type of alcohol drunk was more important than the amount⁵⁵². Simply categorizing the theory from such findings as “health behaviour” and/or “different culture of substance misuse” misses the important finer detail. Ideally, the finer contextual information which may offer important insights should be captured as well.

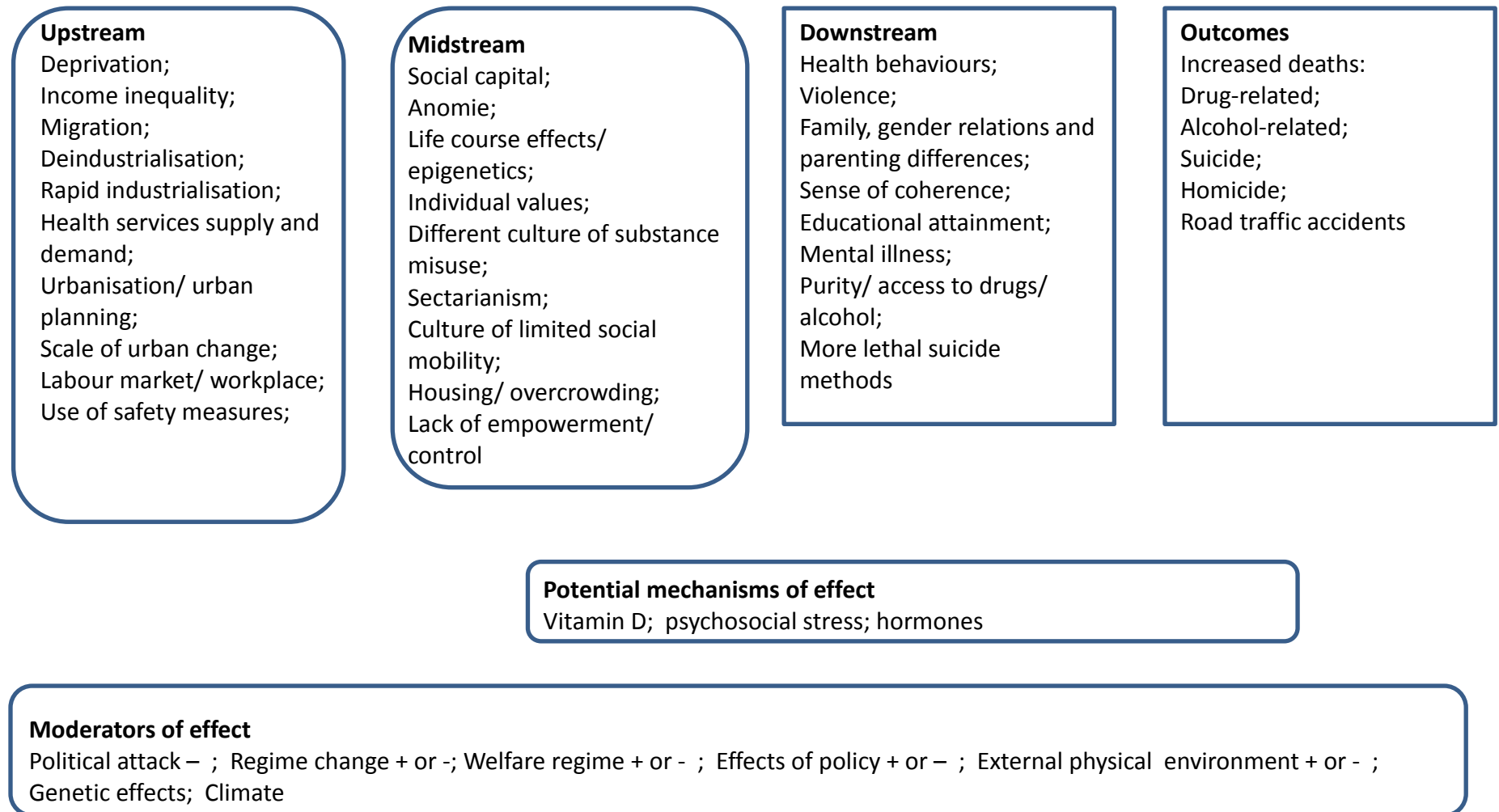
Although we have presented evidence in separate categories, a substantial number of included studies presented models involving “chains” of hypotheses, such as the LiVicordia (Linköping – Vilnius – coronary – artery – disease- risk – assessment – study) hypothesis⁷⁴⁷:

“The psychosocial situation is stressful in Lithuania. The effects of social environment lead to a defeat reaction with increased cortisol responses to acute stress. This hypercortisolism causes a more prevalent metabolic syndrome in Lithuanian men, which includes abdominal obesity, high plasma triglycerides, low HDL cholesterol, small dense LDL, higher SBP and insulin resistance. Small dense LDL is more susceptible to oxidation. Oxidised LDL initiate atherosclerosis, which is the pathologic basis behind CHD.”

Many such chains included the deprivation hypothesis. We have developed a very basic model indicating where we think most of the categories mentioned in the review can be placed (whether “upstream”, “midstream” or “downstream”), as well as factors which may act across all levels of the model, for good or bad (Figure 5). This may or may not be helpful when considering multiple explanations for excess mortality, although it cannot indicate all the different interactions and feedback loops that could take place (which are probably better illustrated for Scotland in McCartney et al. 2011(Figure 1).

Finally, this systematic review became a systematic scoping review due to the large number of relevant studies and the short time available, but given more time and resources there are other approaches that can be taken to reviews of theories, including realist synthesis methods.⁸⁶¹⁻⁸⁶⁴

Figure 5: Simplified representation of potential explanations for excess mortality in this systematic review



5. Conclusions and recommendations

5.1 Conclusions

As this is a systematic scoping review with a comprehensive literature search, but without validity assessment, we are able to make observations, rather than definitive conclusions.

There is a great deal of relevant literature offering explanations for “excess” mortality, both in Scotland and Glasgow, and in other countries. Further research that includes validity assessment of these studies would be necessary to understand the reasons more fully and to ascertain which are the most robust. However we can make the following observations:

Project 1: Although deprivation is the most frequently proposed explanation for excess mortality in Glasgow and the rest of Scotland (and the brief of this review was to look at explanations over and above deprivation), it seems to be linked to many of the other proposed explanations in a way that also contributes to or exacerbates their effects. The second most frequently proposed explanation for the excess mortality in Scotland and Glasgow is in the category “health behaviours”, which includes diet, smoking, alcohol and drug misuse as well as other behaviours such as physical activity. Other prominent explanations are political attack or the effects of policies, health services supply and demand, deindustrialisation and a different culture of substance misuse.

Project 2: Health behaviours is the most frequently proposed explanation for the excess mortality in developed countries comparative to one another, more so than even deprivation. Other frequently proposed hypotheses include health services supply and demand, income inequality, “other artefacts” such as measurement of mortality, and political effects, such as the post-Soviet transition.

Although the focus of the international literature (and also prominent on the Scottish literature) seems to be on the “downstream” explanation of health behaviours, there is also considerable research being undertaken on “upstream” and “midstream” explanations underlying these behaviours, both in Scotland and internationally. Further research might focus on the links between these explanations, as in the logic model proposed in the 2011 synthesis (Figure 1).

5.2 Recommendations for further research

Secondary research

The size of the literature, nature of the topic area and the nature of the more “upstream” explanations for excess mortality (such as political effects) suggest a

realist review would be a useful way of formally “unpicking” the connections between upstream and downstream theories and effects. Realist reviews begin with a review of the theoretical literature, from which “context –mechanism – outcome” connections are proposed and tested by iterative searches of the literature and regular discussions with steering groups of experts.

Alternatively, full/more detailed separate systematic reviews, including critical appraisal, could be undertaken of “promising” theories such as different culture of substance misuse, deindustrialisation, social capital, and health services supply and demand, capturing finer contextual information, and exploring links between “upstream” and “downstream” explanations.

Primary research

Further work on aspects of social capital and the different culture of substance misuse seem to be warranted.

A deeper analysis of the gendered component of the high rates of premature death would be of interest. Hearing the voices of men and women from different generations and across a spectrum of intersectional factors (for instance, ethnicity, sexuality, marital status, employment status) would create a detailed picture of how health behaviour is influenced by women’s and men’s socialised place in society.

Project 2:

It would seem to be of interest to explore in more detail the similarities and differences between upstream influences such as political effects, health behaviours and linked outcomes in Scotland and in eastern European countries.

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Appendix 1: Search strategy

6.1 Selected search histories

Social Policy and Practice

- 1 (mortality or mortality curve or mortality data or mortality gap or mortality indicator or mortality rate or mortality rates or mortality ratio or mortality ratios or mortality risk or mortality study or mortality trend).de. (893)
- 2 (death or death rate or death rate statistics or death rates or deaths).de. (4303)
- 3 (life expectancy or life expectancy gap).de. (372)
- 4 (fatal or fatalities).de. (6)
- 5 (survival rate or survival rates).de. (12)
- 6 (health outcome or health outcomes).de. (18)
- 7 health status.de. (15)
- 8 (health status or health status measure).de. (16)
- 9 self assessed health.de. (4)
- 10 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 (5336)
- 11 (excess death or excess mortality or excess winter death rate).de. (4)
- 12 (premature death or premature deaths or premature mortality).de. (22)
- 13 (inequality or inequality in health or inequality measures).de. (1165)
- 14 inequalities.de. (117)
- 15 divergence.de. (4)
- 16 (variation or variation in mortality or variations).de. (74)
- 17 (difference or differential or differential rate).de. (23)
- 18 disparity.de. (10)
- 19 10 or 12 (5349)
- 20 11 or 13 or 14 or 15 or 16 or 17 or 18 (1383)
- 21 explanation.de. (9)
- 22 (causal connection or causal factor or causal link or causal model or causal relationship or causality or causation or cause or "cause of death" or causes).de. (1779)
- 23 (comparison or comparisons or comparative analyses or comparative analysis or comparative approach or comparative case study or comparative data or comparative mortality figure or comparative rate or comparative research or comparative statistic or comparative statistics or comparative studies or comparative study).de. (2993)
- 24 (determinant or "determinant of health" or determinants or "determinants of health").de. (17)
- 25 origin.de. (16)
- 26 reason.de. (10)
- 27 (effect or effects).de. (9336)
- 28 relationship.de. (253)
- 29 (theory or theory building or theoretical or theoretical analysis or theoretical explanation or theoretical framework or theoretical literature or theoretical model or theoretical perspective or theories).de. (1057)
- 30 (concept or concepts or conceptual approach or conceptual basis or conceptual framework or conceptual model or conceptualisation).de. (131)

31 (hypothesis or hypotheses).de. (6)
 32 notion.de. (1)
 33 (factor or factors).de. (16)
 34 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 (15033)
 35 ("Scottish effect" or "Glasgow effect" or "Scotland effect").af. (9)
 36 (mortality* or death* die or dying or "life expectancy" or "expectation of life" or "survival rate" or fatal* or "health outcome" or "health status" or "self-assessed health" or "self-perceived health" or "years of life lost").af. (7700)
 37 (Excess* or "above expect*" or "above average" or extreme or premature or inequalit* or diverg* or variation or inordinate or differen* or disparit* or "geographical patterning" or younger).af. (55226)
 38 (indicator* or statistic* or data or distribution or probability or "case control" or trend*).ab,de,hw,ti. (61334)
 39 (high* adj3 (prevalence or incidence or amount* or level* or average* or rate*)).af. (9242)
 40 (explanation* or caus* or compar* or determinant or origin or reason or effect or relationship or theory or theories or concept* or hypothesis or notion* or factor*).af. (108202)
 41 (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen).af. (147597)
 42 19 and 20 and 41 (64)
 43 19 and 37 and 41 (564)
 44 20 and 36 and 41 (88)
 45 36 and 37 and 41 (963)
 46 36 and 39 and 41 (168)
 47 19 and 39 and 41 (102)
 48 42 or 43 or 44 or 45 or 46 or 47 (1132)
 49 19 and 20 and 34 (26)
 50 19 and 20 and 40 (53)
 51 19 and 34 and 37 (116)
 52 19 and 34 and 38 (180)
 53 19 and 34 and 39 (23)
 54 19 and 37 and 40 (764)
 55 (Excess* or "above expect*" or "above average" or extreme or premature or inequalit* or diverg* or variation or inordinate or differen* or disparit* or "geographical patterning" or younger).ab,ti. (53628)
 56 (explanation* or caus* or compar* or determinant or origin or reason or effect or relationship or theory or theories or concept* or hypothesis or notion* or factor*).ab,ti. (99020)
 57 19 and 38 and 40 (1144)
 58 (indicator* or statistic* or data or distribution or probability or "case control" or trend*).ti. (6912)
 59 19 and 40 and 58 (182)
 60 19 and 39 and 40 (172)
 61 20 and 36 and 40 (85)

- 62 34 and 36 and 37 (171)
- 63 34 and 36 and 58 (42)
- 64 34 and 36 and 39 (21)
- 65 36 and 37 and 40 (1453)
- 66 36 and 40 and 58 (237)
- 67 36 and 39 and 40 (367)
- 68 49 or 50 or 51 or 52 or 53 or 54 or 59 or 60 or 61 or 62 or 63 or 64 or 65 or 66 or 67 (2108)
- 69 48 or 68 (2595)

Embase

Search	Search Terms	Results
1	(health status or health status indicator).sh.	77712
2	mortality.sh.	431267
3	death.sh.	146191
4	sudden death.sh.	26702
5	infant mortality.sh.	9132
6	premature mortality.sh.	680
7	(maternal mortality or maternal mortality ratio or maternal mortality statistics).sh.	11401
8	life expectancy.sh.	26841
9	(survival rate or survival rates).sh.	139144
10	quality adjusted life year.sh.	12812
11	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10	774369
12	average.sh.	234
13	(inequalities or inequalities in health or inequality).sh.	133
14	variation.sh.	19
15	differences.sh.	2
16	(disparities or disparity).sh.	25
17	(geographical variation or geographical variations).sh.	8

18	indicator.sh.	920
19	statistics.sh.	199830
20	distribution.sh.	27
21	probability.sh.	48995
22	(case control or case control studies or case control study).sh.	78150
23	(trend or trend analysis or trend study).sh.	11595
24	12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23	334081
25	explanation.sh.	5
26	(causal analysis or "causality/causes" or cause or cause specific mortality or causes).sh.	38
27	(comparative or comparative analyses or comparative analysis).sh.	14
28	(determinant or determinants or "determinants of health").sh.	15
29	(theories or theory).sh.	23830
30	concept.sh.	3
31	hypothesis.sh.	106067
32	factor.sh.	1
33	25 or 26 or 27 or 28 or 29 or 30 or 31 or 32	129113
34	(mortality* or death* die or dying or "life expectancy" or "expectation of life" or "survival rate" or fatal* or "health outcome" or "health status" or "self-assessed health" or "self-perceived health" or "years of life lost").af.	1050589
35	(mortality* or death* die or dying or "life expectancy" or "expectation of life" or "survival rate" or fatal* or "health outcome" or "health status" or "self-assessed health" or "self-perceived health" or "years of life lost").ti,ab.	721672
36	(mortality* or death* die or dying or "life expectancy" or "expectation of life" or "survival rate" or fatal* or "health outcome" or "health status" or "self-assessed health" or "self-perceived health" or "years of life lost").ti.	99340
37	(Excess* or "above expect*" or "above average" or extreme or premature or inequalit* or diverg* or variation or inordinate or differen* or disparit* or "geographical patterning" or younger).af.	4712074
38	(Excess* or "above expect*" or "above average" or extreme or premature or inequalit* or diverg* or variation or inordinate or differen* or disparit* or "geographical patterning" or younger).ti,ab.	4293292
39	(Excess* or "above expect*" or "above average" or extreme or premature or inequalit* or diverg* or variation or inordinate or	461737

	differen* or disparit* or "geographical patterning" or younger).ti.	
40	(indicator* or statistic* or data or distribution or probability or "case control" or trend*).af.	4298891
41	(indicator* or statistic* or data or distribution or probability or "case control" or trend*).ti.	266559
42	(high* adj3 (prevalence or incidence or amount* or level* or average* or rate*)).af.	909177
43	(high* adj3 (prevalence or incidence or amount* or level* or average* or rate*)).ti,ab.	879126
44	(high* adj3 (prevalence or incidence or amount* or level* or average* or rate*)).ti.	27796
45	(explanation* or caus* or compar* or determinant or origin or reason or effect or relationship or theory or theories or concept* or hypothesis or notion* or factor*).af.	8605618
46	(explanation* or caus* or compar* or determinant or origin or reason or effect or relationship or theory or theories or concept* or hypothesis or notion* or factor*).ti,ab.	7670601
47	(explanation* or caus* or compar* or determinant or origin or reason or effect or relationship or theory or theories or concept* or hypothesis or notion* or factor*).ti.	1488258
48	(Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen).af.	4043147
49	11 and 24 and 48	8968
50	11 and 24 and 33 and 49	81
51	11 and 24 and 46 and 48	6253
52	11 and 24 and 47 and 48	1252
53	(Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen).ti,ab.	275159
54	11 and 24 and 47 and 53	244
55	11 and 39 and 48	5862
56	11 and 39 and 53	891
57	11 and 33 and 39 and 48	85
58	11 and 39 and 47 and 48	861
59	11 and 39 and 47 and 53	142
60	11 and 41 and 48	5864

61	11 and 41 and 47 and 53	134
62	11 and 41 and 46 and 53	773
63	11 and 44 and 48	501
64	11 and 44 and 53	71
65	24 and 33 and 36	62
66	24 and 36 and 48	2170
67	24 and 36 and 46 and 48	1670
68	24 and 36 and 47 and 48	398
69	24 and 36 and 46 and 53	307
70	36 and 39 and 48	1714
71	((mortality* or death* die or dying or "life expectancy" or "expectation of life" or "survival rate" or fatal* or "health outcome" or "health status" or "self-assessed health" or "self-perceived health" or "years of life lost") adj3 (Excess* or "above expect*" or "above average" or extreme or premature or inequalit* or diverg* or variation or inordinate or differen* or disparit* or "geographical patterning" or younger)).ti,ab.	26227
72	((mortality* or death* die or dying or "life expectancy" or "expectation of life" or "survival rate" or fatal* or "health outcome" or "health status" or "self-assessed health" or "self-perceived health" or "years of life lost") adj3 (Excess* or "above expect*" or "above average" or extreme or premature or inequalit* or diverg* or variation or inordinate or differen* or disparit* or "geographical patterning" or younger)).ti.	2588
73	48 and 72	965
74	53 and 72	155
75	46 and 73	724
76	47 and 73	144
77	36 and 44 and 48	146
78	50 or 54 or 57 or 59 or 61 or 64 or 65 or 68 or 69 or 74 or 76 or 77	1647
79	("Scottish effect" or "Glasgow effect" or "Scotland effect").af.	22
80	78 or 79	1664
81	11 and 24 and 33	371
82	11 and 24 and 47	4511
83	11 and 33 and 41	269
84	11 and 33 and 39	361

85	11 and 24 and 44	87
86	11 and 39 and 47	3107
87	((Excess* or "above expect*" or "above average" or extreme or premature or inequalit* or diverg* or variation or inordinate or differen* or disparit* or "geographical patterning" or younger) adj3 (explanation* or caus* or compar* or determinant or origin or reason or effect or relationship or theory or theories or concept* or hypothesis or notion* or factor*)).ti.	22162
88	((Excess* or "above expect*" or "above average" or extreme or premature or inequalit* or diverg* or variation or inordinate or differen* or disparit* or "geographical patterning" or younger) adj5 (explanation* or caus* or compar* or determinant or origin or reason or effect or relationship or theory or theories or concept* or hypothesis or notion* or factor*)).ti.	31487
89	11 and 88	1791
90	11 and 87	1272
91	24 and 36 and 47	1275
92	((mortality* or death* die or dying or "life expectancy" or "expectation of life" or "survival rate" or fatal* or "health outcome" or "health status" or "self-assessed health" or "self-perceived health" or "years of life lost") adj3 (explanation* or caus* or compar* or determinant or origin or reason or effect or relationship or theory or theories or concept* or hypothesis or notion* or factor*)).ti.	8411
93	24 and 92	548
94	33 and 71	382
95	33 and 72	36
96	47 and 72	404
97	39 and 87	22162
98	((mortality* or death* die or dying or "life expectancy" or "expectation of life" or "survival rate" or fatal* or "health outcome" or "health status" or "self-assessed health" or "self-perceived health" or "years of life lost") adj3 (explanation* or caus* or compar* or determinant or origin or reason or effect or relationship or theory or theories or concept* or hypothesis or notion* or factor*)).ti.	8411
99	39 and 98	374
100	41 and 98	351
101	44 and 98	34
102	36 and 41 and 47	910

103	((mortality* or death* die or dying or "life expectancy" or "expectation of life" or "survival rate" or fatal* or "health outcome" or "health status" or "self-assessed health" or "self-perceived health" or "years of life lost") adj3 (indicator* or statistic* or data or distribution or probability or "case control" or trend*)).ti.	2309
104	47 and 103	302
105	36 and 44 and 47	88
106	81 or 83 or 84 or 85 or 93 or 94 or 95 or 96 or 99 or 100 or 101 or 104 or 105	2938
107	80 or 106	4008

ASSIA

Search	Search terms	Result
S68	ab((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) AND (((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")))) AND (SU.EXACT("Geographic variations") OR SU.EXACT("Trends") OR SU.EXACT("Non-normal	509°

	<u>variations") OR SU.EXACT("Regional variations") OR SU.EXACT("Extremes") OR SU.EXACT("Inequalities") OR SU.EXACT("Data") OR SU.EXACT("Health indicators") OR SU.EXACT("Disparity") OR SU.EXACT("Probability") OR SU.EXACT("Case controlled studies") OR SU.EXACT("Incidence") OR SU.EXACT("Prevalence") OR SU.EXACT("Averages") OR SU.EXACT("Statistics") OR SU.EXACT("Indicators") OR SU.EXACT("Distribution")))</u> Databases: Applied Social Sciences Index and Abstracts (ASSIA)	
S67	<u>(ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND ti((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*))) OR (ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ti(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) OR (ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ti((indicator* OR statistic* OR data OR distribution OR probability OR "case control" OR trend*)) AND ab((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*))) OR ((ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ti((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND ab((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*))) OR (ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of</u>	2334°

life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND ti((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*))))) OR (ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND (SU.EXACT("Theory") OR SU.EXACT("Effect size") OR SU.EXACT("Causes") OR SU.EXACT("Long term effects") OR SU.EXACT("Causal reasoning") OR SU.EXACT("Causality") OR SU.EXACT("Factor analysis") OR SU.EXACT("Determinants") OR SU.EXACT("Conceptual effects") OR SU.EXACT("Comparative studies") OR SU.EXACT("Concept formation") OR SU.EXACT("Explanations") OR SU.EXACT("Comparative research") OR SU.EXACT("Causal attributions") OR SU.EXACT("Mortality salience effects")))) OR (ab((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND (SU.EXACT("Theory") OR SU.EXACT("Effect size") OR SU.EXACT("Causes") OR SU.EXACT("Long term effects") OR SU.EXACT("Causal reasoning") OR SU.EXACT("Causality") OR SU.EXACT("Factor analysis") OR SU.EXACT("Determinants") OR SU.EXACT("Conceptual effects") OR SU.EXACT("Comparative studies") OR SU.EXACT("Concept formation") OR SU.EXACT("Explanations") OR SU.EXACT("Comparative research") OR SU.EXACT("Causal attributions") OR SU.EXACT("Mortality salience effects")))) OR (ab((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ti((indicator* OR statistic* OR data OR distribution OR probability OR "case control" OR trend*)) AND

(SU.EXACT("Theory") OR SU.EXACT("Effect size") OR
SU.EXACT("Causes") OR SU.EXACT("Long term effects")
OR SU.EXACT("Causal reasoning") OR
SU.EXACT("Causality") OR SU.EXACT("Factor analysis")
OR SU.EXACT("Determinants") OR SU.EXACT("Conceptual
effects") OR SU.EXACT("Comparative studies") OR
SU.EXACT("Concept formation") OR
SU.EXACT("Explanations") OR SU.EXACT("Comparative
research") OR SU.EXACT("Causal attributions") OR
SU.EXACT("Mortality salience effects")) OR (ab((mortality*
OR death* die OR dying OR "life expectancy" OR "expectation
of life" OR "survival rate" OR fatal* OR "health outcome" OR
"health status" OR "self-assessed health" OR "self-perceived
health" OR "years of life lost")) AND ti((Excess* OR "above
expect*" OR "above average" OR extreme OR premature OR
inequalit* OR diverg* OR variation OR inordinate OR differen*
OR disparit* OR "geographical patterning" OR younger)) AND
(SU.EXACT("Theory") OR SU.EXACT("Effect size") OR
SU.EXACT("Causes") OR SU.EXACT("Long term effects")
OR SU.EXACT("Causal reasoning") OR
SU.EXACT("Causality") OR SU.EXACT("Factor analysis")
OR SU.EXACT("Determinants") OR SU.EXACT("Conceptual
effects") OR SU.EXACT("Comparative studies") OR
SU.EXACT("Concept formation") OR
SU.EXACT("Explanations") OR SU.EXACT("Comparative
research") OR SU.EXACT("Causal attributions") OR
SU.EXACT("Mortality salience effects")) OR (ti((mortality*
OR death* die OR dying OR "life expectancy" OR "expectation
of life" OR "survival rate" OR fatal* OR "health outcome" OR
"health status" OR "self-assessed health" OR "self-perceived
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OR disparit* OR "geographical patterning" OR younger)) AND
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SU.EXACT("Causes") OR SU.EXACT("Long term effects")
OR SU.EXACT("Causal reasoning") OR
SU.EXACT("Causality") OR SU.EXACT("Factor analysis")
OR SU.EXACT("Determinants") OR SU.EXACT("Conceptual
effects") OR SU.EXACT("Comparative studies") OR
SU.EXACT("Concept formation") OR
SU.EXACT("Explanations") OR SU.EXACT("Comparative
research") OR SU.EXACT("Causal attributions") OR
SU.EXACT("Mortality salience effects")) OR (ti((mortality*
OR death* die OR dying OR "life expectancy" OR "expectation
of life" OR "survival rate" OR fatal* OR "health outcome" OR

<u>"health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost") AND (SU.EXACT("Geographic variations") OR SU.EXACT("Trends") OR SU.EXACT("Non-normal variations") OR SU.EXACT("Regional variations") OR SU.EXACT("Extremes") OR SU.EXACT("Inequalities") OR SU.EXACT("Data") OR SU.EXACT("Health indicators") OR SU.EXACT("Disparity") OR SU.EXACT("Probability") OR SU.EXACT("Case controlled studies") OR SU.EXACT("Incidence") OR SU.EXACT("Prevalence") OR SU.EXACT("Averages") OR SU.EXACT("Statistics") OR SU.EXACT("Indicators") OR SU.EXACT("Distribution")) AND ab((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) OR (((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")) AND ab(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND ti((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) OR (((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")) AND ti(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND ab((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) OR (((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR</u>	
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<u>(SU.EXACT("Years of potential life lost") OR</u> <u>SU.EXACT("Life expectancy") OR SU.EXACT("Health</u> <u>status")) AND ti((indicator* OR statistic* OR data OR</u> <u>distribution OR probability OR "case control" OR trend*)) AND</u> <u>ab((explanation* OR caus* OR compar* OR determinant OR</u> <u>origin OR reason OR effect OR relationship OR theory OR</u> <u>theories OR concept* OR hypothesis OR notion* OR factor*))</u> <u>OR (((SU.EXACT("Maternal mortality") OR</u> <u>SU.EXACT("Infant mortality") OR SU.EXACT("Infant</u> <u>mortality rate") OR SU.EXACT("Mortality rate") OR</u> <u>SU.EXACT("Mortality") OR SU.EXACT("Premature</u> <u>mortality") OR SU.EXACT("Child mortality") OR</u> <u>SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR</u> <u>(SU.EXACT("Years of potential life lost") OR</u> <u>SU.EXACT("Life expectancy") OR SU.EXACT("Health</u> <u>status")) AND ti((Excess* OR "above expect*" OR "above</u> <u>average" OR extreme OR premature OR inequalit* OR diverg*</u> <u>OR variation OR inordinate OR differen* OR disparit* OR</u> <u>"geographical patterning" OR younger)) AND ti((explanation*</u> <u>OR caus* OR compar* OR determinant OR origin OR reason</u> <u>OR effect OR relationship OR theory OR theories OR concept*</u> <u>OR hypothesis OR notion* OR factor*)) OR</u> <u>((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant</u> <u>mortality") OR SU.EXACT("Infant mortality rate") OR</u> <u>SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR</u> <u>SU.EXACT("Premature mortality") OR SU.EXACT("Child</u> <u>mortality") OR SU.EXACT("Sudden death") OR</u> <u>SU.EXACT("Death")) OR (SU.EXACT("Years of potential life</u> <u>lost") OR SU.EXACT("Life expectancy") OR</u> <u>SU.EXACT("Health status")) AND (SU.EXACT("Theory")</u> <u>OR SU.EXACT("Effect size") OR SU.EXACT("Causes") OR</u> <u>SU.EXACT("Long term effects") OR SU.EXACT("Causal</u> <u>reasoning") OR SU.EXACT("Causality") OR</u> <u>SU.EXACT("Factor analysis") OR SU.EXACT("Determinants")</u> <u>OR SU.EXACT("Conceptual effects") OR</u> <u>SU.EXACT("Comparative studies") OR SU.EXACT("Concept</u> <u>formation") OR SU.EXACT("Explanations") OR</u> <u>SU.EXACT("Comparative research") OR SU.EXACT("Causal</u> <u>attributions") OR SU.EXACT("Mortality salience effects"))</u> <u>OR (((SU.EXACT("Maternal mortality") OR</u> <u>SU.EXACT("Infant mortality") OR SU.EXACT("Infant</u> <u>mortality rate") OR SU.EXACT("Mortality rate") OR</u> <u>SU.EXACT("Mortality") OR SU.EXACT("Premature</u> <u>mortality") OR SU.EXACT("Child mortality") OR</u> <u>SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR</u> <u>(SU.EXACT("Years of potential life lost") OR</u>	
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	SU.EXACT("Life expectancy") OR SU.EXACT("Health status")) AND (SU.EXACT("Geographic variations") OR SU.EXACT("Trends") OR SU.EXACT("Non-normal variations") OR SU.EXACT("Regional variations") OR SU.EXACT("Extremes") OR SU.EXACT("Inequalities") OR SU.EXACT("Data") OR SU.EXACT("Health indicators") OR SU.EXACT("Disparity") OR SU.EXACT("Probability") OR SU.EXACT("Case controlled studies") OR SU.EXACT("Incidence") OR SU.EXACT("Prevalence") OR SU.EXACT("Averages") OR SU.EXACT("Statistics") OR SU.EXACT("Indicators") OR SU.EXACT("Distribution"))) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	
S66	ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND ti((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	119°
S65	ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ti(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	13°
S64	ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND ab((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	415°

S63	<u>ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ti((indicator* OR statistic* OR data OR distribution OR probability OR "case control" OR trend*)) AND ab((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*))</u> Databases: Applied Social Sciences Index and Abstracts (ASSIA)	<u>255°</u>
S62	<u>(ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ti((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND ab((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) OR (ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND ti((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*))</u> Databases: Applied Social Sciences Index and Abstracts (ASSIA)	<u>857°</u>
S61	<u>ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND ti((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*))</u>	<u>474°</u>

	Databases: Applied Social Sciences Index and Abstracts (ASSIA)	
S60	ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ti((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND ab((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	497°
S59	ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND ab((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	1534°
S58	ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND (SU.EXACT("Theory") OR SU.EXACT("Effect size") OR SU.EXACT("Causes") OR SU.EXACT("Long term effects") OR SU.EXACT("Causal reasoning") OR SU.EXACT("Causality") OR SU.EXACT("Factor analysis") OR SU.EXACT("Determinants") OR SU.EXACT("Conceptual effects") OR SU.EXACT("Comparative studies") OR SU.EXACT("Concept formation") OR SU.EXACT("Explanations") OR SU.EXACT("Comparative research") OR SU.EXACT("Causal attributions") OR SU.EXACT("Mortality salience effects")) Databases:	11°

	Applied Social Sciences Index and Abstracts (ASSIA)	
S57	ab((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND (SU.EXACT("Theory") OR SU.EXACT("Effect size") OR SU.EXACT("Causes") OR SU.EXACT("Long term effects") OR SU.EXACT("Causal reasoning") OR SU.EXACT("Causality") OR SU.EXACT("Factor analysis") OR SU.EXACT("Determinants") OR SU.EXACT("Conceptual effects") OR SU.EXACT("Comparative studies") OR SU.EXACT("Concept formation") OR SU.EXACT("Explanations") OR SU.EXACT("Comparative research") OR SU.EXACT("Causal attributions") OR SU.EXACT("Mortality salience effects")) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	<u>29°</u>
S56	ab((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ti((indicator* OR statistic* OR data OR distribution OR probability OR "case control" OR trend*)) AND (SU.EXACT("Theory") OR SU.EXACT("Effect size") OR SU.EXACT("Causes") OR SU.EXACT("Long term effects") OR SU.EXACT("Causal reasoning") OR SU.EXACT("Causality") OR SU.EXACT("Factor analysis") OR SU.EXACT("Determinants") OR SU.EXACT("Conceptual effects") OR SU.EXACT("Comparative studies") OR SU.EXACT("Concept formation") OR SU.EXACT("Explanations") OR SU.EXACT("Comparative research") OR SU.EXACT("Causal attributions") OR SU.EXACT("Mortality salience effects")) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	<u>25°</u>
S55	ab((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ti((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND (SU.EXACT("Theory") OR	<u>36°</u>

	SU.EXACT("Effect size") OR SU.EXACT("Causes") OR SU.EXACT("Long term effects") OR SU.EXACT("Causal reasoning") OR SU.EXACT("Causality") OR SU.EXACT("Factor analysis") OR SU.EXACT("Determinants") OR SU.EXACT("Conceptual effects") OR SU.EXACT("Comparative studies") OR SU.EXACT("Concept formation") OR SU.EXACT("Explanations") OR SU.EXACT("Comparative research") OR SU.EXACT("Causal attributions") OR SU.EXACT("Mortality salience effects")) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	
S54	ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND (SU.EXACT("Theory") OR SU.EXACT("Effect size") OR SU.EXACT("Causes") OR SU.EXACT("Long term effects") OR SU.EXACT("Causal reasoning") OR SU.EXACT("Causality") OR SU.EXACT("Factor analysis") OR SU.EXACT("Determinants") OR SU.EXACT("Conceptual effects") OR SU.EXACT("Comparative studies") OR SU.EXACT("Concept formation") OR SU.EXACT("Explanations") OR SU.EXACT("Comparative research") OR SU.EXACT("Causal attributions") OR SU.EXACT("Mortality salience effects")) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	66°
S53	ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND (SU.EXACT("Geographic variations") OR SU.EXACT("Trends") OR SU.EXACT("Non-normal variations") OR SU.EXACT("Regional variations") OR SU.EXACT("Extremes") OR SU.EXACT("Inequalities") OR SU.EXACT("Data") OR SU.EXACT("Health indicators") OR SU.EXACT("Disparity") OR SU.EXACT("Probability") OR SU.EXACT("Case controlled studies") OR SU.EXACT("Incidence") OR SU.EXACT("Prevalence") OR SU.EXACT("Averages") OR SU.EXACT("Statistics") OR SU.EXACT("Indicators") OR SU.EXACT("Distribution")) AND ab((explanation* OR caus* OR compar* OR determinant	231°

	OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	
S52	ab((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND (SU.EXACT("Geographic variations") OR SU.EXACT("Trends") OR SU.EXACT("Non-normal variations") OR SU.EXACT("Regional variations") OR SU.EXACT("Extremes") OR SU.EXACT("Inequalities") OR SU.EXACT("Data") OR SU.EXACT("Health indicators") OR SU.EXACT("Disparity") OR SU.EXACT("Probability") OR SU.EXACT("Case controlled studies") OR SU.EXACT("Incidence") OR SU.EXACT("Prevalence") OR SU.EXACT("Averages") OR SU.EXACT("Statistics") OR SU.EXACT("Indicators") OR SU.EXACT("Distribution")) AND ab((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	698°
S51	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")) AND ab(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND ti((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	209°
S50	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life	856°

	lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")))) AND ab(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND ab((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	
S49	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")))) AND ti(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND ab((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	14°
S48	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")))) AND ti((indicator* OR statistic* OR data OR distribution OR probability OR "case control" OR trend*)) AND ab((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	426°
S47	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR	605°

	SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")) AND ti((indicator* OR statistic* OR data OR distribution OR probability OR "case control" OR trend*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	
S46	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")) AND ti((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND ti((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	186°
S45	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")) AND ab((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND ti((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	923°
S44	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR	819°

	SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")) AND ti((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND ab((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	
S43	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")) AND ab((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND ab((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	3302°
S42	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")) AND ab((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	4279*
S41	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child	306°

	mortality")) OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")))) AND (SU.EXACT("Theory") OR SU.EXACT("Effect size") OR SU.EXACT("Causes") OR SU.EXACT("Long term effects") OR SU.EXACT("Causal reasoning") OR SU.EXACT("Causality") OR SU.EXACT("Factor analysis") OR SU.EXACT("Determinants") OR SU.EXACT("Conceptual effects") OR SU.EXACT("Comparative studies") OR SU.EXACT("Concept formation") OR SU.EXACT("Explanations") OR SU.EXACT("Comparative research") OR SU.EXACT("Causal attributions") OR SU.EXACT("Mortality salience effects")) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	
S40	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")))) AND (SU.EXACT("Geographic variations") OR SU.EXACT("Trends") OR SU.EXACT("Non-normal variations") OR SU.EXACT("Regional variations") OR SU.EXACT("Extremes") OR SU.EXACT("Inequalities") OR SU.EXACT("Data") OR SU.EXACT("Health indicators") OR SU.EXACT("Disparity") OR SU.EXACT("Probability") OR SU.EXACT("Case controlled studies") OR SU.EXACT("Incidence") OR SU.EXACT("Prevalence") OR SU.EXACT("Averages") OR SU.EXACT("Statistics") OR SU.EXACT("Indicators") OR SU.EXACT("Distribution")) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	701°
S39	(ab((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ti(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen)) OR (ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-	1913°

<u>assessed health" OR "self-perceived health" OR "years of life lost")) AND ab(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen)) OR (ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ti((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen)) OR ((ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen)) OR (ab((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ti((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen))) OR (ab((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND (SU.EXACT("Geographic variations") OR SU.EXACT("Trends") OR SU.EXACT("Non-normal variations") OR SU.EXACT("Regional variations") OR SU.EXACT("Extremes") OR SU.EXACT("Inequalities") OR SU.EXACT("Data") OR SU.EXACT("Health indicators") OR SU.EXACT("Disparity") OR SU.EXACT("Probability") OR SU.EXACT("Case controlled studies") OR</u>	
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SU.EXACT("Incidence") OR SU.EXACT("Prevalence") OR
SU.EXACT("Averages") OR SU.EXACT("Statistics") OR
SU.EXACT("Indicators") OR SU.EXACT("Distribution"))
AND (Scotland or Scottish or Britain or UK or "United
Kingdom" or Caledonian or British or Glasgow or Clyde* or
Strathclyde or Edinburgh or Dundee or Aberdeen)) OR
((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant
mortality") OR SU.EXACT("Infant mortality rate") OR
SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR
SU.EXACT("Premature mortality") OR SU.EXACT("Child
mortality") OR SU.EXACT("Sudden death") OR
SU.EXACT("Death")) OR (SU.EXACT("Years of potential life
lost") OR SU.EXACT("Life expectancy") OR
SU.EXACT("Health status")))) AND ti(high* NEAR/3
(prevalence OR incidence OR amount* OR level* OR average*
OR rate*)) AND (Scotland or Scottish or Britain or UK or
"United Kingdom" or Caledonian or British or Glasgow or
Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen))
OR (((SU.EXACT("Maternal mortality") OR
SU.EXACT("Infant mortality") OR SU.EXACT("Infant
mortality rate") OR SU.EXACT("Mortality rate") OR
SU.EXACT("Mortality") OR SU.EXACT("Premature
mortality") OR SU.EXACT("Child mortality") OR
SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR
(SU.EXACT("Years of potential life lost") OR
SU.EXACT("Life expectancy") OR SU.EXACT("Health
status")))) AND ab(high* NEAR/3 (prevalence OR incidence OR
amount* OR level* OR average* OR rate*)) AND (Scotland or
Scottish or Britain or UK or "United Kingdom" or Caledonian or
British or Glasgow or Clyde* or Strathclyde or Edinburgh or
Dundee or Aberdeen)) OR (((SU.EXACT("Maternal mortality")
OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant
mortality rate") OR SU.EXACT("Mortality rate") OR
SU.EXACT("Mortality") OR SU.EXACT("Premature
mortality") OR SU.EXACT("Child mortality") OR
SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR
(SU.EXACT("Years of potential life lost") OR
SU.EXACT("Life expectancy") OR SU.EXACT("Health
status")))) AND ti((Excess* OR "above expect*" OR "above
average" OR extreme OR premature OR inequalit* OR diverg*
OR variation OR inordinate OR differen* OR disparit* OR
"geographical patterning" OR younger)) AND (Scotland or
Scottish or Britain or UK or "United Kingdom" or Caledonian or
British or Glasgow or Clyde* or Strathclyde or Edinburgh or
Dundee or Aberdeen)) OR (((SU.EXACT("Maternal mortality")
OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant

	mortality rate")) OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")) AND (SU.EXACT("Geographic variations") OR SU.EXACT("Trends") OR SU.EXACT("Non-normal variations") OR SU.EXACT("Regional variations") OR SU.EXACT("Extremes") OR SU.EXACT("Inequalities") OR SU.EXACT("Data") OR SU.EXACT("Health indicators") OR SU.EXACT("Disparity") OR SU.EXACT("Probability") OR SU.EXACT("Case controlled studies") OR SU.EXACT("Incidence") OR SU.EXACT("Prevalence") OR SU.EXACT("Averages") OR SU.EXACT("Statistics") OR SU.EXACT("Indicators") OR SU.EXACT("Distribution")) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen)) OR ("Scottish effect" or "Glasgow effect" or "Scotland effect") Databases: Applied Social Sciences Index and Abstracts (ASSIA)	
S38	ab((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ti(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	<u>4°</u>
S37	ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	<u>182°</u>

S36	ab((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	779°
S35	ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ti((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	198°
S34	(ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen)) OR (ab((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ti((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen))	1118°

	Databases: Applied Social Sciences Index and Abstracts (ASSIA)	
S33	ab((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ti((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	531°
S32	ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	737°
S31	ab((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND ab((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	2603°
S30	(mortality* or death* die or dying or "life expectancy" or "expectation of life" or "survival rate" or fatal* or "health	3183°

	outcome" or "health status" or "self-assessed health" or "self-perceived health" or "years of life lost") AND ab((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	
S29	ab((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) AND (SU.EXACT("Geographic variations") OR SU.EXACT("Trends") OR SU.EXACT("Non-normal variations") OR SU.EXACT("Regional variations") OR SU.EXACT("Extremes") OR SU.EXACT("Inequalities") OR SU.EXACT("Data") OR SU.EXACT("Health indicators") OR SU.EXACT("Disparity") OR SU.EXACT("Probability") OR SU.EXACT("Case controlled studies") OR SU.EXACT("Incidence") OR SU.EXACT("Prevalence") OR SU.EXACT("Averages") OR SU.EXACT("Statistics") OR SU.EXACT("Indicators") OR SU.EXACT("Distribution")) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	422°
S28	(mortality* or death* die or dying or "life expectancy" or "expectation of life" or "survival rate" or fatal* or "health outcome" or "health status" or "self-assessed health" or "self-perceived health" or "years of life lost") AND (SU.EXACT("Geographic variations") OR SU.EXACT("Trends") OR SU.EXACT("Non-normal variations") OR SU.EXACT("Regional variations") OR SU.EXACT("Extremes") OR SU.EXACT("Inequalities") OR SU.EXACT("Data") OR SU.EXACT("Health indicators") OR SU.EXACT("Disparity") OR SU.EXACT("Probability") OR SU.EXACT("Case controlled studies") OR SU.EXACT("Incidence") OR SU.EXACT("Prevalence") OR SU.EXACT("Averages") OR SU.EXACT("Statistics") OR SU.EXACT("Indicators") OR SU.EXACT("Distribution")) AND (Scotland or Scottish or Britain or UK or "United	530°

	Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	
S27	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")))) AND ti(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	<u>6°</u>
S26	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")))) AND ab(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	<u>422°</u>
S25	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")))) AND ti((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or	<u>385°</u>

	Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	
S24	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")))) AND ab((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	1759°
S23	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")))) AND (Excess* or "above expect*" or "above average" or extreme or premature or inequalit* or diverg* or variation or inordinate or differen* or disparit* or "geographical patterning" or younger) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	1979°
S22	((SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")))) AND (SU.EXACT("Geographic	318°

	variations") OR SU.EXACT("Trends") OR SU.EXACT("Non-normal variations") OR SU.EXACT("Regional variations") OR SU.EXACT("Extremes") OR SU.EXACT("Inequalities") OR SU.EXACT("Data") OR SU.EXACT("Health indicators") OR SU.EXACT("Disparity") OR SU.EXACT("Probability") OR SU.EXACT("Case controlled studies") OR SU.EXACT("Incidence") OR SU.EXACT("Prevalence") OR SU.EXACT("Averages") OR SU.EXACT("Statistics") OR SU.EXACT("Indicators") OR SU.EXACT("Distribution")) AND (Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	
S21	ti((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	86795*
S20	ab((explanation* OR caus* OR compar* OR determinant OR origin OR reason OR effect OR relationship OR theory OR theories OR concept* OR hypothesis OR notion* OR factor*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	320994*
S19	(explanation* or caus* or compar* or determinant or origin or reason or effect or relationship or theory or theories or concept* or hypothesis or notion* or factor*) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	377362*
S18	ti(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	519°
S17	ab(high* NEAR/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	32238*
S16	high* near/3 (prevalence OR incidence OR amount* OR level* OR average* OR rate*) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	32762*
S14	ti((indicator* or statistic* or data or distribution or probability or	11407*

	"case control" or trend*)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	
S13	ti((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	31774*
S12	ab((Excess* OR "above expect*" OR "above average" OR extreme OR premature OR inequalit* OR diverg* OR variation OR inordinate OR differen* OR disparit* OR "geographical patterning" OR younger)) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	158027*
S11	(Excess* or "above expect*" or "above average" or extreme or premature or inequalit* or diverg* or variation or inordinate or differen* or disparit* or "geographical patterning" or younger) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	190022*
S10	ti((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	5539*
S9	ab((mortality* OR death* die OR dying OR "life expectancy" OR "expectation of life" OR "survival rate" OR fatal* OR "health outcome" OR "health status" OR "self-assessed health" OR "self-perceived health" OR "years of life lost")) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	18071*
S8	(mortality* or death* die or dying or "life expectancy" or "expectation of life" or "survival rate" or fatal* or "health outcome" or "health status" or "self-assessed health" or "self-perceived health" or "years of life lost") Databases: Applied Social Sciences Index and Abstracts (ASSIA)	23621*
S7	(Scotland or Scottish or Britain or UK or "United Kingdom" or Caledonian or British or Glasgow or Clyde* or Strathclyde or Edinburgh or Dundee or Aberdeen) Databases:	203273*

	Applied Social Sciences Index and Abstracts (ASSIA)	
S6	SU.EXACT("Theory") OR SU.EXACT("Effect size") OR SU.EXACT("Causes") OR SU.EXACT("Long term effects") OR SU.EXACT("Causal reasoning") OR SU.EXACT("Causality") OR SU.EXACT("Factor analysis") OR SU.EXACT("Determinants") OR SU.EXACT("Conceptual effects") OR SU.EXACT("Comparative studies") OR SU.EXACT("Concept formation") OR SU.EXACT("Explanations") OR SU.EXACT("Comparative research") OR SU.EXACT("Causal attributions") OR SU.EXACT("Mortality salience effects") Databases: Applied Social Sciences Index and Abstracts (ASSIA)	6702*
S5	SU.EXACT("Geographic variations") OR SU.EXACT("Trends") OR SU.EXACT("Non-normal variations") OR SU.EXACT("Regional variations") OR SU.EXACT("Extremes") OR SU.EXACT("Inequalities") OR SU.EXACT("Data") OR SU.EXACT("Health indicators") OR SU.EXACT("Disparity") OR SU.EXACT("Probability") OR SU.EXACT("Case controlled studies") OR SU.EXACT("Incidence") OR SU.EXACT("Prevalence") OR SU.EXACT("Averages") OR SU.EXACT("Statistics") OR SU.EXACT("Indicators") OR SU.EXACT("Distribution") Databases: Applied Social Sciences Index and Abstracts (ASSIA)	12991*
S4	"Scottish effect" or "Glasgow effect" or "Scotland effect" Databases: Applied Social Sciences Index and Abstracts (ASSIA)	11°
S3	(SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death")) OR (SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status")) Databases: Applied Social Sciences Index and Abstracts (ASSIA)	11998*
S2	SU.EXACT("Years of potential life lost") OR SU.EXACT("Life expectancy") OR SU.EXACT("Health status") Databases: Applied Social Sciences Index and Abstracts (ASSIA)	4307*

S1	SU.EXACT("Maternal mortality") OR SU.EXACT("Infant mortality") OR SU.EXACT("Infant mortality rate") OR SU.EXACT("Mortality rate") OR SU.EXACT("Mortality") OR SU.EXACT("Premature mortality") OR SU.EXACT("Child mortality") OR SU.EXACT("Sudden death") OR SU.EXACT("Death") Databases: Applied Social Sciences Index and Abstracts (ASSIA)	7926*
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Database	Date searched	Project 1	Project 2	Total
Medline	21/11/14	2217	5219	6920
Academic Search Complete	21/11/14	1223	1925	2294
Psychinfo	24/11/14	1765	5953	6366
Social Policy and Practice	24/11/14	1132	2108	2595
Web of Science	25/11/14	458	2792	3184
CINAHL	25/11/14	1028	2829	3730
ASSIA	26/11/14	1972	2334	3275
Embase	26/11/14	1664	2938	4008

Internet Sources Search.

Websites

The World Health Organization website (<http://www.who.int/en/>) was searched on 06/11/2014 using the on-site search engine with single search terms 'Scotland', 'mortality'. The section of the website labelled 'Health topics: Mortality' was scanned in detail.

The Wikipedia website (<http://www.wikipedia.org/>) was searched on 10/11/2014 using the on-site search engine with single search terms 'Glasgow effect.'

The Kings Fund website (<http://www.kingsfund.org.uk/>) was searched on 13/11/2014 using the on-site search engine with single search terms 'Scotland', 'mortality'.

The OECD website (<http://www.oecd.org/health/>) was searched on 17/11/14 using the on-site engine with single search terms 'Scotland', 'mortality'. The section of the website labelled 'Topics: Health' was scanned in detail.

The Glasgow Centre for Population Health (<http://www.gcph.co.uk/>) was searched on 17/11/2014. The section of the website labelled 'work themes: understanding Glasgow's health', 'publications' was scanned in detail.

The Scottish Public Health Observatory website (<http://www.scotpho.org.uk/>) was searched on 19/11/2014 using the on-site engine with single search terms 'mortality', 'excess mortality' [Please note search engine only allowing access to page 1 of searches]. The sections on the website 'comparative health: excess mortality in Scotland and Glasgow' and 'population dynamics: deaths' were scanned in detail.

The MRC/CSO Social and Public Health Sciences Unit, University of Glasgow website (<http://www.sphsu.mrc.ac.uk/search/>) was searched on 19/11/2014 using the on-site search engine with single search term 'mortality'.

The NHS Health Scotland website (<http://www.healthscotland.com/>) was searched on 20/11/2014 using the on-site search engine with single term 'mortality'. The section on the website 'resources: publications' was scanned in detail.

The Scottish Collaboration for Public Health Research and Policy website (<http://www.scphrp.ac.uk>) was searched on 20/11/2014. The sections on the website 'projects' and 'publications' were scanned in detail.

The Joseph Rowntree Foundation Website (<http://www.jrf.org.uk/>) was searched on 20/11/2014 using the on-site search engine with single search terms 'Scotland', 'mortality'.

The Office for National Statistics (<http://www.ons.gov.uk/ons/index.html>) website was searched on 24/11/2014 using the on-site search engine with single search terms 'Scotland', 'mortality'. The section on the website 'population' was scanned in detail.

The Centre for Research on Environment, Society and Health (<http://cresh.org.uk/>) website was searched on 24/11/2014. The sections on the website 'publications' and 'news/blog' were scanned in detail.

The Scottish Government (<http://www.scotland.gov.uk/Home>) website was searched on 26.11.2014. The sections on the website 'topic: health and social care', and 'topic: statistics' were scanned in detail.

The Network of Public Health Observatories website (<http://www.apho.org.uk/>) – now part of and maintained Public Health England was searched on 26/11/2014 using the on-site search engine with single search terms 'mortality' and 'mortality Scotland'.

Search Engines.

The Google search engine was searched on 24/11/2014, 26/11/2014 and 07/01/2015 with single search term 'Glasgow effect.'

The Google Scholar search engine was searched on 26/11/2014 with single search term 'Glasgow effect'.

The Google search engine was searched on 26/11/2014 with single search term "Scottish effect".

The Google Scholar search engine was searched on 26/11/2014 with single search term 'Scottish effect'.

The Google search engine was searched on 27/11/2014 with single search term 'excess mortality'

The Google Scholar search engine was searched on 27/11/2014 with single search term 'excess mortality'.

The Google Scholar search engine was searched on 01/12/2014 with single search term 'excess mortality Scotland'.

The Google search engine was searched on 08/12/2014 and 11/12/2014 with single search term 'excess mortality Scotland'.

Current Media.

Newspapers, radio, Twitter, conferences. Collected as identified.

Appendix 2 Table of included studies – Project 1

Study	Countries/ Area	Categories	Study design
Abbotts, J., R. Williams and G. D. Smith (1999). "Association of medical, physiological, behavioural and socio-economic factors with elevated mortality in men of Irish heritage in West Scotland." <u>Journal of Public Health Medicine</u> 21 (1): 46-54.	West of Scotland	Migration; health behaviours; sectarianism, genetic	Prospective cohort study
Abbotts, J., R. Williams, G. Ford, K. Hunt and P. West (1997). "Morbidity and Irish Catholic descent in Britain: an ethnic and religious minority 150 years on." <u>Social Science & Medicine</u> (1982) 45 (1): 3-14.	West of Scotland	Migration	Prospective cohort study
Alexander, F. E., F. O'Brien, W. Hepburn and M. Miller (1987). "Association between mortality among women and socioeconomic factors in general practices in Edinburgh: an application of small area statistics." <u>British Medical Journal (Clinical Research Edition)</u> 295 (6601): 754.	General practices in Edinburgh	Income inequalities	Randomised controlled trial - 7 year follow up
Anderson, H. R. et al. (1982) "An investigation of 140 deaths associated with volatile substance abuse in the United Kingdom 1971-1981. <u>Human Toxicology</u> 1 :207-221	United Kingdom	Artefact?; different culture of substance misuse	Retrospective observational study
Anderson, H. R., R. S. Macnair and J. D. Ramsey "Deaths from abuse of volatile substances: a national epidemiological study." <u>British Medical Journal</u> .pp304-307	United Kingdom	Different culture of substance misuse?	Retrospective observational study
Anon (1976) <u>Prevention and health: everybody's business: a reassessment of public and personal health</u> . London, HMSO.	Focus on Britain	Deprivation; health behaviours; health services supply and demand	Book
Ash, L. (2014). Why is Glasgow the UK's sickest city? BBC News Magazine. www.bbc.co.uk/news/magazine-27309446 , BBC.	Glasgow	Different culture of substance misuse; violence; drugs; deindustrialisation; loss of sense of control over life; industrialisation; housing/overcrowding; family, gender relations and parenting differences; social capital; climate (sun, rain); potential mechanisms (vitamin D); epigenetics	News report
Aspinall, E. J., S. J. Hutchinson, N. Z. Janjua, J. Grebely, A. Yu, M. Alavi, J. Amin, D. J. Goldberg, H. Innes, M. Law, S. R. Walter, M. Krajden and G. J. Dore (2014). "Trends in mortality after diagnosis of hepatitis C virus infection: an international comparison and implications for monitoring the population impact of treatment." <u>Journal Of Hepatology</u> 62 : 269-277	Scotland, New South Wales (Australia), British Colombia (Canada)	Artefact; health behaviours; health service	Retrospective observational study

Bain, M. and G. McLaren (1998). <u>Deprivation and health in Scotland: insights from NHS data</u> . Edinburgh, National Health Service in Scotland: Information and Statistics Division.	Comparisons of areas in Scotland by deprivation	Health behaviours; deprivation (differences in material and social life circumstances and lifestyles)	Retrospective observational study
Balarajan, R. and M. E. McDowall (1988). "Regional socioeconomic differences in mortality among men in Great Britain today." <u>Public Health</u> 102 (1): 33-43.	Scotland, England Wales	Labour market; genetic differences; water hardness; health behaviour; climatic differences	Retrospective observational study
Barclay, R. S. and W. O. Kermack (1940). "Scottish cancer mortality: a comparison of urban and rural rates for various tumour locations, 1931-7, and a survey of recent trends." <u>The Journal Of Hygiene</u> 40 (1): 63-83.	Scotland and England	Quality of external physical environment; artefacts - recording of deaths?	Retrospective observational study
Barnes, E. (2013). Glasgow Citizens wellbeing researched in report. The Scotsman.	Glasgow	Social capital (other theories disproved: sense of coherence; individual values)	Commentary on GCPH three cities report
Barracough, B. M. (1972). "Are the Scottish and English suicide rates really different?" <u>The British Journal Of Psychiatry: The Journal Of Mental Science</u> 120 (556): 267-273.	Scotland and England	Artefact - recording of deaths	Retrospective observational study
Barracough, B. M. (1974). "Classifying poisoning deaths by motivation: Anglo-Scottish differences." <u>Acta Psychiatrica Scandinavica</u> 50 (6): 625-635.	Scotland, England	Artefact - recording of deaths	Retrospective observational study
Batty, G. D., et al. (2006). "Does IQ explain socioeconomic inequalities in health? Evidence from a population based cohort study in the west of Scotland." <u>BMJ (Clinical Research Ed.)</u> 332 (7541): 580-584.	West Scotland, UK	Educational attainment; genetics	Prospective cohort study
Batty, G. D., et al. (2010). "Intelligence, education, and mortality." <u>British Medical Journal</u> 340 (7754): c563.	Norway, Sweden, US, Scotland	Educational attainment; genetics	Comment on prospective cohort study
BBC News. Life expectancy in Scotland increases 2014; 16 October: Available from: http://www.bbc.co.uk/news/uk-scotland-scotland-politics-29645276 .	Scotland/ Glasgow	Deprivation	BBC news online article
BBC News. GP explains life expectancy gap 2008; 28 August Available from: http://news.bbc.co.uk/1/hi/scotland/glasgow_and_west/7584450.stm .	Glasgow (Calton)	Deprivation; housing; social capital (community safety); gang and knife culture (individual values?); different culture of substance misuse	Newspaper article
BBC World Service. The Mystery of Glasgow's Health Problems. 2014 [cited 2014 26 November]; Available from: http://www.bbc.co.uk/programmes/p01zymxp .	Glasgow	Deprivation; health behaviours	BBC World Service audio article
Bennet E. Health - The Glasgow effect. 26 August 2014 [cited 2014 26 November]; Available from: http://scienceofindependence.wordpress.com/2014/08/28/health-the-glasgow-effect/ .	Glasgow	Political attack	Blog
Bertuccio, P., et al. (2011). "Coronary heart disease and cerebrovascular disease mortality in young adults: recent trends in Europe." <u>European Journal of Cardiovascular Prevention & Rehabilitation</u> 18 (4): 627-634.	EU and 12 selected European countries	Health behaviour	Retrospective observational study
Bevan, G. et al. (2014). "The four health systems of the United Kingdom: how do they compare?" London, The Health Foundation/Nuffield Trust.	England, Scotland, Northern Ireland, Wales	Health service supply and demand	Retrospective/ cross-sectional observational study
Beverland, I. J., et al. (2012). "Associations between short/medium-term variations in black smoke air pollution and mortality in the Glasgow conurbation, UK." <u>Environment International</u> 50 : 1-6.	Glasgow and adjacent towns	Quality of external physical environment	Retrospective observational study using statistical models
Bhala, N., et al. (2010). "Mortality for Alcohol-related Harm by Country of Birth in Scotland, 2000-2004: Potential Lessons for Prevention." <u>Alcohol and Alcoholism</u> 45 (6): 552-556.	Scotland	Migration; health behaviour	Retrospective observational study

Bhopal, R. S. (2011). "Response to: What we want to know is ... is it true or false?" <u>Public Health</u> 125 (4): 238-239.	Glasgow, Manchester, Liverpool	Health behaviour; individual values; quality of external environment	Letter
BigHvan. Scotland's referendum is our one chance to stop the Glasgow effect2014; 24 June: Available from: http://www.bighvan.com/scotlands-referendum-one-chance-stop-glasgow-effect/ .	Glasgow	Culture of boundlessness and alienation/ anomie; new? (lack of control over one's destiny); sense of coherence?; potential mechanisms (stress, parenting, life course effects)	Blog
Bird, S. M., et al. (2010). "Missing targets on drugs-related deaths, and a Scottish paradox." <u>International Journal of Drug Policy</u> 21 (3): 155-159.	Scotland and England and Wales	Different culture of substance misuse	Retrospective observational study
Blamey, A., P. Hanlon, K. Judge and J. Muirie (eds). (2002) Health inequalities in the New Scotland. Glasgow, Public Health Institute Scotland	Scotland	Deprivation; health behaviours; life course	Retrospective observational study
Bloor, M., et al. (2008). "Contribution of problem drug users' deaths to excess mortality in Scotland: secondary analysis of cohort study." <u>BMJ (Clinical Research Ed.)</u> 337 : a478-a478.	Scotland, England and Wales	Different culture of substance misuse	Cohort study
Boyle, P., et al. (2004). "The role of population change in widening the mortality gap in Scotland." <u>Area</u> 36 (2): 164-173	Least and most deprived areas of Scotland	Migration	Retrospective observational study
Boyle, P., et al. (2005). "Suicide gap among young adults in Scotland: population study." <u>British Medical Journal</u> 330 (7484): 175-176.	Scotland - by area according to deprivation	Health behaviours; family, gender relations and parenting differences; labour market/nature of employment	Retrospective observational study
Bremner, S., et al. (2000). "Life expectancy calculations for postcode sectors and their use for monitoring inequalities in the nation's health." <u>Health Bulletin</u> 58 (4): 316-321.	Greater Glasgow Health Board area	Migration; deprivation concentration	Retrospective observational study/ methodology
Brewster, D. H., et al. (2013). "Subsequent mortality experience in five-year survivors of childhood, adolescent and young adult cancer in Scotland: A population based, retrospective cohort study." <u>European Journal of Cancer</u> 49 (15): 3274-3283.	Scotland	Deprivation	Retrospective cohort study
Brock, A., et al. (2006). "Suicide trends and geographical variations in the United Kingdom, 1991-2004." <u>Health Statistics Quarterly</u> (31).	UK	Deprivation	Retrospective observational study
Bromley, C. and Shelton, N. (2010) The Scottish Health Survey topic report: UK comparison. Edinburgh, Scottish Government	Countries of the UK	Health behaviours	Prospective cohort study (GUS)
Brown, D. and A. H. Leyland (2010). "Scottish mortality rates 2000-2002 by deprivation and small area population mobility." <u>Social Science & Medicine</u> (1982) 71 (11): 1951-1957.		Migration; deprivation	Retrospective observational study
Bunt, L., et al. (2010). <u>Radical Scotland: confronting the challenges facing Scotland's public services</u> . London, National Endowment for Science, Technology and the Arts (NESTA).	Scotland OECD	Deprivation; health behaviour; culture of substance misuse	Discussion paper
Bunting, J. and S. Kelly (1998). "Geographic variations in suicide mortality, 1982-96." <u>Population Trends</u> (93): 7-18.	Constituent countries of UK - detailed analysis of England and Wales	Deprivation; income inequalities; New (suicide?)	Retrospective observational study

Burns H. Social Failure, not lifestyle, has made Scots sick. New Scientist. 2015 26 November 2014;3005:26-7.	Scotland	Health behaviours (alcohol); deindustrialisation; scale of urban change; social capital; anomie; life course effects (early childhood experiences; stress hormones; neurological development); family and parenting differences	Commentary
Campbell S. (2014). "Quoted for horror." Retrieved 7 January 2015, 2015.	Scotland	Neoliberal political attack	Online article summarising 2011 synthesis
Campbell, M., et al. (2013). "Mortality inequalities: Scotland versus England and Wales." <i>Health & Place</i> 23 : 179-186.	Scotland, England and Wales	Deprivation, deprivation concentration?	Observational study
Carder, M., R. McNamee, I. Beverland, R. Elton, G. R. Cohen, J. Boyd and R. M. Agius (2005). "The lagged effect of cold temperature and wind chill on cardiorespiratory mortality in Scotland." <i>Occupational and Environmental medicine</i> 62 : 702-710.	Glasgow, Edinburgh and Aberdeen.	Climatic differences	Generalised linear Poisson regression models were used to investigate the relation between mortality and dry bulb and wind chill temperatures in 3 cities in Scotland.
Carstairs et al (1995) Deprivation indices: their interpretation and use in relation to health." <i>Journal Of Epidemiology And Community Health</i> 49 Suppl 2: S3-S8.	Various studies in the 'Northern health region', deprived and affluent areas of Scotland	Deprivation.	Retrospective observational study
Carstairs, V. (1988). "Differentials in mortality." <i>Health Bulletin</i> 46 (4): 226-236.	Scotland, England and Wales	Deprivation; health behaviours	Observational study
Carstairs, V. (1989). "Avoidable mortality in European countries--1974-1978." <i>Scottish Medical Journal</i> 34 (Feb 89): 391-392.	Scotland and Europe: 'The European Atlas'	Health service supply and demand	Commentary
Carstairs, V. (1993). "Avoidable deaths in countries of the European community and in Scotland." <i>Health Bulletin</i> 51 (3): 151-157.	Scotland and Europe: 'The (second edition) of the European Atlas'	Deprivation; health service supply and demand	Retrospective observational study
Carstairs, V. and R. Morris (1989). "Deprivation and mortality: an alternative to social class?" <i>Community Medicine</i> 11 (Aug 89): 210-219.	12 areas across Scotland	Deprivation; deprivation concentration	Retrospective observational study
Carstairs, V. and R. Morris (1989). "Deprivation: explaining differences in mortality between Scotland and England and Wales." <i>BMJ (Clinical Research Ed.)</i> 299 (6704): 886-889.	Scotland, England and Wales	Deprivation	Retrospective observational study
Catford, J. C. and S. Ford (1984). "On the state of the public ill health: premature mortality in the United Kingdom and Europe." <i>British Medical Journal (Clinical Research Ed.)</i> 289 (6459): 1668-1670.	United Kingdom and Europe	Health behaviours; health Services supply and demand.	Retrospective observational study
Clemens, T., et al. (2009). "Unemployment, mortality and the problem of health-related selection: evidence from the Scottish and England & Wales (ONS) longitudinal studies." <i>Health Statistics Quarterly / Office For National Statistics</i> (43): 7-13.	Scotland, England and Wales	Deprivation	Retrospective observational study

Cohen, J., et al. (2008). "Population-based study of dying in hospital in six European countries." <i>Palliative Medicine</i> 22(6): 702-710.	Sweden, Belgium, England, Scotland, the Netherlands and Wales.	Health service supply and demand	Retrospective observational study
Collins, C. and G. McCartney (2011). "The impact of neoliberal "political attack" on health: the case of the "Scottish effect"." <i>International Journal Of Health Services: Planning, Administration, Evaluation</i> 41(3): 501-523.	Scotland and Britain	Deindustrialization; political attack/effect	Retrospective observational study
Davey Smith, D. and E. Brunner (1997). "Socio-economic differentials in health: the role of nutrition." <i>The Proceedings Of The Nutrition Society</i> 56(1A): 75-90.	Studies from Britain including Scotland, US	Deprivation; health behaviours; deprivation concentration; urbanisation; political attack/effect; life course effects	Editorial/commentary
Davey Smith, G. (1998). "Poverty across the life course and health." <i>Radical Statistics</i> 68: 15-29.	Studies from Britain (including Scotland) primarily	Life course effects	Editorial/commentary
Davey Smith, G. (2007). "Life-course approaches to inequalities in adult chronic disease risk." <i>The Proceedings Of The Nutrition Society</i> 66(2): 216-236.	Lecture paper - studies taken from Scotland, Britain, Europe and US,	Life course effects	Lecture Paper
Davey Smith, G. and M. Egger (1993). "Socio-economic differentials in wealth and health: widening inequalities in health - the legacy of the Thatcher years." <i>British Medical Journal</i> 307: 1085-1086.	Editorial piece - mentions England, Glasgow, USA	Political attack/effect	Editorial/commentary
Davies, A. R., E. Grundy, D. Nitsch and L. Smeeth (2011). "Constituent country inequalities in myocardial infarction incidence and case fatality in men and women in the United Kingdom, 1996-2005." <i>Journal Of Public Health (Oxford, England)</i> 33(1): 131-138.	England, Scotland, Wales and Northern Ireland	Health behaviours (smoking); health services supply and demand	Retrospective cohort study
Davies, C. A. and A. H. Leyland (2010). "Socio-economic inequalities in acute myocardial infarction (AMI) incidence and short-term case-fatality explain gradients in AMI mortality in Scotland." <i>European Journal Of Public Health</i> 20: 225-225.	Areas within Scotland stratified by Carstairs deciles of area deprivation (conference abstract so no further info)	Deprivation	Retrospective observational study
Deary, I. J., L. J. Whalley and J. M. Starr (2009). <i>A lifetime of intelligence: Follow-up studies of the Scottish mental surveys of 1932 and 1947</i> . Washington, DC, US, American Psychological Association.	Aberdeen vs. West of Scotland vs. all of Scotland	Genetic? (IQ)	Prospective cohort study
Discuss Glasgow Guide (2010). "The Glasgow effect. Glaswegians dying younger." Retrieved 7 January 2015, from http://discuss.glasgowguide.co.uk/index.php?showtopic=18386 .	Glasgow	Deprivation; political attack; epigenetics; individual values/ health behaviours (alcohol)	Online forum discussion
Dobson, R. (2007). "Wales and Scotland have highest UK cancer rates." <i>BMJ (Clinical Research Ed.)</i> 335(7613): 227.	Wales, Scotland, UK	Health behaviours	News report
Donnelly, P. D. (2010). "Explaining the Glasgow effect: could adverse childhood experiences play a role?" <i>Public Health</i> 124(9): 498-499.	Excess deaths in Glasgow	Life course effects/ adverse childhood experiences; anomie; new (Calvinism (religion/ culture?)), health behaviours; political attack; potential mechanisms (stress hormones; neurological development)	Commentary re. "It's not just deprivation"
Doran, T., F. Drever and M. Whitehead (2004). "Is there a north-south divide in social class inequalities in health in Great Britain? Cross sectional study using data from the 2001 census." <i>BMJ (Clinical Research Ed.)</i> 328(7447): 1043-1045.	Constituent countries of Great Britain (and the regions of England)	Deprivation; income inequality	Retrospective observational study

Doran, T., F. Drever and M. Whitehead (2004). "North-south divide in social inequalities in Great Britain: Authors' reply." BMJ: British Medical Journal 329(7456): 53-53.	Countries in Great Britain, specific reference to Scotland and Wales	Deprivation; health services supply and demand; individual values (expectations of health)	Author's reply to comment on study
Dorling, D. (1997). Death in Britain: how local mortality rates have changed: 1950s-1990s. York, Joseph Rowntree Foundation.	England, Wales and Scotland	Deprivation?	Retrospective observational study (analysis of changing trends in mortality rates)
Dorling, D., M. Shaw and N. Brimblecombe "Housing wealth and community health: exploring the role of migration." In H. Graham (ed) Understanding Health Inequalities Buckingham; Open University Press: 186-202.	Britain	Migration	Commentary/ secondary analysis of pre-existing data
Dunbar, J. K. and I. K. Crombie (2011). "The rising tide of liver cirrhosis mortality in the UK: Can its halt be predicted?" Alcohol and Alcoholism 46(4): 459-463.	UK, Italy, France, Portugal, USA, Canada, Scotland, England/ Wales	Health behaviours (amount and pattern of alcohol consumption)	Retrospective observational study
Dunn, N. R., A. Arscott, M. Thorogood, B. Faragher, L. de Caestecker, T. M. MacDonald, C. McCollum, S. Thomas and R. D. Mann (2000). "Regional variation in incidence and case fatality of myocardial infarction among young women in England, Scotland and Wales." Journal Of Epidemiology And Community Health 54(4): 293-298.	England, Scotland and Wales	Health services supply and demand (ambulance response/ diagnosis)	Cross sectional survey using population based incidence data
Elbourne, D., C. Pritchard and M. Dauncey (1986). "Perinatal outcomes and related factors: social class differences within and between geographical areas." Journal Of Epidemiology And Community Health 40(4): 301-308.	Aberdeen, Cardiff	Deprivation/ income inequality	Retrospective observational study
Emslie, C. and R. Mitchell (2009). "Are there gender differences in the geography of alcohol-related mortality in Scotland? An ecological study." BMC Public Health 9 (58): 1-8.	Scotland	Health behaviours (alcohol); other artefact (gender)	Cross-sectional ecological study
Energy Action Scotland. Fuel Poverty and health; increased winter mortality (excess winter deaths). 2013 [cited 2014 11 December]; Available from: http://www.eas.org.uk/page.php?id=2306 .	Scotland	Housing; climate	Web page
Erridge, S. C., B. Murray, L. Williams, D. Brewster, R. Black, A. Price, N. Murray and F. Sheehan (2009). "Improved survival from lung cancer in British Columbia compared to Scotland-are different treatment rates the whole story?" Lung Cancer (Amsterdam, Netherlands) 64(3): 358-366.	Scotland, Canada (BC)	Health services supply and demand; health behaviours (diet, smoking); genetics	Retrospective registry-based audit
Esmail, A., B. Warburton, J. M. Bland, H. R. Anderson and J. Ramsey (1997). "Regional variations in deaths from volatile solvent abuse in Great Britain." Addiction 92(12): 1765-1771.	Scotland, England, Wales	Deprivation	Cross sectional studies
Exeter, D. J. and P. J. Boyle (2007)"Does young adult suicide cluster geographically in Scotland?" Journal of Epidemiology & Community Health 61: 731-736.	10058 small areas for Scotland: tests for geographical clustering of suicide carried out for 1980-82, 1990-92 and 1999-2001	Deprivation	Observational study - cluster analysis
Exeter, D. J., P. J. Boyle and P. Norman (2011). "Deprivation (immobility and cause-specific premature mortality in Scotland." Social Science & Medicine (1982) 72(3): 389-397.	10,058 small areas for Scotland	Deprivation	Retrospective observational study (interrupted time series?) analysis of mortality statistics

Exeter, D. J., P. J. Boyle, Z. Feng and M. Boyle (2009). "Shrinking areas and mortality: an artefact of deprivation effects in the West of Scotland?" Health & Place 15(1): 399-401.	Five Health Boards in the West of Scotland	Deprivation/ artefact	Retrospective observational study
Exeter, D. J., Z. Feng, R. Flowerdew and P. J. Boyle (2005). "Shrinking areas and mortality: an artefact of deprivation effects?" Journal Of Epidemiology And Community Health 59(11): 924-926.	small areas in Scotland	Deprivation artefact	Retrospective observational study (interrupted time series?) analysis of mortality statistics
Fingerhut, L. A., C. S. Cox and M. Warner (1998). "International comparative analysis of injury mortality. Findings from the ICE on injury statistics. International Collaborative Effort on Injury Statistics." Advance Data(303): 1-20.	Australia, Canada, Denmark, England & Wales, France, Israel, New Zealand, The Netherlands, Norway, Scotland, and the United States.	Other artefact	Retrospective observational study
Fischbacher, C., M. Steiner, R. Bhopal, J. Chalmers, J. Jamieson, D. Knowles and C. Povey (2007). "Variations in all cause and cardiovascular mortality by country of birth in Scotland, 1997-2003." Scottish Medical Journal 52(4): 5-10.	Scottish residents - variation in mortality by country of birth - but also compared to data from England and Wales	Migration	Retrospective observational study
Fitzpatrick, J., C. Griffiths and M. Kelleher (2000) "Geographic inequalities in mortality in the United Kingdom during the 1990s." Health Statistics Quarterly 7: 18-31.	Scotland, England, Wales, Northern Ireland	Urbanisation?; unemployment/ deprivation?	Statistical analysis: preview of Decennial Supplement on Geographic Inequalities in Health, published in 2001 (focus on deprivation)
Forsyth, A., S. Macintyre and A. Anderson (1994). "Diets for disease? Intraurban variation in reported food consumption in Glasgow." Appetite 22(3): 259-274.	Four neighbourhoods in Glasgow City	Health behaviours/ lifestyle (diet) - cultural beliefs about; new (urban planning; supply of healthy/ unhealthy food); deprivation - all linked	Survey within a prospective cohort study (West of Scotland Twenty-07 study)
Foster J (2011). The Scottish Effect: some comments from a historical perspective. In: Accounting for Scotland's excess mortality: towards a synthesis commentaries. Glasgow, Glasgow Centre for Population Health.	Scotland, specifically Clydeside	Political effects?; new (nature of workplace experience)	Invited commentary (compiled by GCPH) on 2011 synthesis
Frank, J. and S. Haw (2011). "Best practice guidelines for monitoring socioeconomic inequalities in health status: lessons from Scotland." The Milbank Quarterly 89(4): 658-693.	All of Scotland - critiques state of the art reports on health inequalities	Life course effects; deprivation; new (policy, "upstream" interventions)	Commentary/ critical appraisal
Freeman, Tom, 2013, No mean city (the mystery of Scotland's poor health), IN Holyrood 307: 48-50.	Scotland	Political effects, sense of coherence	Newspaper article
Freeman, Tom, 2014, The Starting line (increasing physical activity levels) IN Holyrood 21 (23) 54-56.	Scotland	Health behaviours	Newspaper article
Gadd, M., S.-E. Johansson, J. Sundquist and P. Wändell (2006). "Are there differences in all-cause and coronary heart disease mortality between immigrants in Sweden and in their country of birth? A follow-up study of total populations." BMC Public Health 6: 102-102.	Sweden - Norway, Germany, Finland, Hungary, Southern Europe.	Deprivation; migration	Retrospective observational study

Gavine, A. J., D. J. Williams, M. C. Shearer and P. D. Donnelly (2011). "The Glasgow effect: useful construct or epidemiological dead end?" Public Health 125(8): 561-562.	Glasgow, Liverpool, Manchester	Other artefact (age, ethnicity)	Commentary/Editorial
Gemmell, I., P. McLoone, F. A. Boddy, G. J. Dickinson and G. C. Watt (2000). "Seasonal variation in mortality in Scotland." International Journal Of Epidemiology 29(2): 274-279.	Glasgow, Edinburgh, Aberdeen	Deprivation; climatic difference; housing	Retrospective observational study
Giesinger, I., P. Goldblatt, P. Howden-Chapman, M. Marmot, D. Kuh and E. Brunner (2014). "Association of socioeconomic position with smoking and mortality: the contribution of early life circumstances in the 1946 birth cohort." Journal Of Epidemiology And Community Health 68(3): 275-279.	England, Wales and Scotland	Deprivation; family, gender, parenting; life course?	Retrospective observational study
Gillie, O. (2008). Scotland's health deficit: an explanation and a plan (Health Research Forum occasional reports no 3). London, Health Research Forum.	Scotland, Northern, Central and Eastern European countries, Arctic Circle, Alaska, North Canada	Possible mechanism	Commentary/Editorial/Letter/Book
Gillie, O. (2012). "The Scots' paradox: Can sun exposure, or lack of it, explain major paradoxes in epidemiology?" Anticancer Research 32(1 PART 2): 237-248.	Glasgow, Edinburgh, Aberdeen, Dundee, Orkney, Shetland, Scottish Borders, Western isles, Highland and Grampian, Liverpool, Manchester, Europe, North America.	Climatic difference; possible mechanism	Meta-analysis
Gillis, C. R., D. J. Hole and V. M. Hawthorne (1988). "Cigarette smoking and male lung cancer in an area of very high incidence. II. Report of a general population cohort study in the West of Scotland." Journal Of Epidemiology And Community Health 42(1): 44-48.	Renfrew and Paisley (West of Scotland), Glasgow	Health behaviour	Prospective cohort study
Gjonca, A., C. Tomassini, B. Toson and S. Smallwood (2005). "Sex differences in mortality, a comparison of the United Kingdom and other developed countries." Health statistics quarterly / Office for National Statistics (26): 6-16.	Sweden, Greece, US, Germany, Finland, Japan, Spain, France, Poland, Hungary, Russian Federation, England, Scotland, Wales, Northern Ireland.	Deprivation	Retrospective observational study
Glasgow Centre for Population Health, 2013, The psychological, social and biological determinants of ill health (pSoBid) in Glasgow: a cross-sectional, population-based study. Glasgow, Glasgow centre for Population Health.	Glasgow	Deprivation; genetic differences; possible mechanisms (stress)	Cross-sectional observational study
Gordon, D. S. (2010). "We need to look to broad horizons to understand (and change) health." Public Health 124(12): 716-717.	Glasgow	Deprivation; housing	Commentary/Editorial
Graafmans, W. C., J. H. Richardus, A. Macfarlane, M. Rebagliato, B. Blondel, S. P. Verloove-Vanhorick and J. P. Mackenbach (2001). "Comparability of published perinatal mortality rates in Western Europe: the quantitative impact of differences in gestational age and birthweight criteria." BJOG: An International Journal Of Obstetrics And Gynaecology 108(12): 1237-1245.	Belgium, Denmark, Finland, France, Germany, Greece, The Netherlands, Norway, Portugal, Spain, Sweden, England, Scotland, Wales, Northern Ireland	Other artefacts (registering and publishing differences in perinatal mortality).	Retrospective observational study

Graham, P., D. Walsh and G. McCartney (2012). "Shipyards and sectarianism: how do mortality and deprivation compare in Glasgow and Belfast?" Public Health 126(5): 378-385.	Glasgow and Belfast	Deprivation; sectarianism	Retrospective observational study
Granados, J. A. T. (2013). "Health at advanced age: social inequality and other factors potentially impacting longevity in nine high-income countries." Maturitas 74(2): 137-147.	UK, US, Canada, Denmark, France, Japan, Spain, Sweden and Switzerland,.	Deprivation; health behaviours; health service supply and demand	Retrospective observational study
Gravelle, H. and M. Sutton (2003). "Income related inequalities in self assessed health in Britain: 1979-1995." Journal Of Epidemiology And Community Health 57(2): 125-129.	Scotland, England, Wales	Income inequalities	Retrospective observational study
Gravelle, H. and M. Sutton (2009). "Income, relative income, and self-reported health in Britain 1979-2000." Health Economics 18(2): 125-145.	Scotland, England, Wales	Deprivation; other artefacts	Retrospective observational study
Gray, L. (2007). Comparisons of health-related behaviours and health measures between Glasgow and the rest of Scotland.. Glasgow, Glasgow Centre for Population Health	For the survey based work, chapters 1 to 10, comparisons are made between Greater Glasgow and the rest of Scotland, with a subset of analyses also comparing Glasgow City and West Central Scotland to the rest of the country. Comparisons are also made within Greater Glasgow, between the most deprived areas and the others.	Deprivation; health behaviours; different culture of substance misuse ; deprivation concentration	Retrospective observational study
Gray, L. and A. H. Leyland (2009). "Is the "Glasgow effect" of cigarette smoking explained by socio-economic status?: a multilevel analysis." BMC Public Health 9: 245-245.	Greater Glasgow, the rest of Scotland	Deprivation; health behaviours	Retrospective observational study
Gray, L. and A. H. Leyland (2009). "A multilevel analysis of diet and socio-economic status in Scotland: investigating the 'Glasgow effect'." Public Health Nutrition 12(9): 1351-1358.	Greater Glasgow, the rest of Scotland	Deprivation; health behaviours	Retrospective observational study
Gray, L., J. Merlo, J. Mindell, J. Hallqvist, J. Tafforeau, D. O'Reilly, E. Regidor, Ø. Næss, C. Kelleher, S. Helakorpi, C. Lange and A. H. Leyland (2012). "International differences in self-reported health measures in 33 major metropolitan areas in Europe." European Journal Of Public Health 22(1): 40-47.	Greater Glasgow, Lothian, Greater London, Manchester-Liverpool, west Midlands, West Yorkshire, Tyne and Wear, Nottingham, South Yorkshire, Portsmouth-Southampton, Belfast, Cardiff, Dublin, Malmo-Copenhagen, Stockholm, Oslo, Helsinki, Brussels, Lille-Kortrijk, Antwerp, Madrid, Barcelona,	Deprivation-artefact	Retrospective observational study

	Valencia, Seville, Bilbao, Rhine-Ruhr, Aachen, Liege, Maastricht, Bielefeld, Berlin, Hamburg, Frankfurt, Rhine Main Area, Half of Rhine Neckar Area, Munich, Nuremberg, Halle-Leipzig, Chemnitz-wickau, Dresden, Bremen, Hanover		
Gray, R., S. R. Bonellie, J. Chalmers, I. Greer, S. Jarvis, J. J. Kurinczuk and C. Williams (2009). "Contribution of smoking during pregnancy to inequalities in stillbirth and infant death in Scotland 1994-2003: retrospective population based study using hospital maternity records." BMJ (Clinical Research Ed.) 339: b3754-b3754.	Scottish hospitals	Health behaviours	Retrospective cohort study
Grose, D., G. Devereux, L. Brown, R. Jones, D. Sharma, C. Selby, D. S. Morrison, K. Docherty, D. McIntosh, G. Loudon, P. Downer, M. Nicolson and R. Milroy (2011). "Variation in comorbidity and clinical management in patients newly diagnosed with lung cancer in four Scottish centres." Journal Of Thoracic Oncology: Official Publication Of The International Association For The Study Of Lung Cancer 6(3): 500-509.	Aberdeen, West Fife, Glasgow (Stobhill), Inverclyde	Health service supply and demand	Prospective cohort study.
Groves, F. D., D. E. Zavala and P. Correa (1987). "Variation in international cancer mortality: factor and cluster analysis." International Journal Of Epidemiology 16(4): 501-508.	34 countries grouped into clusters with common cancer mortality patterns	Health behaviours	Retrospective observational study
Hanlon, P. et al. (2001). Chasing the Scottish Effect. Why Scotland needs a step-change in health if it is to catch up with the rest of Europe. Glasgow, Public Health Institute of Scotland.	Scotland versus Europe	Deprivation; health behaviours; social capital	Retrospective observational study
Hanlon, P., R. Lawder, D. Buchanon, A. Redpath, D. Walsh and R. Wood (2005). "Why is mortality higher in Scotland than England and Wales? Decreasing influence of socioeconomic deprivation between 1981 and 2001 supports the existence of a 'Scottish effect'." Journal of Public Health 27: 199-204.	Scotland, England & Wales	Deprivation; migration; genetics (but thought implausible); health behaviours; different culture of substance misuse; deindustrialisation	Cross-sectional analysis using population and mortality data.
Hardelid et al. (2013). "Child Health Reviews UK - Overview of child deaths in the four UK countries. London, Royal College of Paediatrics and Child Health	England, Scotland, Wales and Northern Ireland	Deprivation; other artefacts; new (safety measures)	Retrospective observational study
Hardelid, P. (2013). "Child deaths due to injury in the four UK countries: a time trends study from 1980 to 2010, IN PLOS ONE 8:(7) e68323.	England, Scotland, Wales, Northern Ireland	Deprivation; new (use of safety measures)	Retrospective observational study
Hart, C. L., M. D. Taylor, G. D. Smith, L. J. Whalley, J. M. Starr, D. J. Hole, V. Wilson and I. J. Deary (2003). "Childhood IQ, Social Class, Deprivation, and Their Relationships with Mortality and Morbidity Risk in Later Life: Prospective Observational Study Linking the Scottish Mental Survey 1932 and the Midspan Studies." Psychosomatic Medicine 65(5): 877-883.	Aberdeen (Whalley & Deary 2001), Renfrew & Paisley (present study)	Deprivation; genetic (IQ in childhood); life course effects.	Retrospective observational study
Hassan, G. (2004). "When all hope is lost." New Statesman 133(4680): 21-22.	Shettleston, Glasgow, the rest of Scotland	Deprivation; deindustrialisation; political attack/effects	Commentary/Editorial/Letter/Book

Hastings A. The Scottish Effect: some comments (2011) In: Accounting for Scotland's excess mortality: towards a synthesis commentaries. Glasgow, Glasgow Centre for Population Health.	Scotland and Glasgow	Political attack: potential mechanisms (new: response of local governors; welfare regime; middle class disaffiliation).	Invited commentary (compiled by GCPH) on 2011 synthesis
Haynes, R. (1991). "Inequalities in health and health service use: evidence from the General Household Survey." Social Science & Medicine (1982) 33(4): 361-368.	Scotland, Wales, England (East Anglia, South West, South East, East Midlands, West Midlands, Yorkshire and Humberside, North, North West)	Deprivation; urbanisation	Retrospective observational study
Hetherington P. Harry Burns: 'We need compassion, not judgements about poor people'. The Guardian [serial on the Internet]. 2014; 12 March: Available from: http://www.theguardian.com/society/2014/mar/12/harry-burns-scotland-chief-medical-officer-health .	Scotland	Social capital; deprivation/unemployment; deindustrialisation; scale of urban change; anomie; sense of coherence	Newspaper article
Holton, S. (1995). "Socioeconomic differences in mortality." BMJ (Clinical Research Ed.) 310(6982): 807-807.	Glasgow, Buckinghamshire	Deprivation	Commentary/Editorial
Howard, G. C. W., K. Clarke, M. H. Elia, A. W. Hutcheon, S. B. Kaye, P. M. Windsor, H. M. A. Yosef and L. Sharp (1995). "A SCOTTISH NATIONAL MORTALITY STUDY ASSESSING CAUSE OF DEATH, QUALITY OF AND VARIATION IN MANAGEMENT OF PATIENTS WITH TESTICULAR NONSEMINOMATOUS GERM-CELL TUMORS." British Journal Of Cancer 72(5): 1307-1311.	5 centres within 4 Health Boards (Urban-Ayrshire and Arran, Argyll and Clyde, Fife, Forth Valley, Lanarkshire and Tayside; (2) rural - Borders, Dumfries and Galloway, Grampian, Highland, Orkney, Shetland and Western Isles. Greater Glasgow and Lothian)	Health services supply and demand	Retrospective observational study
Howieson, S. G. and M. Hogan (2005). "Multiple deprivation and excess winter deaths in Scotland." The Journal Of The Royal Society For The Promotion Of Health 125(1): 18-22.	31 Scottish regions	Deprivation; climatic difference; housing	Commentary/Editorial
Hu, Y. R. and N. Goldman (1990). "Mortality differentials by marital status: an international comparison." Demography 27(2): 233-250.	Austria, Canada, Denmark, England & Wales, Finland, France, Hungary, Japan, Netherlands, Portugal, Scotland, Sweden, Taiwan, US, West Germany	Social capital	Retrospective observational study
Illsley, R. and J. Le Grand (1993). "Regional inequalities in mortality." <u>Journal Of Epidemiology And Community Health</u> 47(6): 444-449.	Scotland, Wales and regions of England	Other artefact; health behaviours; deprivation	Retrospective observational study

Janghorbani, M., et al. (1992). "Trends in mortality from stroke in Scotland, 1950-1986." <u>Public Health</u> 106 (Sep 92): 343-350.	Scotland: data from 15 Scottish health board areas were subdivided into four geographical divisions. North Division: Highland, Orkney Islands, Shetland Islands; West Division: Argyll and Clyde, Ayrshire and Arran, Western Isles and Greater Glasgow; East Division: Grampian, Tayside, Fife, Lothian, Borders; Central Division: Forth Valley, Lanarkshire, Dumfries and Galloway.	Health behaviours; health service supply & demand	Retrospective observational study
Jones S, Leaver E. The relationship between fuel poverty and health: a discussion paper. Glasgow: Energy Action Scotland 2012.	Some comparison of areas within Scotland	Housing	Discussion paper
Joseph Rowntree F. Reducing health inequalities in Britain. Findings. 2000 Sep(980):1-4.	Compares areas of the UK	Deprivation (demographic factors)	Report summary
Kelleher, M. J. and D. Chambers (2003). Cross-cultural variation in child and adolescent suicide. <u>Suicide in children and adolescents</u> . R. A. King and A. Apter. New York, NY, US, Cambridge University Press: 170-197.	46 countries worldwide	New: (globalization, economic security, postmodernism) (attachment relationships); culture of boundlessness & alienation/ anomie; family, gender relations & parenting differences; other artefact	Retrospective observational study
Kemmer D. Investigating infant mortality in early twentieth century Scotland using civil registers : Aberdeen and Dundee compared. <u>Scottish Economic and Social History</u> . 1997;17(1): -19.	Aberdeen vs Dundee	Deprivation/ unemployment; family, gender or parenting differences	Retrospective observational study
Kesteloot, H. (2006). "Differential evolution of mortality between Denmark and Scotland, period 1970 to 1999. A comparison with mortality data from the European Union." <u>European Journal Of Epidemiology</u> 21 (1): 3-13.	Denmark & Scotland and comparison other EU countries	Health behaviours, genetics, health service supply & demand; deprivation; quality of physical environment, possible mechanisms	Retrospective observational study
Knox, P. L. (1981). "Convergence and divergence in regional patterns of infant mortality in the United Kingdom from 1949-51 to 1970-72." <u>Social Science & Medicine</u> . Part D, Medical Geography 15 (3): 323-328.	Local authorities in UK	Deprivation; income inequalities; health behaviours, Housing (overcrowding)?	Retrospective observational study
Kohli, H. S. (1999). "Health inequalities: is there a 'Scottish effect'?" <u>The National Medical Journal Of India</u> 12 (3): 130-131.		Deprivation; political attack	Commentary
Kohli, H. S. (2008). "Health inequalities in Scotland." <u>The National Medical Journal Of India</u> 21 (4): 204-205.		Deprivation	Commentary

Kulik, M. C., et al. (2013). "Smoking and the potential for reduction of inequalities in mortality in Europe." <i>European Journal Of Epidemiology</i> 28(12): 959-971.	19 European populations including Scotland	Health behaviours	Retrospective observational study
Kulik, M. C., et al. (2014). "Educational inequalities in three smoking-related causes of death in 18 European populations." <i>Nicotine & Tobacco Research</i> 16(5): 507-518.	18 European countries including Scotland	Health behaviours	Retrospective observational study
Laing, P. (2012) The west is the best: Glasgow kids "happiest in Scotland". <i>Deadline News</i> 15 January	Glasgow	Social capital	Newspaper article
Lamont, D. W., et al. (1997). "Socioeconomic deprivation and health in Glasgow and the west of Scotland--a study of cancer incidence among male residents of hostels for the single homeless." <i>Journal of Epidemiology & Community Health</i> 51(6): 668-671.	Glasgow & the west of Scotland	Health behaviours, housing; possible mechanisms	Retrospective observational study
Landy R, Walsh D, Ramsay J. The Scottish health survey: the Glasgow effect. Edinburgh: Scottish Government; 2010.	Greater Glasgow & the Clyde (& rest of Scotland)	Deprivation; new(biological factors)	Retrospective observational study
Landy, R., et al. (2012). "Do socio-economic, behavioural and biological risk factors explain the poor health profile of the UK's sickest city?" <i>Journal Of Public Health</i> (Oxford, England) 34(4): 591-598.	Greater Glasgow & the Clyde	Deprivation; health behaviours; political attack; culture of boundlessness & alienation	Retrospective observational study
Laughlin S, Erdman J. Response to Accounting for Scotland's Excess mortality: towards a synthesis (2011) In: Accounting for Scotland's excess mortality: towards a synthesis commentaries. Glasgow, Glasgow Centre for Population Health.	Glasgow and Scotland	Social capital; culture of boundless and alienation/ anomie; new (manifestation of power; sense of "otherness")	invited commentary (compiled by GCPH) on 2011 synthesis
Lawder, R., O. Harding, D. Stockton, C. Fischbacher, D. Brewster, J. Chalmers, A. Finlayson and D. Conway (2010). "Is the Scottish population living dangerously? Prevalence of multiple risk factors: the Scottish Health Survey 2003." <i>BMC Public Health</i> 10(330).	Scotland - England, US, New Zealand, Canada, Switzerland, Netherlands & Finland	Health behaviours	Retrospective observational study
Lawlor, D. A., et al. (2001). "Sex matters: secular and geographical trends in sex differences in coronary heart disease mortality." <i>BMJ</i> 323(7312): 541-545.	50 countries	New (environmental factors); health behaviours; genetics	Retrospective discussion paper
Leadbetter, R. (2012) 'Skintland' magazine has another go at offending readers north of Border. <i>The Herald</i> 2 September ,	Glasgow	In comments: deprivation	Newspaper article and comments about Economist article and comments
Lee, C. H. (1991). "Regional inequalities in infant mortality in Britain, 1861-1971: patterns and hypotheses." <i>Population Studies</i> 45(1): 55-65.	Inequalities in infant mortality in 55 regions of GB	New (industrialisation); housing (density)	Retrospective observational study
Leistikow, B. (2010). "Can errant cumulative smoke exposure measurements explain socioeconomic mortality disparity paradoxes? Smoke load/mortality rate associations across reversed, falling, and rising SES mortality disparities globally." <i>American Journal Of Epidemiology</i> 171: S16.	Scotland, United States, Canada, Japan, Poland, Estonia, Lithuania, Hungary, and "other nations"	Other artefact	Retrospective observational study
Lejeune, C., et al. (2010). "Socio-economic disparities in access to treatment and their impact on colorectal cancer survival." <i>International Journal Of Epidemiology</i>	UK only but compares areas by deprivation	Deprivation; health service supply & demand	Retrospective observational study

39(3): 710-717.			
Leon, D. E. and J. McCambridge (2006). "Liver cirrhosis mortality rates in Britain from 1950 to 2002: an analysis of routine data." The Lancet 367(9504): 52-56.	Scotland, England/Wales & 12 other western European countries	Health behaviour; new (hep C epidemic)	Retrospective observational study
Leonard S. Health is where your home is. Scotland on Sunday. 1996;11 February:8-9.	Compares various places in Scotland	Deprivation (unemployment, car ownership); housing; health behaviours;	Newspaper article
Lester, D. (1996). "Recent trends in suicide mortality." Crisis: The Journal of Crisis Intervention and Suicide Prevention 17(2): 94-94.	Changes in suicide mortality in 31 countries (incl Scot) 1970-80/80-90	Other artefact; new (efficacy of suicide prevention efforts); changing socioeconomic conditions; new (proportionally fewer suicide-prone individuals remaining after a period of high suicide rates).	Letter
Levi, F., et al. (2000). "Cervical cancer mortality in young women in Europe: patterns and trends." European Journal of Cancer 36(17): 2266-2271.	Cervical cancer mortality in young women in 24 European countries incl Scotland	Health service supply & demand (inadequate cervical cancer screening); health behaviours; individual values (changed sexual habits?)	Retrospective observational study
Levin, K. A. (2012). "Glasgow smiles better: an examination of adolescent mental well-being and the 'Glasgow effect'." Public Health 126(2): 96-103.	Glasgow: examine the existence of a 'Glasgow effect' on mental well-being & subjective health of an adolescent sample.	Deprivation; life course effects;	Retrospective observational study
Levin, K. A. and A. H. Leyland (2005). "Urban/rural inequalities in suicide in Scotland, 1981-1999." Social Science & Medicine 60(12): 2877-2890.	Urban/rural inequalities in suicide (Scotland)	New (BSE crisis); deprivation	Retrospective observational study
Levin, K. A. and A. H. Leyland (2006). "A comparison of health inequalities in urban and rural Scotland." Social Science & Medicine (1982) 62(6): 1457-1464.	Urban/rural inequalities in mortality (Scotland)	Deprivation	Retrospective observational study
Levin, K. A. and A. H. Leyland (2006). "Urban-rural inequalities in ischemic heart disease in Scotland, 1981-1999." American Journal Of Public Health 96(1): 145-151.	Urban/rural inequalities in Ischemic heart disease (Scotland)	Health service supply and demand; other artefact; new (patient illness behaviour; help seeking behaviours; comorbidity)	Retrospective observational study
Leyland, A. and Bond, L. (2011) Why Scots die younger: a commentary. In: Accounting for Scotland's excess mortality: towards a synthesis commentaries. Glasgow, Glasgow Centre for Population Health.	Glasgow, compared to Liverpool and Manchester	Deprivation; health behaviours; deindustrialisation	Invited commentary (compiled by GCPH) on 2011 synthesis
Leyland, A. H. (2002). "Trends and inequalities in avoidable mortality in Scotland." European Journal Of Public Health 12(4): 75-75.	56 local government districts	Not due to conditions regarded as amenable to medical care	Retrospective observational study

Leyland, A. H. (2004). "Increasing inequalities in premature mortality in Great Britain." <i>Journal Of Epidemiology And Community Health</i> 58(4): 296-302.	All 459 local authority districts (England and Wales) and local government districts (Scotland).	Deprivation; migration; lower social capital	Retrospective observational study
Leyland, A. H. and R. Dundas (2010). "The social patterning of deaths due to assault in Scotland, 1980-2005: Population-based study." <i>Journal Of Epidemiology And Community Health</i> 64(5): 432-439.	The social patterning of homicide (deaths by assaults) in Scotland by quintile of deprivation	Deprivation	Retrospective observational study
Leyland, A. H., et al. (2007). "Cause-specific inequalities in mortality in Scotland: two decades of change. A population-based study." <i>BMC Public Health</i> 7: 172-172.	Post code sectors scored by relative social deprivation	Deprivation; health behaviours; migration	Retrospective observational study
Leyland, A. H., R. Dundas, P. McLoone and F. A. Boddy (2007). Inequalities in mortality in Scotland 1981-2001. Occasional paper no. 16. Glasgow, Medical Research Council. Social and Public Health Sciences Unit.	Scotland regions down to districts/council areas	Deprivation; health behaviours; deprivation concentration	Retrospective observational study
Livingston, M. and D. Lee (2014). ""The Glasgow effect?"– The result of the geographical patterning of deprived areas?" <i>Health & Place</i> doi:10.1016/j.healthplace.2014.05.002.	Scotland - Glasgow. England - Liverpool and Manchester.	Deprivation concentration	Cross-sectional observational study
Livingston, M., et al. (2013). The spatial distribution of deprivation. Glasgow, Glasgow Centre for Population Health.	Glasgow, Liverpool, Manchester	Deprivation	Retrospective observational study
Lopez, A. D. (1984). "Using national mortality data to study the changing sex differential in mortality." <i>Sozial- Und Präventivmedizin</i> 29(6): 258-264.	studies national mortality data of 35 counties including Scotland	Health behaviours;	Retrospective observational study
Lopez, A. D. (1990). "Competing causes of death. A review of recent trends in mortality in industrialized countries with special reference to cancer." <i>Annals Of The New York Academy Of Sciences</i> 609: 58-74.	22 "developed" countries	Health behaviours	Literature review
Love Soper C. The curse of the "Glasgow Effect". <i>Punter Southall Transaction Services</i> : 29 August 2012 [cited 2014 26 November]; Available from: http://www.pstransactions.co.uk/pensionswire/Lists/Posts/Post.aspx?ID=89 .	Glasgow	Deprivation/ unemployment; deindustrialisation; different culture of substance misuse	blog
MacKay, J. M. and J. A. Vincenten (2012). "Leadership, infrastructure and capacity to support child injury prevention: can these concepts help explain differences in injury mortality rankings between 18 countries in Europe?" <i>European Journal Of Public Health</i> 22(1): 66-71.	18 countries in the European Economic Area including Scotland	Political effects? (policy)	Retrospective observational study
Mackay, T. W., et al. (1992). "Factors affecting asthma mortality in Scotland." <i>Scottish Medical Journal</i> 37(Feb 92): 5-7.	Scotland, England & Wales	Quality of the external physical environment; New (delayed exposure to pollen; peak in fungal spores)	Retrospective observational study
Mackenbach, J. P. (2012). "From deep-fried Mars bars to neoliberal political attacks: explaining the Scottish mortality disadvantage." <i>European Journal Of Public Health</i> 22(6): 751-751.	Scottish effect	Health behaviour; political attack	Editorial
Macleod et al (2000) "Primary and secondary care management of women with early breast cancer from affluent and deprived areas: retrospective review of hospital general practice records." <i>British Medical Journal</i> 320(7247): 1442-1445.	Areas of Glasgow by deprivation	Deprivation; new (comorbidity)	Retrospective observational study
Macwhirter, I. (2011). "Journalist talks of 'Glasgow effect'." Retrieved 26 November, 2014, from http://www.bbc.co.uk/news/uk-scotland-12267237 .	Glasgow, Scotland compared to other	Deindustrialisation	BBC news audio article

	deindustrialised cities in Europe		
Maiden, N., et al. (1999). "Does social disadvantage contribute to the excess mortality in rheumatoid arthritis patients?" <i>Annals Of The Rheumatic Diseases</i> 58(9): 525-529.	Data used from patients were attending one of two specialised rheumatology units, & drawn from the population in the West of Scotland. Subjects were categorised into groups with deprivation scores ranging from 1 (most affluent) to 7 (most deprived).	Health behaviours; deprivation (education, income); housing; quality of the external environment; possible mechanisms	Retrospective observational study
Malvezzi, M., et al. (2010). "An age-period-cohort analysis of gastric cancer mortality from 1950 to 2007 in Europe." <i>Annals Of Epidemiology</i> 20(12): 898-905.	42 countries of the European region & EU including England & Wales; Scotland; N.Ireland	New (later availability of refrigeration; availability of foods & variety of diet); health behaviours (smoking)	Retrospective observational study
Malvezzi, M., et al. (2013). "Lung cancer mortality in European men: Trends and predictions." <i>Lung Cancer</i> (01695002) 80(2): 138-145.	33 European countries (plus England and Wales, Northern Ireland & Scotland separately) and the EU as a whole	Health behaviours; new (policy implementation: the control of asbestos & other industrial carcinogens); quality of the external physical environment	Retrospective observational study
Marang-van de Mheen, P. J., et al. (1998). "Socioeconomic differentials in mortality among men within Great Britain: time trends and contributory causes." <i>Journal Of Epidemiology And Community Health</i> 52(4): 214-218.	Scotland compared to England & Wales (males, 15-64 years)	Deprivation	Retrospective observational study
Marmot, M. (2008). "On eliminating social injustice." <i>Health Service Journal</i> 118(6130).	Highlights Glasgow within an international context	New (unequal distribution of power, income, goods and services)	Newspaper article
McCarron, P. G., et al. (1994). "Deprivation and Mortality in Glasgow: Changes from 1980 to 1992." <i>British Medical Journal</i> 309(6967): 1481-1482.	Trends in socioeconomic mortality differentials in Greater Glasgow from 1980 to 1992.	Deprivation (inequalities in income)	Retrospective observational study
McCartney, G., Collins, C., Walsh, D. and Batty, D. (2011). "Accounting for Scotland's excess mortality: towards a synthesis." Glasgow: Glasgow Centre for Population Health	Scotland (synthesis of potential explanations for excess mortality in Scotland)	Deprivation; migration; genetic differences; health behaviours; individual values; different culture of substance misuse; culture of boundlessness and alienation; family, gender relations and parenting differences; lower 'social capital; sectarianism; culture of limited social	Evidence synthesis

		mobility; health service supply and demand; deprivation concentration ('area effects'); greater inequalities; deindustrialisation; political attack; climatic differences	
McCartney, G., et al. (2012). "Has Scotland always been the 'sick man' of Europe? An observational study from 1855 to 2006." <i>European Journal Of Public Health</i> 22(6): 756-760.	Scotland & all countries in the Human Mortality Database after 1850 (1855 for Scotland)	Political attack/effects	Retrospective observational study
McCartney, G., et al. (2012). "Why do males in Scotland die younger than those in England? Evidence from three prospective cohort studies." <i>Plos One</i> 7(7): e38860-e38860.	Central Scotland compared to South East England	Deprivation (social class differences); health behaviours;	Retrospective observational study
McCartney, G., et al. (2012). "Why the Scots die younger: synthesizing the evidence." <i>Public Health</i> 126(6): 459-470.	Paper based on synthesis above		Paper based on evidence synthesis
McCartney, G., et al. (2013). "Commentary: long-term monitoring of health inequalities in Scotland--a response to Frank and Haw." <i>The Milbank Quarterly</i> 91(1): 186-191.	Commentary mentions Scotland	Political attack/effects; deprivation (premorbid social status)	Commentary
McCartney, G., et al. (2014). "Explain the excess mortality in Scotland compared with England: pooling of 18 cohort studies." <i>Journal Of Epidemiology And Community Health</i> doi:10.1136/jech-2014-204185	Summarises literature: Scotland & England	New (socioeconomic, behavioural, anthropological or biological factors)	Retrospective observational study
McColl, P. (2011) Reasons to be cheerful: the 'count your assets' approach to public health. <i>Perspectives: magazine of Scotland's Democratic Left</i> 17 November	Scotland	New (culture of dependency); culture of boundlessness and alienation (anomie); neoliberal political attack; sense of coherence; mental health; life course effects; external physical environment	Online magazine article
McIntosh L. More workless homes than any other city — new statistics underline the 'Glasgow effect'. <i>The Times</i> . 2013 5 September	Glasgow	Deprivation/ unemployment	Newspaper article
McKenna, K. (2013). Glasgow is a great city shamefully ill-used. <i>The Observer</i> . 8 September	Glasgow	Overcrowding; poor housing; industrialisation; poor external environment/ urban planning;	Newspaper article
McKenna, K. (2015). In the poor heart of Glasgow, political loyalties melt away. <i>The Observer</i> . 8 February	Glasgow	Deprivation artefacts; educational attainment; deprivation/ unemployment; deindustrialisation; life course effects; family and gender and parenting differences;	Newspaper article
Mackintosh K. Facing up to the challenge (health inequalities). <i>Holyrood</i> . 2010;238:46-7.	Scotland	Lower social capital	Newspaper article
McLaren, J., et al. (2010). "Spending on health (Scottish Government budget options briefing series no 3)." Glasgow, Centre for Public Policy for Regions.	Scotland and England	Deprivation; health behaviours	Discussion paper
McLaughlin, T. and J. Bishop (2008). "Coronary Heart Disease (CHD) mortality trends in Scotland 1986 to 2006: differences by age and deprivation." <i>European Heart Journal</i> 29: 219-220.	Scotland (by deprivation)	Health behaviours; deprivation, housing	Retrospective observational study

McLoone, P. and F. A. Boddy (1994). "Deprivation and Mortality in Scotland, 1981 and 1991." British Medical Journal 309(6967): 1465-1470	Scotland (by deprivation)	Health behaviours; new (lag in the process of lifestyle change); deprivation	Retrospective observational study
McWilliams C. Towards a critical understanding of the politics of ill-health in contemporary Glasgow (2011) In: Accounting for Scotland's excess mortality: towards a synthesis commentaries. Glasgow, Glasgow Centre for Population Health.	Glasgow	Deindustrialisation; scale of urban change historically; unemployment/ deprivation; housing; neo-liberal political attack	Invited commentary (compiled by GCPH) on 2011 synthesis
Micheli, A., et al. (2003). "Life expectancy and cancer survival in the EUROCare-3 cancer registry areas." Annals of oncology : official journal of the European Society for Medical Oncology / ESMO 14 Suppl 5: v28-40.	EUROCare-3 Cancer registry areas which included Scotland	Deprivation (GDP)	Retrospective observational study
Mitchell, R., et al. (2000). "Do attitude and area influence health? A multilevel approach to health inequalities." Health & Place 6(2): 67-79;	Compares areas of the UK	Deprivation (age, gender, social class & employment); Quality of external physical environment: New (social environment; local culture)	Retrospective observational study
Mitchell, R., G. Fowkes, D. Blane and M. Bartley (2005). "High rates of ischaemic heart disease in Scotland are not explained by conventional risk factors." Journal of Epidemiology and Community Health 59: 565-567.	Scotland and England	Other artefacts; other yet unknown factors	Cross sectional, individual level observational study.
Mok, P. L. H., et al. (2013). "Why does Scotland have a higher suicide rate than England? An area-level investigation of health and social factors." Journal Of Epidemiology And Community Health 67(1): 63-70.	Scotland and England	New (Levels of mental ill health (used proxy indicator of psychotropic medication prescribing patterns); health behaviours; different culture of substance misuse; deprivation; culture of boundlessness & alienation/anomie	Retrospective observational study
Morrison, Stone et al (1999) "Trend analysis of socioeconomic differentials in death from injury in childhood in Scotland, 1981-95." British Medical Journal 318(7183): 567-568.	Scotland (by deprivation)	New (different effects of policy initiatives); other artefacts	Retrospective observational study
Morrison, C., et al. (1997). "Effect of socioeconomic group on incidence of, management of, and survival after myocardial infarction and coronary death: analysis of community coronary event register." British Medical Journal 318(7183): 567-568.	Glasgow (by deprivation)	New (poorer symptom awareness; number of concomitant illnesses; deprivation (social class gradient in the ability to heal or ward off insults to organs); new (lower potential for resuscitation)	Retrospective observational study
Muriel, A. (2012). Mystery of Glasgow's health problems. The Guardian. London, The Guardian. 6 November	Scotland/ Glasgow	Deprivation; climate; deprivation artefacts; individual values; sectarianism; culture of boundlessness and alienation/ anomie; political attack; potential mechanisms (stress, cortisol, inflammation, vitamin D); epigenetics (life course effects; genetics); poor housing; external physical environment (air pollution); culture of limited social mobility (Calvinism)	Newspaper article plus comments
MVA Consultancy. Impact of the road network on Scotland's accident rates: summary (Development department research programme research findings no 36)., Edinburgh: Scottish Office General Research Unit1997.	Scotland	Quality of external physical environment	Retrospective observational study

National Records of Scotland. (2012). Winter mortality in Scotland 2011/12. Edinburgh, National Records of Scotland.	Scotland	Health behaviour; climatic differences; housing	Commentary/Editorial
NHS Health Scotland. (2011). "Bridging the Gap: a health inequalities learning resource: the 'Glasgow Effect'.	Glasgow	Deindustrialisation; deprivation/unemployment; external physical environment (industrial pollution, poor air quality)	Web page
NHS Scotland (2010). Health in Scotland: time for change - annual report of the Chief Medical Officer, Scottish Government, St Andrews House, Edinburgh EH1 3DG.	Scotland. Some comparison of trends with Europe.	Deprivation; health behaviours; different cultures of substance abuse; deprivation concentration; sense of coherence	Retrospective observational study
NHS Scotland. (2009). <u>Health in Scotland 2008: shedding light on hidden epidemics: annual report of the Chief Medical Officer</u> . Edinburgh, Scottish Government.	Scotland as a whole	Health behaviours; lacking resilience; culture of alienation; stress levels (possible mechanisms)	Discussion paper
Norman, P., P. Boyle, D. Exeter, Z. Feng and F. Popham (2011). "Rising premature mortality in the U.K.'s persistently deprived areas: only a Scottish phenomenon?" <u>Social Science & Medicine</u> (1982) 73 (11): 1575-1584.	Scotland vs rest of UK	Migration; health behaviours	Retrospective observational study
Office of the Chief Researcher and Office of the Chief Economic Adviser(2010). Demographic change in Scotland, Scottish Government Social Research.	Scotland wide.	Deprivation	Retrospective observational study
O'Flaherty, M., J. Bishop, A. Redpath, T. McLaughlin, D. Murphy, J. Chalmers and S. Capewell (2009). "Coronary heart disease mortality among young adults in Scotland in relation to social inequalities: Time trend study." <u>British Medical Journal</u> 339:b2613.	Scotland - focus on age groups	Health behaviours	Retrospective Observational Study (Time Trend analysis)
Parcell, S., A. Hartmann, M. Taulbut and D. Walsh (2011). Case study - Health and its determinants in West Central Scotland compared to the Ruhr in Germany. . Glasgow, Glasgow Centre for Population Health.	Ruhr Valley in West Germany and West Central Scotland (WCS)	Deprivation; deindustrialisation; other factors	Retrospective observational study
Parkes A, Kearns A. The multi-dimensional neighbourhood and health: a cross-sectional analysis of the Scottish Household Survey 2001 (CRN paper 19). Swindon: ESRC Centre for Neighbourhood Research 2004.		Lower social capital	Retrospective observational study
Peakin, William, 2014, Side by Side, IN Holyrood 330: 55-57.	Scotland	Culture of boundlessness, (hopelessness)	Newspaper article
Petrie, D., P. Allanson and U. G. Gerdtham (2011). "Accounting for the dead in the longitudinal analysis of income-related health inequalities." <u>Journal Of Health Economics</u> 30(5): 1113-1123.	Scotland and England & Wales.	Deprivation; other artefacts	Retrospective Observational Study
Phillips, R., P. Carson, N. Haites, A. Johnston, C. Clarke and A. G. W. Whitfield (1987). "VARIATION IN MORTALITY FROM ISCHEMIC-HEART-DISEASE BETWEEN ENGLAND AND SCOTLAND." <u>Quarterly Journal of Medicine</u> 63(241): 441-448.	Scotland and England. Grampian and North Staffordshire	Other artefacts	Retrospective Observational Study
Physical Activity Task, F. (2003). Let's make Scotland more active: a strategy for physical activity, The Stationery Office, 71 Lothian Road, Edinburgh EH3 7AZ.	Scotland as a whole.	Health behaviours	Strategy document
Pocock, S. J., A. G. Shaper, D. G. Cook, R. F. Packham, R. F. Lacey, P. Powell and P. F. Russell (1980). "British Regional Heart Study: geographic variations in cardiovascular mortality, and the role of water quality." <u>British Medical Journal</u> 280(6226): 1243.	Scotland, England, Wales. 253 towns in total including 25 Scottish cities and burghs)	Water hardness	Retrospective Observational Study

Popham, F. (2006). "Is there a "Scottish effect" for self-reports of health? Individual level analysis of the 2001 UK census." BMC Public Health 6: 191-191.	Scotland & England	Labour market/nature of employment.	Retrospective Observational Study
Popham, F. (2011). "To what extent can deprivation inequalities in mortality and heart disease incidence amongst the working aged in Scotland be explained by smoking? Relative and absolute approaches." Health & Place 17(5): 1132-1136.	Scotland	Health behaviours	Retrospective Observational Study
Popham, F. and P. J. Boyle (2011). "Is there a 'Scottish effect' for mortality? Prospective observational study of census linkage studies." Journal Of Public Health (Oxford, England) 33(3): 453-458.	Scotland and England & Wales	Life course approach; new (country of birth/country of residence)	Retrospective Observational Study
Popham, F., C. Dibben and C. Bamba (2013). "Are health inequalities really not the smallest in the Nordic welfare states? A comparison of mortality inequality in 37 countries." Journal Of Epidemiology And Community Health 67(5): 412-418.	37 countries divided into: Nordic, Bismarckian, Southern European, Anglo Saxon, Confucian, Eastern European and ex-Soviet. Australia, Austria, Belgium, Bulgaria, Belarus, Canada, Switzerland, Czech Republic, Germany, Denmark, England & Wales, Spain, Estonia, Finland, France, Hungary, Ireland, Iceland, Israel, Italy, Japan, Lithuania, Luxembourg, Latvia, Northern Ireland, Norway, Poland, Portugal, Russia, Scotland, Slovakia, Slovenia, Sweden, Taiwan, Ukraine, USA. Little specific reference to Scotland specifically	Deprivation	Retrospective Observational Study
Popham, F., K. Skivington and M. Benzeval (2013). "Why do those out of work because of sickness or disability have a high mortality risk? Evidence from a Scottish cohort." European Journal Of Public Health 23(4): 629-635.	Scotland - population based study. However some comparison with UK and Scandinavian studies in the discussion.	Deprivation	Data from the West of Scotland Twenty-07 prospective cohort study
Popham, F., P. Boyle, D. O'Reilly and A. H. Leyland (2010). Exploring the impact of selective migration on the deprivation-mortality gap within Greater Glasgow, Glasgow Centre for Population Health.	11 local authority areas in West of Scotland.	Migration	Prospective cohort study with routinely collected data

Popham, F., P. J. Boyle and P. Norman (2010). "The Scottish excess in mortality compared to the English and Welsh. Is it a country of residence or country of birth excess?" Health & Place 16(4): 759-762.	Scotland, England & Wales	Life course approach; new (country of birth/country of residence)	Retrospective Observational Study
Popham, F., P. J. Boyle, D. O'Reilly and A. H. Leyland (2011). "Selective internal migration. Does it explain Glasgow's worsening mortality record." Health & Place 17(6): 1212-1217.	Scotland - 3 areas compared: Glasgow; Aberdeen, Dundee & Edinburgh combined and the rest of Scotland.	Migration	Retrospective Observational Study
Preston, S. H. (1970). "An international comparison of excessive adult mortality." Population Studies 24(1): 5-20.	Norway, Sweden, Belgium, USA, Scotland, England & Wales, Australia, New Zealand, Canada, Denmark, Netherlands, France, Austria, Germany, Portugal, Spain, Italy.	Health behaviour	Retrospective Observational Study
Pritchard, C. (1992). "Is there a link between suicide in young men and unemployment? A comparison of the UK with other European Community countries." The British Journal of Psychiatry 160: 750-756.	UK - England & Wales, Northern Ireland and Scotland. Plus: Portugal, Spain, Greece, Italy, ROI, Belgium, The Netherlands, France, Denmark, West Germany.	Labour market/nature of employment.	Retrospective Observational Study
Pritchard, C. and D. Baldwin (2000). "Effects on age and gender on elderly suicide rates in Catholic and Orthodox countries." International Journal Of Geriatric Psychiatry 15(10): 904-910	35 counties including Scotland.	New (religion of country)	Retrospective Observational Study
Puttick H. Blame 'Glasgow effect' for city's chronic ill health – not deprivation. The Herald [serial on the Internet]. 2010; 22 March: Available from: http://www.heraldscotland.com/news/health/blame-glasgow-effect-for-city-s-chronic-ill-health-not-deprivation-1.1015066?localLinksEnabled=false .	Glasgow	Potential mechanisms (stress)	Newspaper article
Quaglia, A., R. Capocaccia, A. Micheli, E. Carrani and M. Vercelli (2007). "A wide difference in cancer survival between middle aged and elderly patients in Europe." International Journal Of Cancer. Journal International Du Cancer 120(10): 2196-2201.	22 European nations: namely Denmark, Estonia, Finland, Iceland, Malta, Norway, Slovakia, Slovenia, Scotland, Sweden and Wales whose populations were covered completely by national registries; Austria, Czech Republic, England, France, Germany, Italy, Poland, Portugal, Spain, Switzerland and The Netherlands	New (age)	Retrospective Observational Study

Quinn, M. and P. Babb (2002). "Patterns and trends in prostate cancer incidence, survival, prevalence and mortality. Part I: international comparisons." BJU International 90(2): 162-173.	England & Wales, USA and a different selection of countries worldwide for other analysis.	Health service supply and demand.	Retrospective Observational Study
Qureshi, M. H., T. Katoh and Y. Iibuchi (1995). "Sex differential in life expectancy in Japan and Scotland: age and causes of death." Acta Medica Okayama 49(2): 97-106.	Scotland and Japan	Deprivation; health behaviours; quality of external physical environment; new (genetic-biological factors)	Retrospective Observational Study
Rafnsson, S. B., R. S. Bhopal, C. Agyemang, A. Fagot-Campagna, S. Harding, N. Hammar, E. Hedlund, K. Juel, P. Primatesta, M. Rosato, G. Rey, S. H. Wild, J. P. Mackenbach, I. Stirbu and A. E. KuInternationalt (2013). "Sizable variation in circulatory disease mortality by region and country of birth in six European countries." European Journal Of Public Health 23(4): 594-605.	Denmark, England and Wales, France, the Netherlands, Scotland and Sweden	Migration; genetic differences	Retrospective observational study
Ralston, K., R. Dundas and A. H. Leyland (2012). "Does timing matter? The assessment of inequalities in all-cause mortality using area based deprivation." European Journal Of Public Health 22: 250-250.	Scotland	Deprivation	Retrospective observational study
Reddit. Glasgow Effect. 2014 [cited 2014 26 November]; Available from: http://www.reddit.com/r/Scotland/comments/2gnlzb/glasgow_effect/ .	Glasgow	Potential mechanisms (alcohol, stress); external physical environment (incinerators near residential areas); lack of empowerment/ control; genetic factors;	Forum/ blog comments
Reid, J. M. (2008). Excess mortality in the Glasgow conurbation : exploring the existence of a Glasgow effect. Glasgow, University of Glasgow	UK cities with emphasis on Glasgow	Deprivation; migration	Retrospective observational study
Reid, M. (2011). "Behind the "Glasgow effect"." Bulletin Of The World Health Organization 89(10): 706-707.	Article focus on Glasgow.	Individual values; different culture of substance misuse; culture of boundlessness and alienation/ anomie; lower social capital; culture of limited social mobility; deprivation concentration; sense of coherence	Bulletin
Reidy T. Drugs and sadness in Glasgow's high rise ghettos. Vice [serial on the Internet]. 2013; 13 January Available from: http://www.vice.com/en_uk/read/how-glasgows-sink-estates-sunk .	Glasgow	Poor housing	Newspaper article
Richardson. Elizabeth A et al, 2014, Alcohol-related illness and health and death in Scottish neighbourhoods: is there a relationship with number of alcohol outlets? Report for Alcohol Focus Scotland. Edinburgh/Glasgow, CRESH.	Scotland	Culture of substance misuse, urbanisation	Cross-sectional observational study
Richardus, J. H., W. C. GraafmaInternational, S. P. Verloove-Vanhorick and J. P. Mackenbach (2003). "Differences in perinatal mortality and suboptimal care between 10 European regions: results of an international audit." BJOG: An International Journal Of Obstetrics And Gynaecology 110(2): 97-105.	Finland, Sweden, Spain, the Netherlands, Scotland, Belgium, Denmark, Norway, Greece and England. Data from the Grampian region of Scotland	Health services supply and demand.	Retrospective observational study

Richie, G. (N.D.). "A tale of three cities." Retrieved 11 December 2014, from www.longevity.co.uk/site/informationmatrix/ataleofthreecities.html .	Glasgow versus Liverpool and Manchester	Social capital; individual values; potential mechanisms (vitamin D)	Blog
Riddoch L. The ill-health of a sick society. The Scotsman [serial on the Internet]. 2013; 19 August. Available from: www.lesleyriddoch.com/2013/08/the-ill-health-of-a-sick-society.html .	Scotland	Sense of coherence; deindustrialisation; family and parenting differences; deprivation; income inequality	Newspaper article
Rightproperty.com. Health Inequalities and The Glasgow Effect 2011 [cited 2014 26 November]; Available from: https://www.youtube.com/watch?v=r0cJ7CX1ICA .	Glasgow	Health behaviours; deprivation; life course effects (height); housing;	YouTube video, TV programme with Andrew Marr, Danny Dorling, Richard Mitchell...
Robinson, Mark et al, 2015, Regional alcohol consumption and alcohol-related mortality in Great Britain: novel insights using retail sales data, IN BMC Public Health, Vol 15, No 1, pp1-9	UK regional - North West, North East, Central, East, London, South & South East, South West, Wales & West, Yorkshire and central Scotland.	Deprivation, health behaviours, different culture of substance misuse	Retrospective observational study
Robinson M. A comparison of alcohol sales and alcohol-related mortality in Scotland and Northern England. Edinburgh: NHS Health Scotland.2013.	Scotland, NW England, NE England.	Deprivation; health behaviours; different culture of substance misuse; political attack/effect	Retrospective observational study
Ryan, D. H. (1994). "MORTALITY BEFORE AIDS - A REVIEW OF CAUSES OF DEATH IN YOUNG MEN IN THE CITY OF EDINBURGH (1979-88)." Public Health 108(5): 357-365.	Edinburgh and New York. 'Muirhouse', 'Sighthill', 'Craigmillar' and 'Leith' "districts", were considered individually, and then aggregated to form a sector of the city of Edinburgh of low socio-economic status ('low SES area'). 'High SES area' (all Edinburgh excluding low SES area),	Deprivation; new (anticipating increased deaths from Aids)	Retrospective observational study
Scarborough, P., R. D. Morgan, P. Webster and M. Rayner (2011). "Differences in coronary heart disease, stroke and cancer mortality rates between England, Wales, Scotland and Northern Ireland: the role of diet and nutrition." BMJ Open 1(1): e000263.	England, Wales, Scotland and Northern Ireland.	Health behaviours	Retrospective observational study
Scot-Buzz (2013). Tuesday 25 June. Scot-Buzz Honey McBee. www.scot-buzz.co.uk/news-review-honey-mcbee/tuesday-25-june , Scot-Buzz.	Scotland, NW England, NE England.	Social capital; deprivation	Blog
Scottish Government (2007). Better health, better care: action plan. Edinburgh, Scottish Government.	Scotland.	Deprivation; different culture of substance misuse.	Government Report

Scottish Government (2008). Equally well: report of the ministerial task force on health inequalities, Scottish Government, available from Blackwells Bookshop, 53 South Bridge, Edinburgh EH1 1YS.	Scotland. Some reference to Glasgow, West of Scotland and the rest of Scotland.	Deprivation; health behaviours; different culture of substance misuse?	Government Report
Scottish Government (2014). "Equally well: review 2013 - report of the Ministerial Task Force on Health Inequalities." Edinburgh, Scottish Government.	Scotland. Some discussion of Scotland's life expectancy in comparison to other countries in Europe.	Deprivation; lower social capital	Government Report
Scottish Government Child Death Review Working Group (2014). Child death review report: Scottish Government Death Review Working Group. Edinburgh. Scottish Government.	Scotland.	Deprivation	Retrospective observational study
Scott-Samuel, A., C. Bambra, C. Collins, D. J. Hunter, G. McCartney and K. Smith (2014). "The impact of Thatcherism on health and well-being in Britain." International Journal Of Health Services: Planning, Administration, Evaluation 44(1): 53-71.	Britain as a whole (focus on England, Wales & Scotland).	Political attack/effects	Opinion piece
Seaman, P. and Edgar, F. (2015) Communities dealing with change. An exploration of socio-cultural explanations of Glasgow's 'excess' mortality in comparison with Liverpool and Manchester. Glasgow, Glasgow Centre for Population Research.	Glasgow, Manchester and Liverpool	Social capital; culture of boundlessness and alienation/ anomie; new? (increased individualisation); lack of social mobility	Qualitative interviews with key informants
Shah, A. and J. Coupe (2009). "A comparative study of elderly suicides in England and Wales, Scotland and Northern Ireland." International Psychogeriatrics 21(3): 581-587.	Scotland, Northern Ireland, England & Wales	Health service supply and demand; political attack/effects	Retrospective observational study
Shaper, A. G. (1984). "GEOGRAPHIC VARIATIONS IN CARDIOVASCULAR MORTALITY IN GREAT-BRITAIN." British Medical Bulletin 40(4): 366-373.	Great Britain - includes some studies from Scotland.	Deprivation; health behaviours; climatic differences; water hardness	Literature review
Shaw, M., D. Gordon, D. Dorling and G. D. Smith (1999). The widening gap: health inequalities and policy in Britain, Policy Press.	Main focus UK with some refs to Scotland and Scottish studies.	Deprivation; health behaviours; individual values	Book
Shelton, N. J. (2009). "Regional risk factors for health inequalities in Scotland and England and the "Scottish effect"." Social Science & Medicine (1982) 69(5): 761-767.	Scotland and England	Deprivation	Retrospective observational study
Shipton, D., B. Whyte and D. Walsh (2013). "Alcohol-related mortality in deprived UK cities: worrying trends in young women challenge recent national downward trends." Journal Of Epidemiology And Community Health 67(10): 805-812.	Glasgow, Manchester and Liverpool.	Deprivation; health behaviours; different culture of substance abuse; new (access to alcohol and other drugs)	Retrospective observational study
Shortt, N. K. (2011). "Re-engaging with the physical environment: a health-related environmental classification of the UK." Area 1 (2011): 76-87.	UK - England, Wales, Scotland and Northern Ireland.	Deprivation; quality of external physical environment	Retrospective observational study
Smith, R. (2013). "Are Glaswegians the Aborigines of Europe?" http://blogs.bmj.com/bmj/2013/02/26/richard-smith-are-glaswegians-the-aborigines-of-europe/ .	Glasgow	Deindustrialisation; sense of coherence; life course effects; parenting	Blog
Socialist Courier (2014). "The "Glasgow Effect"." Retrieved 26 November 2014], from http://socialist-courier.blogspot.co.uk/2014/06/the-glasgow-effect.html .	Glasgow	Deindustrialisation; sense of coherence; rapid industrialisation; poor	Blog

		gender relations; housing/overcrowding; epigenetics	
SPHSU. "Understanding the "Glasgow Effect"." from http://www.sphsu.mrc.ac.uk/research-programmes/mh/hSCO/glasgefct.html .	Glasgow	Health behaviours (alcohol, smoking, drugs, diet (low green veg)); mental illness; deprivation/ poverty	Press release
Spix, C., T. Aareleid, C. Stiller, C. Magnani, P. Kaatsch and J. Michaelis (2001). "Survival of children with neuroblastoma. time trends and regional differences in Europe, 1978--1992." <i>European Journal Of Cancer</i> (Oxford, England: 1990) 37(6): 722-729.	N. Europe - Denmark, Finland, Iceland, Sweden. UK - England & Wales and Scotland. C&W Europe - Austria, France, Germany, Switzerland, the Netherlands. S Europe - Italy, Spain. E Europe - Estonia, Poland, Slovakia, Slovenia.	Health care supply and demand	Retrospective observational study
Squires, T. and A. Busuttil (1997). "Alcohol and house fire fatalities in Scotland, 1980-1990." <i>Medicine, science, and the law</i> 37(4): 321-325.	Scotland wide	Health behaviour; other artefact	Retrospective observational study
Sridharan, S., H. Tunstall, R. Lawder and R. Mitchell (2007). "An exploratory spatial data analysis approach to understanding the relationship between deprivation and mortality in Scotland." <i>Social Science & Medicine</i> (1982) 65(9): 1942-1952.	Population based exploratory study of post-code sectors of Scotland.	Deprivation	Retrospective observational study
Sridharan, S., J. Koschinsky and J. J. Walker (2011). "Does context matter for the relationship between deprivation and all-cause mortality? The West vs. the rest of Scotland." <i>International Journal Of Health Geographics</i> 10: 33-33.	West of Scotland and the rest of Scotland.	Deprivation; new (spatial heterogeneity – not supported)	Retrospective observational study
Sverre, J. M. (1995). "A comparative study of trends in mortality rates of the ageing population in Norway, Sweden, Denmark, and Finland, 1966-1986." <i>Scandinavian Journal Of Social Medicine</i> 23(4): 227-232.	Norway, Sweden, Denmark (Scandinavian countries) and Finland	Deprivation; genetics; health behaviours; health service supply and demand	Retrospective observational study
Talk Celtic (2014). "Glasgow effect." Retrieved 7 January 2015, from http://www.talkceltic.net/forum/showthread.php?t=143069 .	Glasgow	Deprivation; family breakdown	Online forum comments
Taulbut, M. and D. Walsh (2011). Case study - Health and its determinants in West Central Scotland compared to Silesia in Poland. Glasgow, Glasgow Centre for Population Health.	Silesia - Poland and West Central Scotland (WCS)	Deprivation; deindustrialisation; other factors	Retrospective observational study
Taulbut, M. and D. Walsh (2013). "Poverty, parenting and poor health: comparing early years' experiences in Scotland, England and three city regions." Glasgow; Glasgow Centre for Population Health.	Scotland, England (Glasgow, Manchester, Liverpool)	Family and parenting differences	Retrospective observational study (data from 4 cohort studies and routine data)
Taulbut, M., D. Walsh and J. O'Dowd (2014). "Comparing early years and childhood experiences and outcomes in Scotland, England and three city-regions: a plausible explanation for Scottish 'excess' mortality?" <i>BMC Pediatrics</i> 14: 259-	Scotland, England (Glasgow, Greater Manchester, Merseyside)	Family and parenting differences	Retrospective observational study (data from 2 cohort studies)

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Taulbut, M., D. Walsh, G. McCartney, S. Parcell, A. Hartmann, G. Poirier, D. Strniskova and P. Hanlon (2014). "Spatial inequalities in life expectancy within post-industrial regions of Europe: a cross-sectional observational study." <u>BMJ Open</u> 4 (6): e004711-e004711.	West Central Scotland & 9 post-industrial regions in Europe	Deindustrialisation, lower social capital, income inequalities, health behaviours, quality of external physical environment, migration	Cross-sectional observational study
Taulbut, M., D. Walsh, S. Parcell, A. Hartmann, G. Poirier, D. Strniskova, G. Daniels and P. Hanlon (2013). "What can ecological data tell us about reasons for divergence in health status between West Central Scotland and other regions of post-industrial Europe?" <u>Public Health</u> 127 (2): 153-163.	West Central Scotland (WCS) & other regions of post-industrial Europe	Deindustrialisation; political effects	Retrospective observational study
Taulbut, M., D. Walsh, S. Parcell, P. Hanlon, A. Hartmann, G. Poirier and D. Strniskova (2011). Health and its determinants in Scotland and other parts of Europe: The Aftershock of Deindustrialisation study - phase two. Glasgow, Glasgow Centre for Population Health.	Twelve post-industrial regions - four in UK, four in western mainland Europe and four in eastern mainland Europe. See also the accompanying 4 case studies.	Deprivation; health behaviours; lower social capital; income inequalities; political attack/effects; deindustrialisation	Retrospective observational study & case studies
Taulbut, M., G. Poirier and D. Walsh (2011). Case study - Health and its determinants in West Central Scotland compared to Nord-Pas-de-Calais in France Glasgow, Glasgow Centre for Population Health.	Nord-Pas-De-Calais - France and West Central Scotland (WCS)	Deprivation; deindustrialisation; other factors	Retrospective observational study
Teckle, P., P. Hannaford and M. Sutton (2012). "Is the health of people living in rural areas different from those in cities? Evidence from routine data linked with the Scottish Health Survey." <u>BMC Health Services Research</u> 12 : 43-43.	Cities vs rural locations	Deprivation	Retrospective observational study
The Economist (2012) Unhealthy Glaswegians: no city for old men. <u>The Economist</u> Aug 25 ,	Glasgow	Different culture of substance misuse; industrialisation; urbanisation; housing; deindustrialisation; individual values; income inequality; political attack; family breakdown; potential mechanisms (stress). FROM COMMENTS: anger; vitamin D deficiency; diet (deep fried pizza etc.); migration; climate (rain, lack of sun); new (contaminated water supply near the Clyde, (4 comments: 1 comment based only on historical typhoid, John Snow epidemic!, two on toxins in water coming from sewage, another on toxins in ground and water from heavy industry); vitamin A; fish oil; hate; artefact (time lag bias; area effects); epigenetic patterns; mental health; industrialisation; culture of hopelessness; industrialisation; deindustrialisation; unemployment/deprivation; lack of social mobility; violence; sectarianism; aggression;	Newspaper article and comments

		overcrowding; different culture of substance misuse (mainly alcohol); not dressing appropriately for the weather; alienation due to cultural renaissance; external physical environment (motorway); income inequality; city boundaries (artefact); political/ economic; educational attainment;	
Trebeck, K. (2011). <u>Whose economy? Winners and losers in the new Scottish economy (Oxfam discussion papers)</u> , Oxfam GB, Oxfam House, John Smith Drive, Cowley, Oxford OX4 2JY.	Scotland - all areas	Deprivation; potential mechanism (stress)	Discussion papers
Tunstall Peddoe, H., D. Vanuzzo and M. Hobbs (2000). "Estimation of contribution of changes in coronary care to improving survival, event rates, and coronary heart disease mortality across the WHO MONICA Project populations." <u>The Lancet</u> 355 (9205).	21 countries worldwide, mainly Europe	Health service	Prospective cohort study
Tunstall, H., R. Mitchell, J. Gibbs, S. Platt and D. Dorling (2007). "Is economic adversity always a killer? Disadvantaged areas with relatively low mortality rates." <u>Journal Of Epidemiology And Community Health</u> 61 (4): 337-343.	54 constituencies in Britain	Migration	Retrospective observational study
Tunstall, H., R. Mitchell, J. Gibbs, S. Platt and D. Dorling (2012). "Socio-demographic diversity and unexplained variation in death rates among the most deprived parliamentary constituencies in Britain." <u>Journal Of Public Health (Oxford, England)</u> 34 (2): 296-304.	Deprived areas of Britain	Migration	Retrospective observational study
Tunstall-Pedoe, H., I. K. Crombie, W. C. S. Smith and R. Tavendale (1989). "Coronary risk factor and lifestyle variation across Scotland: results from the Scottish Heart Health Study." <u>Scottish Medical Journal</u> 34 (Dec 89): 556-560.	22 districts across Scotland	Health behaviours; unknown factors	Prospective cohort study
Varnik, A., et al. (2011). "Drug suicide: a sex-equal cause of death in 16 European countries." <u>BMC Public Health</u> 11 (1): 61.	16 EU countries-Belgium, England, Estonia, Finland, France, Germany, Hungary, Iceland, Ireland, Luxembourg, the Netherlands, Portugal, Scotland, Slovenia, Spain	Different culture of substance misuse	Retrospective observational study

	and Switzerland		
Värnik, P., M. Sisask, A. Värnik, E. Arensman, C. Van Audenhove, C. M. van der Feltz-Cornelis and U. Hegerl (2012). "Validity of suicide statistics in Europe in relation to undetermined deaths: developing the 2-20 benchmark." <i>Injury Prevention</i> 18(5): 321-325.	16 EU countries	Different culture of substance misuse	Retrospective observational study
Walsh, D. (2013). "Exploring potential reasons for Glasgow's 'excess' mortality: results of a three-city survey of Glasgow, Liverpool and Manchester." Glasgow, Glasgow Centre for Population Health.	Glasgow, Liverpool, Manchester	Deprivation; social capital (sense of coherence, individual values - not supported); (anomie - still unknown)	Cross-sectional survey
Walsh, D. (2014). An analysis of the extent to which socio-economic deprivation explains higher mortality in Glasgow in comparison with other post-industrial UK cities, and an investigation of other possible explanations. [Great Britain], University of Glasgow.	Scotland - Glasgow, England - Manchester and Liverpool	Lower social capital (lower levels of social participation trust and reciprocity); (sense of coherence and levels of optimism - not supported)	Retrospective observational study plus cross-sectional survey
Walsh, D. and G. McCartney (2013). "Trends in termination of pregnancy in Glasgow, Liverpool and Manchester." <i>Public Health</i> 127(2): 143-152.	Glasgow, Liverpool, Manchester	Differences in earlier termination of pregnancy rates (not supported)	Retrospective observational study
WALSH, D., BENDEL, N., JONES, R. & HANLON, P. 2010. Investigating a 'Glasgow Effect': why do equally deprived UK cities experience different health outcomes. Glasgow: Glasgow Centre for Population Health.	Glasgow, Manchester, Liverpool	Health behaviours; individual values; different culture of substance misuse	Retrospective observational study
Walsh, D., D. Strniskova and M. Taulbut (2011). Case study - Health and its determinants in West Central Scotland compared to Northern Moravia in the Czech Republic Glasgow, Glasgow Centre for Population Health.	Northern Moravia - Czech Republic West Central Scotland (WCS)	Deprivation; deindustrialisation; other factors	Retrospective observational study

Walsh, D., et al. (2010). "It's not 'just deprivation': why do equally deprived UK cities experience different health outcomes?" Public Health 124(9): 487-495.	Glasgow, Liverpool, Manchester	Deprivation, different culture of substance misuse; anomie; cultural differences, genetic factors, migration, a greater 'vulnerability' on the part of the Glasgow population; the role of families and family breakdown; Vitamin D	Cross-sectional survey
Walsh, D., et al. (2010). "The aftershock of deindustrialization---trends in mortality in Scotland and other parts of post-industrial Europe." European Journal Of Public Health 20(1): 58-64.	Scotland (mainly West Central Scotland (WCS)) compared with Germany, Poland, France, Belgium, Netherlands, Northern Ireland, Wales, England	Deprivation; health behaviours; different culture of substance misuse; deindustrialisation	Retrospective observational study
Walsh, D., G. McCartney, S. McCullough, M. van der Pol, D. Buchanan and R. Jones (2013). Exploring potential reasons for Glasgow's 'excess' mortality. Glasgow, Glasgow Centre for Population Health.	Glasgow, Liverpool and Manchester	Lower social capital	Cross-sectional survey
Watt GC, Ecob R (1992) Mortality in Glasgow and Edinburgh: a paradigm of inequality in health. Journal of Epidemiology and Community Health 46 (5): 498-505	Glasgow vs. Edinburgh	Life course/ early life (not external physical environment - water hardness)	Review
Watt, G. C. (1993). "Differences in expectation of life between Glasgow and Edinburgh. Implications for health policy in Scotland." Health Bulletin 51(6): 407-417.	Glasgow vs. Edinburgh	Life course/ early (not external physical environment - water hardness)	Newspaper article
Weller, R. (2012). "Could the sun be good for your heart?". from http://www.ted.com/talks/richard_weller_could_the_sun_be_good_for_your_heart .	Scotland vs e.g. Australia	Climate; potential mechanisms (vitamin D)	YouTube TED talk
Whitley, E., et al. (2014). "The role of health behaviours across the life course in the socioeconomic patterning of all-cause mortality: The West of Scotland Twenty-07 prospective cohort study." Annals of Behavioral Medicine 47(2): 148-157.	West of Scotland	Deprivation; health behaviours	Prospective cohort study

Whyte, B. and T. Ajetunmobi (2012). "Still 'the sick man of Europe'? Scottish mortality in a European context 1950-2010: an analysis of comparative mortality trends." Glasgow, Glasgow Centre for Population Health.	Scotland and Western Europe	Deprivation; political effects; deprivation concentration; health behaviours; health service supply and demand	Retrospective observational study
Wikipedia. (2014). "Glasgow Effect." Scotland, 26/11/2014.	Glasgow	Different culture of substance misuse; violent gang culture; climate (lack of sunlight, cold winters) potential mechanisms (stress); culture of alienation; industrialisation; deindustrialisation; new (glorification of "ned" culture; higher concentration of psychopaths, leading to more depression! (from Prof A Raine))	Web page
Williams, E. S., et al. (1991). "MORTALITY-RATES FROM MULTIPLE-SCLEROSIS - GEOGRAPHICAL AND TEMPORAL VARIATIONS REVISITED." Journal of Neurology Neurosurgery and Psychiatry 54(2): 104-109.	England, Scotland, Northern Ireland and Wales	Artefact	Retrospective observational study
Williams, F. L. R. and O. L. Lloyd (1990). "Mortality at early ages in Scottish communities, 1959-83: geographical distributions and associations with selected socioeconomic indices." Public Health 104(Jul 90): 227-237.	Scottish communities	Deprivation; deprivation concentration; health services supply and demand	Retrospective observational study
Williams, F. L. R. and O. Lloyd (1991). "Trends in lung cancer mortality in Scotland and their relation to cigarette smoking and social class." Scottish Medical Journal 36(Dec 91): 175-178.	Scotland	Deprivation; health behaviours	Retrospective observational study

Williams, M. V. and K. J. Drinkwater (2009). "Geographical Variation in Radiotherapy Services Across the UK in 2007 and the Effect of Deprivation." Clinical Oncology 21(6): 431-440.	England, Scotland and Wales	Deprivation; health service supply and demand	Retrospective observational study
Williams, R. (1994). "Medical, economic and population factors in areas of high mortality: the case of Glasgow." Sociology of Health and Illness 16(2): 143-181.	Scotland and England	Deprivation; migration; health behaviours; deprivation concentration, industrialisation	Discussion paper with some figures from the Registrar General
Williamson, L. M., et al. (2002). "Trends in head injury mortality among 0-14 year olds in Scotland (1986-95)." Journal of Epidemiology & Community Health 56(4): 285-288.		Deprivation; deprivation concentration	Retrospective observational study
Wilson, K., et al. (2010). "Health status and health behaviours in neighbourhoods: A comparison of Glasgow, Scotland and Hamilton, Canada." Health & Place 16(2): 331-338.	(Glasgow) Scotland, (Hamilton) Canada	Deprivation; health behaviours	Longitudinal Study
Wood, R., et al. (2006). "Measuring inequalities in health: the case for healthy life expectancy." Journal Of Epidemiology And Community Health 60(12): 1089-1092.	Scotland (total population/32 local council areas)	Deprivation; deprivation concentration?	Retrospective observational study
Woods, L. M., et al. (2010). "Survival from twenty adult cancers in the UK and Republic of Ireland in the late twentieth century." Health Statistics Quarterly(46).	England and Northern Ireland	Artefact	Retrospective observational study
Woodward, M. (1996). "Small area statistics as markers for personal social status in the Scottish heart health study." Journal of Epidemiology & Community Health 50(5): 570-576.	Twenty two local authority districts of Scotland	Deprivation; deprivation concentration	Cross sectional survey
Young, H., et al. (2010). "Self-rated health and mortality in the UK." Population Trends(139).	England, Wales, Scotland and Northern Ireland	Deprivation	Retrospective observational study
Zgaga, L., et al. (2011). "Diet, Environmental Factors, and Lifestyle Underlie the High Prevalence of Vitamin D Deficiency in Healthy Adults in Scotland, and Supplementation Reduces the Proportion That Are Severely Deficient." Journal of Nutrition 141(8): 1535-1542.	Scotland	Climatic differences - vitamin D	Retrospective observational study

Appendix 3 Table of included studies – Project 2

Study	Countries/ Area	Categories	Study design
Adda, J. and V. Lechene (2001). Smoking and endogenous mortality: does heterogeneity in life expectancy explain differences in smoking behaviour? Oxford, University of Oxford, Department of Economics 77.	Study data from Sweden, but some international comparisons made with the literature.	Deprivation; Health behaviours; new (self selection)	Discussion paper/ retrospective observational study
Ahmed, N. and R. Andersson (2002). "Differences in cause-specific patterns of unintentional injury mortality among 15-44-year-olds in income-based country groups." <u>Accident; Analysis And Prevention</u> 34(4): 541-551.	57 countries	Deprivation (GDP)	Retrospective observational study
Ahn, Y. et al. (2004). "Comparison of unintentional fatal occupational injuries in the Republic of Korea and the United States." <u>Injury Prevention</u> 10(4): 199-205.	Korea, United states	Labour market/nature of employment	Retrospective observational study
Aldabe, B. et al. (2011). "Contribution of material, occupational, and psychosocial factors in the explanation of social inequalities in health in 28 countries in Europe." <u>Journal of Epidemiology & Community Health</u> 65(12): 1123-1131.	28 European countries	Nature of employment	European quality of life survey
Amiri, M. and R. Kelishadi (2012). "Can salt hypothesis explain the trends of mortality from stroke and stomach cancer in Western Europe?" <u>International Journal Of Preventive Medicine</u> 3(6): 377-378.	Seven European countries (Denmark, England and Wales, Finland, France, Netherlands, Norway, Sweden)	Health behaviour	Comment
Amiri, M. et al. (2006). "Trends in stomach cancer mortality in relation to living conditions in childhood. A study among cohorts born between 1860 and 1939 in seven European countries." <u>European Journal of Cancer</u> 42(18): 3212-3218.	Seven European countries (Denmark, England and Wales, Finland, France, Netherlands, Norway, Sweden)	Deprivation; overcrowding; H pylori infection	Historical data, cohort study
Amiri, M. et al. (2011). "The decline in ischaemic heart disease mortality in seven European countries: exploration of future trends." <u>Journal of Epidemiology & Community Health</u> 65(8): 676-681.	Netherlands, UK, France, Norway, Sweden, Finland, Denmark	Health behaviours; health services supply and demand	Retrospective observational study
European Monitoring for Drugs and Drugs addiction (2004) Overdose -- a major cause of avoidable death among young people. Lisbon, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).	Europe-wide.	Health behaviours; health service supply and demand; new (availability/purity of heroin)	Policy briefing
Anderson, P., et al. (2012). Alcohol in the European Union: consumption, harm and policy approaches Copenhagen, WHO Regional Office for Europe.	European Union	Different culture of substance misuse; health behaviours	Survey

Anon (2013). "WHO review warns of 'public health time bomb'." <u>Community Practitioner: The Journal Of The Community Practitioners' & Health Visitors' Association</u> 86 (12): 4-4.	UK vs. Europe (Spain, France, Italy, Czech Republic, Slovenia, Finland, Iceland)	Deprivation	Letter/news
Anon (2014) "Growing rich/poor divide to blame for UK's high child mortality rates." <u>Community Practitioner</u> 87 (7): 4-9.	UK, Sweden	Deprivation	Retrospective observational study
Appels, A. et al.(1996). "Self-rated health and mortality in a Lithuanian and a Dutch population." <u>Social Science & Medicine</u> 42 (5): 681-689.	Lithuania, Netherlands	Anomie; individual values	Cohort study
Appleton, K. M. et al. (2013). "Depression and mortality: Artefact of measurement and analysis?" <u>Journal Of Affective Disorders</u> 151 (2): 632-638.	France, Northern Ireland	Artefact	Prospective cohort study
Arbyn, M. et al.(2009). "Trends of cervical cancer mortality in the member states of the European Union." <u>European Journal of Cancer</u> 45 (15): 2640-2648.	27 EU member states	Health service	Retrospective observational study
Armour-Marshall, J. et al. (2012). "Childhood deaths from injuries: trends and inequalities in Europe." <u>European Journal Of Public Health</u> 22 (1): 61-65.	East and West Europe	Political attack/effects (governmental action)	Retrospective observational study
Armstrong, B. and R. Doll (1975). "Environmental factors and cancer incidence and mortality in different countries, with special reference to dietary practices." <u>International Journal Of Cancer. Journal International Du Cancer</u> 15 (4): 617-631.	32 countries	Health behaviours	Retrospective observational study
Asvall, J. E. and R. Alderslade (2002). Europe. <u>Critical issues in global health</u> . C. E. Koop, C. E. Pearson and M. R. Schwarz. San Francisco, Jossey-Bass: 37-46.	Europe	Deprivation; political attack/effects	Commentary
Autier, P. et al. (2010). "Disparities in breast cancer mortality trends between 30 European countries: retrospective trend analysis of WHO mortality database." <u>BMJ (Clinical Research Ed.)</u> 341 : c3620-c3620.	30 European countries	Health services supply and demand; artefact	Retrospective observational study
Autier, P. et al. (2011). "Breast cancer mortality in neighbouring European countries with different levels of screening but similar access to treatment: Trend analysis of WHO mortality database." <u>BMJ</u> 343 (7818): 1-10.	Northern Ireland, Republic of Ireland, Netherlands, Belgium, Sweden, Norway	Health services supply & demand	Retrospective observational study
Avendano, M. (2012). "Correlation or causation? Income inequality and infant mortality in fixed effects models in the period 1960-2008 in 34 OECD countries." <u>Social Science & Medicine</u> 75 (4): 754-760.	34 OECD countries	Income inequalities; political attack/effects	Retrospective observational study with statistical modelling

Avendano, M. et al. (2004). "Educational level and stroke mortality - A comparison of 10 European populations during the 1990s." <i>Stroke</i> 35 (2): 432-437.	10 European populations (Finland, England and Wales, Belgium, Switzerland, Austria, Turin (Italy), Barcelona (Spain), Madrid (Spain))	Educational attainment	Retrospective observational study
Averina, M. et al. (2003). "High cardiovascular mortality in Russia cannot be explained by the classical risk factors. The Arkhangelsk study 2000." <i>European Journal Of Epidemiology</i> 18 (9): 871-878.	Russia, Western Europe, USA	Health behaviours	Health survey
Babb, P., et al. (2004). <u>Focus on social inequalities: 2004 edition</u> . London, The Stationery Office.	UK	Labour market/ nature of employment	Discussion paper
Baccini, M., et al. (2011). "Impact of heat on mortality in 15 European cities: attributable deaths under different weather scenarios." <i>Journal Of Epidemiology And Community Health</i> 65 (1): 64-70.	15 European cities (Athens, Barcelona, Budapest, Dublin, Helsinki, Ljubljana, London, Milan, Paris, Prague, Rome, Stockholm, Turin, Valencia, Zurich)	Climatic difference	Statistical modelling study
Baker, T., et al. (2006). "Homicide and Native Americans... Bramley D, Hebert P, Tuzzio L et al. Disparities in indigenous health: a cross-country comparison between New Zealand and the United States. <i>Am J Public Health</i> . 2005;95:844-850." <i>American Journal Of Public Health</i> 96 (1): 8-9.	New Zealand and US	New (availability of guns)	Letter
Balia, S. and A. M. Jones (2008). "Mortality, lifestyle and socio-economic status." <i>Journal of Health Economics</i> 27 (1): 1-26.	Great Britain	Health behaviours; Individual values	Statistical modelling study
Bambra, C. (2011). "Work, worklessness and the political economy of health inequalities." <i>Journal Of Epidemiology And Community Health</i> 65 (9): 746-750.	Europe including Scotland	Labour market; deprivation; unemployment; welfare state regime	Essay
Bambra, C. and T. A. Eikemo (2009). "Welfare state regimes, unemployment and health: a comparative study of the relationship between unemployment and self-reported health in 23 European countries." <i>Journal Of Epidemiology And Community Health</i> 63 (2): 92-98.	23 European countries, incl UK	Unemployment; deprivation; welfare state regime	Retrospective observational study
Banegas, J. R., et al. (2003). "A simple estimate of mortality attributable to excess weight in the European Union." <i>European Journal of Clinical Nutrition</i> 57 (2): 201-208.	15 EU Member States	Obesity	Retrospective observational study
Banks, J., et al. (2010). "Disease prevalence, disease incidence, and mortality in the United States and in England." <i>Demography</i> 47 Suppl: S211-S231.	Americans and English	Income inequalities; political attack/effects	Retrospective observational study

Bargagli, A. M., et al. (2006). "Drug-related mortality and its impact on adult mortality in eight European countries." <i>European Journal Of Public Health</i> 16(2): 198-202.	8 European countries	Different culture of substance misuse; health behaviours; Deprivation	Prospective cohort study
Barker, D. J. (1991). "The foetal and infant origins of inequalities in health in Britain." <i>Journal Of Public Health Medicine</i> 13(2): 64-68.	UK	Quality of external physical environment	Retrospective observational study
Barnard, L. F. T., et al. (2008). "Excess winter morbidity and mortality: do housing and socio-economic status have an effect?" <i>Reviews On Environmental Health</i> 23(3): 203-221.	Review included studies from England, Scotland, UK, Brazil, Denmark and USA	Climatic difference; housing	Systematic review
Bartley, M., et al. (2009). "The great recession: macroeconomics, unemployment and health." <i>Health Matters</i> (78): 14-15 2009.	Europe, UK, North America	Political effects	Commentary
Barzi, F., et al. (2008). "Association of smoking and smoking cessation with major causes of mortality in the Asia Pacific Region: The Asia Pacific Cohort Studies Collaboration." <i>Tobacco Control</i> 17(3): 166-172.	Asian men, Australia, New Zealand	Health behaviours	37 cohort studies
Basky, G. (2000). "Death and tax brackets: link between income inequality and mortality hold true in US, but not in Canada." <i>CMAJ: Canadian Medical Association Journal</i> 162(13): 1866-1866.	Canada, US	Income inequalities	Editorial/ news article
Baunach, D. M. (2003). "Gender, mortality, and corporeal inequality " <i>Sociological Spectrum</i> 23(3): 331.	106 countries	Family, gender relations and parenting differences	Retrospective observational study
Beaglehole, R. (1990). "International trends in coronary heart disease mortality, morbidity, and risk factors." <i>Epidemiologic Reviews</i> 12: 1-15.	Finland, United States, New Zealand, England and Wales, Sweden, Hungary Poland, Japan	Health behaviours	Review of routine data
Beaglehole, R., et al. (1989). "CHD in Australia and New Zealand." <i>International Journal Of Epidemiology</i> 18(Suppl 1): S145-S148.	Australia, New Zealand and USA	Improved risk factors (health behaviours); health services supply & demand	Retrospective observational study
Bejot, Y., et al. (2007). "Epidemiology of stroke in Europe: Geographic and environmental differences." <i>Journal Of The Neurological Sciences</i> 262(1-2): 85-88.	European Community' - UK, France, Russia, Sweden, Finland,	Health services supply and demand; quality of external environment	Literature review
Benach, J., et al. (2003). "The importance of the political and the social in explaining mortality differentials among the countries of the OECD, 1950-1998." <i>International Journal of Health Services</i> 33(3): 419-494.	OECD	Political attack/effects	Retrospective observational study
Bengtsson, T. and F. W. A. von Poppel (2011). Special issue on socioeconomic inequalities in death. Amsterdam ; London, Elsevier: p. [343]-443 : ill. ; 327 cm.	Seven studies from S & W Europe, Canada and the US.	Income inequalities; (industrialisation - not supported)	Review of 7 longitudinal studies

Benhamou, D., et al. (2009). "The seventh report of the confidential enquiries into maternal deaths in the United Kingdom: Comparison with French data. [French]." <i>Annales Francaises d'Anesthesie et de Reanimation</i> 28(1): 38-43.	UK and France	Health behaviours	Discussion paper
Bennie, J. A., et al. (2013). "The prevalence and correlates of sitting in European adults—A comparison of 32 Eurobarometer-participating countries." <i>The International Journal of Behavioral Nutrition and Physical Activity</i> 10: 107.	Europe	Health behaviours (sitting)	Mixed methods survey and qualitative interviews
Bhalla, A., et al. (2004). "Older stroke patients in Europe." <i>Age And Ageing</i> 33(6): 618-624.	10 European countries (Portugal, Spain, Italy, France, Denmark, Finland, London, Poland, Lithuania, Latvia)	Health services supply and demand	Prospective cohort study
Bhalla, K., et al. (2010). "Availability and quality of cause-of-death data for estimating the global burden of injuries." <i>Bulletin Of The World Health Organization</i> 88(11): 831-838.	range of countries available on WHO mortality database	Artefact	Retrospective observational study
Bhopal, R. S., et al. (2012). "Mortality from circulatory diseases by specific country of birth across six European countries: test of concept." <i>European Journal Of Public Health</i> 22(3): 353-359.	Europe (Denmark, England and Wales, France, The Netherlands, Scotland, Sweden)	Genetics?	Retrospective observational study
Bilas, V., et al. (2014). "Determinant factors of life expectancy at birth in the European union countries." <i>Collegium Antropologicum</i> 38(1): 1-9.	26 EU countries (not Poland, Portugal)	Income inequalities; educational attainment	Retrospective observational study
Bishai, D., et al. (2007). "Does the level of infant mortality affect the rate of decline?. Time series data from 21 countries." <i>Economics and Human Biology</i> 5(1): 74-81.	21 countries - Argentina, Australia, Austria, Belgium, Canada, Switzerland, Chile, Colombia, Denmark, Finland, France, Great Britain, Italy, Japan, Mexico, Netherlands, Norway, Portugal, Sweden, Uruguay, USA	Health services supply and demand	Retrospective observational study
Blackwelder, W. C., et al. (1982). "Association of excess mortality from chronic nonspecific lung disease with epidemics of influenza. Comparison of experience in the United States and in England and Wales, 1968 to 1976." <i>The American Review Of Respiratory Disease</i> 125(5): 511-516.	England and Wales, USA	Artefact	Retrospective observational study
Blakely, T. and A. Woodward (2000). "Income inequality and mortality in Canada and the United States. Third explanation is plausible." <i>BMJ (Clinical Research Ed.)</i> 321(7275): 1532-1533.	USA, Canada	Artefact	Letter

Bobak, M. and M. Marmot (1996). "East-West mortality divide and its potential explanations: Proposed research agenda." British Medical Journal 312(7028): 421-425.	Western vs eastern Europe	Quality of external physical environment; health services supply and demand; health behaviours	Education and debate piece
Bobak, M., et al. (2007). "Societal characteristics and health in the former communist countries of Central and Eastern Europe and the former Soviet Union: a multilevel analysis." Journal Of Epidemiology And Community Health 61(11): 990-996.	Eastern Europe and former Soviet Union	Low social capital; political attack/effects	Survey - 2004 New Europe Barometer Survey
Bonita, R. (1993). "Stroke trends in Australia and New Zealand: mortality, morbidity, and risk factors." Annals Of Epidemiology 3(5): 529-533.	Australia, New Zealand	Health behaviours	Prospective cohort study
Borrell, C., et al. (2001). "Trends in young adult mortality in three European cities: Barcelona, Bologna and Munich, 1986-1995." Journal Of Epidemiology And Community Health 55(8): 577-582.	Barcelona, Spain; Bologna, Italy; Munich, Germany	Artefact; health behaviours; individual values; different culture of substance misuse; labour market/nature of employment	Retrospective observational study
Borrell, C., et al. (2005). "Education level inequalities and transportation injury mortality in the middle aged and elderly in European settings." Injury Prevention: Journal Of The International Society For Child And Adolescent Injury Prevention 11(3): 138-142.	Austria, Belgium, Denmark, Finland, Norway, Switzerland, Madrid (Spain), Turin (Italy), Barcelona (Spain).	Educational attainment	Retrospective observational study
Borrell, C., et al. (2014). "Socioeconomic inequalities in mortality in 16 European cities." Scandinavian Journal Of Public Health 42(3): 245-254.	16 countries	Health behaviours; political attack/effects; educational attainments; health services supply & demand	Cross-sectional observational study
Bray, F., et al. (2005). "Geographic and temporal variations in cancer of the corpus uteri: Incidence and mortality in pre- and postmenopausal women in Europe." International Journal of Cancer 117(1): 123-131.	32 European countries, North America, Australia	Health behaviours; health services supply and demand	Retrospective observational study
Brown, C. A., et al. (1994). "Failure of cigarette smoking to explain international differences in mortality from chronic obstructive pulmonary disease." Journal Of Epidemiology And Community Health 48(2): 134-139.	31 countries including Scotland	Health behaviours	Retrospective observational study
Bulled, N. L. and R. Sosis (2010). "Examining the relationship between life expectancy, reproduction, and educational attainment: A cross-country analysis." Human Nature 21(3): 269-289.	193 countries	Family, gender relations, and parenting differences; educational attainment	Retrospective observational study
Butler, C. A., et al. (2006). "Variation in lung cancer survival rates between countries: do differences in data reporting contribute?" Respiratory Medicine 100(9): 1642-1646.	United Kingdom, Europe, United states	Artefact	Review
Carter, R. (2000). <u>The Silent crisis: the impact of poverty on children in Eastern Europe and the former Soviet Union</u> . London, European Childrens Trust.	Eastern Europe and the former Soviet Union.	Deprivation; health service supply and demand; political attack/effects; possible mechanisms	Report
Catalano, R. (1997). "The effect of deviations from trends in	Denmark and the USA	Deprivation; artefact	Retrospective

national income on mortality: The Danish and USA data revisited." <u>European Journal of Epidemiology</u> 13 (7): 737-743.			observational study
Catalano, R. and T. Bruckner (2006). "Child mortality and cohort lifespan: a test of diminished entelechy." <u>International Journal Of Epidemiology</u> 35 (5): 1264-1269.	Sweden, Denmark, England and Wales	Life course effects; effects of environment in childhood	Retrospective observational study
Cavelaars, A. E., A. E. Kunst and J. P. Mackenbach (1997). "Socio-economic Differences in Risk Factors for Morbidity and Mortality in the European Community: An International Comparison." <u>Journal Of Health Psychology</u> 2 (3): 353-372.	11 EU member countries: Denmark, (West) Germany, the Netherlands, Belgium, Luxemburg, Great Britain, Northern Ireland, Ireland, France, Greece, Italy, Spain and Portugal. (East) Germany	Health behaviours	Retrospective observational study
Chenet, (1996). "Changing life expectancy in central Europe: is there a single reason?" <u>Journal of Public Health Medicine</u> 18 (3): 329-336.	Poland, Hungary, Czechoslovakia	Health behaviours	Retrospective observational study
Christensen, M. C., M. Parr, B. J. Tortella, J. Malmgren, S. Morris, T. Rice and J. B. Holcomb (2010). "Global differences in causes, management, and survival after severe trauma: the recombinant activated factor VII phase 3 trauma trial." <u>The Journal Of Trauma</u> 69 (2): 344-352.	Australia, Brazil, Canada, Switzerland, Czech Republic, Germany, Spain, Italy, Singapore, USA, South Africa	Health services supply and demand	Retrospective observational study
Coebergh, et al (2001). "Variation in survival of European children with acute lymphoblastic leukaemia, diagnosed in 1978--1992: the EURO CARE study." <u>European Journal Of Cancer</u> (Oxford, England: 1990) 37 (6): 687-694.	European countries	Health services supply and demand	Retrospective observational study
Collin, S. M., R. M. Martin, C. Metcalfe, D. Gunnell, P. C. Albertsen, D. Neal, F. Hamdy, P. Stephens, J. A. Lane, R. Moore and J. Donovan (2008). "Prostate-cancer mortality in the USA and UK in 1975-2004: an ecological study." <u>Lancet Oncology</u> 9 (5): 445-452.	UK and USA	Health services supply and demand	Retrospective observational study
Collison, D., et al. (2007). "Income inequality and child mortality in wealthy nations." <u>Journal of Public Health</u> 29 (2): 114-117.	OECD countries	Income inequalities	Longitudinal study
Corrao, G. (1998). "Liver cirrhosis mortality trends in Eastern Europe, 1970-1989. Analyses of age, period and cohort effects and of latency with alcohol consumption." <u>Addiction Biology</u> 3 (4): 413-422.	Europe and 7 Eastern Europe countries	Deprivation; health behaviours,	Retrospective observational study
Cummins, A. G. (2004). "North-south divide in social inequalities in Great Britain: health inequalities in Wirral: a living Black report?" <u>BMJ (Clinical Research Ed.)</u> 329 (7456): 52-53.	Liverpool and The Wirral	Deprivation	Letter
Curwen, M. (1991). "Excess winter mortality: a British phenomenon?" <u>Health Trends</u> 22 (1991): 169-175.	England and Wales, Scandinavia and various countries	Deprivation (social class)	Retrospective observational study

Dahlin, J. and J. HÅRKÅINEN (2013). "Cross-national differences in the gender gap in subjective health in Europe: Does country-level gender equality matter?" <i>Social Science & Medicine</i> 98: 24-28.	28 European countries	Deprivation; gender relations	Cross-sectional observational study (survey)
d'Albis, H. et al. (2014). "Persistent Differences in Mortality Patterns across Industrialized Countries." <i>Plos One</i> 9(9): 1-5.	31 industrialised countries	Other artefacts: age - young adults	Observational study (cluster/convergence)
Dalstra, J., et al. (2006). "A comparative appraisal of the relationship of education, income and housing tenure with less than good health among the elderly in Europe." <i>Social Science and Medicine</i> 62(8): 2046-2060	10 European countries	Deprivation; educational attainment; housing tenure	Observational study
Daltveit, A. K. et al. (1997). "Infant mortality in Norway and Sweden 1975-88: a cause-specific analysis of an increasing difference." <i>Paediatric And Perinatal Epidemiology</i> 11(2): 214-227.	Norway vs. Sweden	Health services supply and demand	Observational study
Daly, C. A. et al. (2008). "Differences in presentation and management of Stable Angina from East to West in Europe: A comparison between Poland and the UK." <i>International Journal of Cardiology</i> 125(3): 311-318.	UK versus Poland	Health services supply and demand	Cohort study
Daly, M. et al. (2001). "Income inequality and homicide rates in Canada and the United States." <i>Canadian Journal of Criminology</i> 43(2): 219-236.	Canada and the USA	Income inequality	Observational/economic study
Daniels, G. A. (2014). Underlying influences on health and mortality trends in post-industrial regions of Europe, University of Glasgow. PhD .	Post-industrial change is discussed at three levels. These are (i) International regions – Eastern Europe and Western Europe (ii) Countries – Scotland within the UK is compared with two Eastern European (Poland and the Czech Republic) and two Western European (France and Germany) countries. (iii) Regions within countries that have been subject to deindustrialisation. Five post-industrial regions are investigated (West Central Scotland, The Ruhr, Germany, Nord Pas-de-Calais, France, Katowice, Poland and Northern Moravia, Czech Republic).	Deprivation; deindustrialisation; political attack/effects (including process and response to deindustrialisation; social protection)	A narrative literature review. Case studies
Darcin, M. and E. S. Darcin (2007). "Relationship between quality of life and child traffic fatalities." <i>Accident; analysis and prevention</i> 39(4): 826-832.	19 countries: Austria, Belgium, Czech Republic, Denmark, United States, Finland, France, Germany, Hungary, Ireland, Italy, Turkey,	Deprivation/ income; "Quality of life"	Retrospective observational study

	Norway, Poland, Portugal, Spain, Sweden, Netherlands, and United Kingdom		
Davey Smith et al. (1990). "The Black report on socioeconomic inequalities in health 10 years on." BMJ (Clinical Research Ed.) 301(6748): 373-377.	Editorial piece with studies from Hungary, Finland, England and Wales, Switzerland, Australia, New Zealand and Japan	Deprivation; health behaviours; culture of limited social mobility; income inequalities; other artefacts; life course effects.	Commentary
Davey Smith, G. and J. Morris (1994). "Increasing inequalities in the health of the nation." BMJ (Clinical Research Ed.) 309(6967): 1453-1454.	Focus on Scotland and Glasgow.	Deprivation; deprivation effects (artefact)	Commentary
Davey Smith, G. and M. Egger (1992). "Socioeconomic differences in mortality in Britain and the United States." American Journal Of Public Health 82(8): 1079-1081.	Editorial piece - studies from Britain and USA	Deprivation	Commentary
Davey Smith, G. and M. Egger (1993). "Socioeconomic differentials in wealth and health." BMJ (Clinical Research Ed.) 307(6912): 1085-1086.	Global	Deprivation; income inequality	Commentary
Davey Smith, G. and M. Egger (1996). "Commentary: understanding it all--health, meta-theories, and mortality trends." BMJ (Clinical Research Ed.) 313(7072): 1584-1585.	Developed countries	Deprivation; health behaviours; income inequality; political effects; possible mechanisms (psychological stress (pessimism))	Commentary
Davey Smith, G. and Y. Ben-Shlomo (1997). "Geographical and social class differentials in stroke mortality--the influence of early-life factors: comments on papers by Maheswaran and colleagues." Journal Of Epidemiology And Community Health 51(2): 134-137.	Editorial piece with studies from-England & Wales, USA, Sweden	Deprivation; health behaviours; life course effects.	Commentary
Davies, S. (2013). Annual report of the Chief Medical Officer 2012. Our children deserve better: prevention pays. London, Department of Health.	England (and Wales) compared to Sweden and other countries	Life course effects	UK CMO report. Summarises other research but is a key document wrt life course effects on CYP.
Davis, D. L. et al. (1990). "International trends in cancer mortality in France, West Germany, Italy, Japan, England and Wales, and the USA." Lancet 336(25 Aug 90): 474-481.	Italy, Japan, Germany, England, Wales, USA	Health behaviours (diet); other artefacts	Retrospective observational study
Davis, P. A. and T. Sano (2001). "The difference in gastric cancer between Japan, USA and Europe: what are the facts? what are the suggestions?" Critical Reviews In Oncology/Hematology 40(1): 77-94.	Japan, USA and Europe	Genetic differences; health services supply and demand	Literature review
Day, L. H. (1984). "Death from non-war violence: An international comparison." Social Science & Medicine 19(9): 917-927.	48 countries with "virtually complete" death records	Other artefacts (age/ physiology); genetic factors; anomie; new (social disorganisation; roles)	Retrospective observational study
Day, P., et al. (2008). "Twelve worlds: a geo-demographic comparison of global inequalities in mortality." Journal of Epidemiology & Community Health 62(11): 1002-1007.	190 WHO member states	Health services supply and demand; deprivation	Retrospective observational study
de Groot, L et al. (2004). "Lifestyle, nutritional status, health and mortality in elderly people across Europe." Journals of Gerontology: Series A, Biological Sciences and Medical	Belgium, Denmark, France, Italy, Portugal, Spain, Switzerland, Netherlands	Health behaviours	Longitudinal survey

Sciences 59a(12): 1277-1284.			
de Jonge, A. et al. (2013). "Perinatal mortality rate in the Netherlands compared to other European countries: a secondary analysis of Euro-PERISTAT data." Midwifery 29(8): 1011-1018.	Netherlands compared to 28 other countries	Health services supply and demand	Retrospective observational study
De Vogli, R. (2005). "Has the relationship between income inequality and life expectancy disappeared? Evidence from Italy and top industrialised countries (vol 59, pg 158, 2005)." Journal Of Epidemiology And Community Health 59(6): 531-531.	Global	Income inequality; deprivation; political effects; potential mechanism (stress)	Literature review
De Vogli, R. (2011). "Neoliberal globalisation and health in a time of economic crisis." Social Theory & Health 9(4): 311-325.	International	Neoliberal political attack; income inequality; deprivation	Evidence review
De Vogli, R. et al. (2008). "Socioeconomic inequalities in health in 22 European countries: Comment." The New England Journal Of Medicine 359(12): 1290-1290.	22 European countries	Income inequality	Letter commenting on Mackenbach JP, Stirbu I, Roskam A-JR, et al. Socioeconomic inequalities in health in 22 European countries. N Engl J Med 2008;358:2468-81.
De Vogli, R., D. Gimeno and R. Mistry (2009). "The policies-inequality feedback and health: the case of globalisation." Journal Of Epidemiology And Community Health 63(9): 688-691.	Global	Deprivation; potential mechanisms (psychosocial stress); new (public policies- inequality feedback)	Literature review and conceptual framework
de Vries, E. et al. (2006). "Skin cancer incidence and survival in European children and adolescents (1978-1997). Report from the Automated Childhood Cancer Information System project." European Journal of Cancer 42(13): 2170-2182.	Children and adolescents in European regions (via the Automated Childhood Cancer Information System)	Health services supply and demand; Genetic differences; Climate (sun exposure)	Retrospective observational study
Deaton, A. and C. Paxson (2004). Mortality, income, and income inequality over time in Britain and the United States. Perspectives on the Economics of Aging. D. A. Wise. Chicago, Univ Chicago Press: 247-285.	Britain versus USA	NEW - Gompertzian effect	Book chapter
Deckert, A. et al. (2010). "Time trends in cardiovascular disease mortality in Russia and Germany from 1980 to 2007- are there migration effects?" BMC Public Health 10(1): 488.	Russia and Germany	Migration	Retrospective observational study
Degenhardt, L. et al. (2014). "The global epidemiology and burden of opioid dependence: Results from the global burden of disease 2010 study." Addiction 109(8): 1320-1333.	187 countries	Health behaviours; different culture of substance misuse	Meta-regression
Delavande, A. and S. Rohwedder (2011). "Differential survival in Europe and the United States: estimates based on subjective probabilities of survival." Demography 48(4): 1377-1400.	England, USA, Austria, Germany, Sweden, Netherlands, Spain, Italy, France, Denmark, Belgium	Deprivation; income inequality; new (policy; institutional settings; cultural and social issues)	Modelling study

Della Bella, S., et al. (2011). "A Comparative Analysis of Inequality in Health Across Europe." <i>Sociological Research Online</i> 16(4): 7.	European countries	Educational attainment; deprivation	Retrospective observational study
Désesquelles, A. et al. (2014). "Mortality from Alzheimer's disease, Parkinson's disease, and dementias in France and Italy: A comparison using the multiple cause-of-death approach." <i>Journal Of Aging And Health</i> 26(2): 283-315.	France and Italy	Other artefacts: death certification	Retrospective observational study
Desesquelles, A. F. et al. (2009). "Why do Italian people rate their health worse than French people do? An exploration of cross-country differentials of self-rated health." <i>Social Science & Medicine</i> (1982) 68(6): 1124-1128.	France and Italy	Deprivation; Income inequality; new (cultural and social issues); genetics; health behaviours	Retrospective observational study
Dhawan, J. et al. (1994). "INSULIN-RESISTANCE, HIGH PREVALENCE OF DIABETES, AND CARDIOVASCULAR RISK IN IMMIGRANT ASIANS - GENETIC OR ENVIRONMENTAL-EFFECT." <i>British Heart Journal</i> 72(5): 413-421.	England and India	Migration	Cross-sectional controlled observational study
Di Cesare, M. et al. (2013). "The contributions of risk factor trends to cardiometabolic mortality decline in 26 industrialized countries." <i>International Journal Of Epidemiology</i> 42(3): 838-848.	26 industrialised countries: Switzerland, Finland, New Zealand, France, Belgium, Canada, Sweden, Austria, USA, Netherlands, Luxembourg, Italy, Australia, Norway, Israel, Germany, Denmark, UK, Greece, Spain, Argentina, Ireland, Japan, Portugal, Mexico, Chile	Health behaviours	Retrospective observational study
Diandini, R. et al. (2013). "Potential years of life lost (PYLL) caused by asbestos-related diseases in the world." <i>American Journal of Industrial Medicine</i> 56(9): 993-1000.	Global	External physical environment (asbestos)	Retrospective observational study
Didkowska, J., A. McNeill, M. Manczuk, J. Powles and W. Zatonski (2005). "Lung cancer mortality at ages 35-54 in the European Union: ecological study of evolving tobacco epidemics." <i>British Medical Journal</i> 331(7510): 189-191.	European Union countries	Health behaviours	Comment
Diekstra, R. F. (1989). "Suicidal behavior and depressive disorders in adolescents and young adults." <i>Neuropsychobiology</i> 22(4): 194-207.	Global	Deprivation; unemployment; anomie; family, gender relations and parenting differences; different culture of substance misuse; new (violence)	Commentary
Diekstra, R. F. and N. Garnefski (1995). "On the nature, magnitude, and causality of suicidal behaviors: An international perspective." <i>Suicide and Life-Threatening Behavior</i> 25(1): 36-57.	North America and Europe	Health behaviours (substance use); different culture of substance misuse; new (lowered age of puberty); potential mechanisms: stress; Individual values (changes in attitudes and information about suicide)	Commentary with lots of evidence presented
Dillner, L. (1995). "INEQUALITIES CAUSE REPRODUCTIVE DEATHS." <i>British Medical Journal</i> 311(6998): 147-148.	118 countries	Health services supply and demand; social capital (low social status of women)	News report based on an observational study
Doblhammer, G. (2000). "Reproductive history and mortality later in life: a comparative study of England and Wales and Austria." <i>Population Studies</i> 54(2): 169-176.	England & Wales, Austria	New (physiological "trade-off" between fertility and longevity) - not as strong as influence of deprivation/ education	Comparison of 2 cohort studies

Doborobantu, M. et al. (2009). "Why better risk factors profile but more cardiovascular mortality in Romania compared with Poland ?" <i>European Heart Journal</i> 30: 515.	Poland vs. Romania	Health services supply and demand	Survey/ observational study
Domino, G. et al. (2001). "Psychosocial correlates of suicide ideation: A comparison of Chinese and U.S. rural women." <i>Omega: Journal of Death and Dying</i> 44(4): 371-389.	USA and rural China	Social capital; individual values; Anomie	Qualitative study
Dontas, A. S. et al. (1998). "Comparative total mortality in 25 years in Italian and Greek middle aged rural men." <i>Journal of Epidemiology & Community Health</i> 52(10): 638-644.	Italy and Greece	Genetics; health behaviours (diet)	Prospective cohort study (seven countries study)
Dorling, D. (2013). "Fairness and the changing fortunes of people in Britain." <i>Journal of the Royal Statistical Society: Series A (Statistics in Society)</i> 176(1): 97-128.	Britain vs. various other countries	Income inequality (but does not explain all of the gap)	Evidence-based commentary
Dorling, D. et al. (2006). "Global Inequality of Life Expectancy due to AIDS." <i>BMJ (British Medical Journal)</i> 332(7542): 662-664.	Global: comparison of continents	Income inequality; deprivation	Retrospective observational study
Downing, A., Q. Y. Xue, J. Newton-Bishop and D. Forman (2008). "Trends in prognostic factors and survival from cutaneous melanoma in Yorkshire, UK and New South Wales, Australia between 1993 and 2003." <i>International Journal of Cancer</i> 123(4): 861-866.	UK, Australia	Climate (sun exposure); deprivation/ income inequality (richer in UK having more access to sunshine holidays); health services supply and demand (better prevention/ earlier diagnosis)	Retrospective observational study
Draper, E. S., J. Zeitlin, D. J. Field, B. N. Manktelow and P. Truffert (2007). "Mortality patterns among very preterm babies: a comparative analysis of two European regions in France and England." <i>Archives of Disease in Childhood -- Fetal & Neonatal Edition</i> 92(5): F356-F360.	France and England	Other artefacts: how mortality is measured and reported	Prospective cohort study
Drefahl, S., et al. (2014). "Losing ground—Swedish life expectancy in a comparative perspective." <i>Plos One</i> 9(2): 1-10.	Sweden, Japan and France	Health behaviours (smoking)	Secondary analysis of statistics
Drevenstedt, G. L., E. M. Crimmins, S. Vasunilashorn and C. E. Finch (2008). "The rise and fall of excess male infant mortality." <i>Proceedings Of The National Academy Of Sciences Of The United States Of America</i> 105(13): 5016-5021.	Sweden, Norway, Finland, Belgium, France, Netherlands, Spain, Japan, Denmark, Italy, Australia, USA, England/ Wales, Switzerland, Canada	Other artefacts (sex); health services supply and demand (improved obstetric practices and neonatal care)	Secondary statistics analysis
Driscoll, T., S. Marsh, B. McNoe, J. Langley, N. Stout, A. Feyer and A. Williamson (2005). "Comparison of fatalities from work related motor vehicle traffic incidents in Australia, New Zealand, and the United States." <i>Injury Prevention</i> 11(5): 294-299.	Australia, New Zealand and USA	New (urban planning; road/ transport structure; policy)	Secondary statistics analysis
Dubikaytis, T., T. Härkänen, E. Regushevskaya, E. Hemminki, E. Haavio-Mannila, M. Laanpere, O. Kuznetsova and S. Koskinen (2014). "Socioeconomic differences in self-rated health among women: a comparison of St. Petersburg to Estonia and Finland." <i>International Journal For Equity In Health</i> 13(1): 31-54.	St Petersburg, Estonia and Finland	Educational attainment; deprivation; unemployment	Secondary statistics analysis
Dziegielewska, K. M., M. Guminska, N. Matthews, N. R. Saunders and G. Wilkinson (1993). "Reduced levels of alpha-	Heavily polluted areas of Poland vs unpolluted areas of Poland vs	External physical environment (air pollution)	Cross-sectional controlled

1-antitrypsin in children exposed to high levels of air pollution." <i>Biology Of The Neonate</i> 63(5): 336-339.	Southampton		observational study
Ebrahim, S. (1997). "Stroke mortality--secular and geographic trends: comment on papers by Maheswaran and colleagues." <i>Journal of Epidemiology & Community Health</i> 51(2): 132-133.	unclear	Deprivation	Commentary
Edwards, R. D. and S. Tuljapourkar (2005). "Inequality in Life Spans and a New Perspective on Mortality Convergence across Industrialized Countries." <i>Population and Development Review</i> 31(4): 645-674.	Global	Deprivation; income inequality; individual values (uncertainty over lifespan driving decisions...)	Modelling study
Eikemo, T. A. and J. P. Mackenbach (2012). EURO-GBD-SE. The potential for the reduction of health inequalities in Europe: final report. Rotterdam, Erasmus Medical Centre.	20 European countries	Health behaviours; educational attainment; unemployment; deprivation; social capital	Modelling based on national statistics
Eikemo, T. A., A. E. Kunst, K. Judge and J. P. Mackenbach (2008). "Class-related health inequalities are not larger in the East: a comparison of four European regions using the new European socioeconomic classification." <i>Journal of Epidemiology & Community Health</i> 62(12): 1072-1078.	23 European countries, divided into 4 regions: Eastern Europe; West Europe (North); West Europe (Central); West Europe (South)	Deprivation; educational attainment	Observational study (European Social Survey)
Eikemo, T. A., C. Bambra, K. Joyce and E. Dahl (2008). "Welfare state regimes and income-related health inequalities: a comparison of 23 European countries." <i>European Journal Of Public Health</i> 18(6): 593-599.	23 European countries, divided into five welfare regimes (Scandinavian, Anglo-Saxon, Bismarckian, Southern and Eastern).	Welfare regimes: deprivation/ political attack or new (policy)	Interrupted time series: two cross-sectional surveys
Eikemo, T. A., C. Bambra, K. Judge and K. Ringdal (2008). "Welfare state regimes and differences in self-perceived health in Europe: a multilevel analysis." <i>Social Science & Medicine</i> (1982) 66(11): 2281-2295.	21 European countries	Welfare regimes: deprivation/ political attack or new (policy)	Secondary statistics analysis
Eikemo, T. A., R. Hoffmann, M. C. Kulik, I. Kulhánová, M. Toch-Marquardt, G. Menielle, C. Looman, D. Jasilionis, P. Martikainen, O. Lundberg and J. P. Mackenbach (2014). "How can inequalities in mortality be reduced? A quantitative analysis of 6 risk factors in 21 European populations." <i>Plos One</i> 9(11): e110952-e110952.	21 European countries	Health behaviours (smoking); deprivation; income inequality; unemployment	Secondary statistics analysis
Eksler, V., S. Lassarre and I. Thomas (2008). "Regional analysis of road mortality in Europe." <i>Public Health (Elsevier)</i> 122(9): 826-837.	25 EU member states	Health behaviours; deprivation/ income (access to good quality vehicles); scale of urban change/ urbanisation or new (infrastructure)	Observational study (retrospective)
El-Ghannam, A. R. (2003). "The Global Problems of Child Malnutrition and Mortality in Different World Regions." <i>Journal of Health & Social Policy</i> 16(4): 1-26.	Global	Educational attainment; unemployment; deprivation; New (family size (overcrowding?)); health services supply and demand; health behaviours (diet)	Secondary statistical analysis
Ellis, L., L. M. Woods, J. Esteve, S. Eloranta, M. P. Coleman and B. Rachet (2014). "Cancer incidence, survival and mortality: Explaining the concepts." <i>International Journal of Cancer</i> 135(8): 1774-1782.	England and Sweden	Health services supply and demand	Secondary statistics analysis
Ellison, G. T. (1999). "Income inequality, social trust, and self-reported health status in high-income countries." <i>Annals Of The New York Academy Of Sciences</i> 896: 325-328.	23 countries	Income inequality; social capital; other artefact (ecological fallacy)	Survey

Ellison, G. T. H. (2002). "Letting the Gini out of the bottle? Challenges facing the relative income hypothesis." <i>Social Science & Medicine</i> 54(4): 561-576.	global	Income inequality (against/disproved)	Commentary
Elo, I. T., P. Martikainen and K. P. Smith (2006). "Socioeconomic Differentials in Mortality in Finland and the United States: The Role of Education and Income." <i>European Journal of Population/Revue europeenne de demographie</i> 22(2): 179-203.	Finland, USA	Educational attainment; deprivation; health behaviours; individual values (risk taking); potential mechanisms (stress)	Secondary statistics analysis
Elvik, R. (2010). "The stability of long-term trends in the number of traffic fatalities in a sample of highly motorised countries." <i>Accident Analysis and Prevention</i> 42(1): 245-260.	Norway, Sweden, Denmark, Finland, The Netherlands, Great Britain, Australia and The United States.	Health behaviours? (driving); unemployment; new (traffic growth)	Modelling study
Epstein, F. H. (1989). "The relationship of lifestyle to international trends in CHD." <i>International Journal Of Epidemiology</i> 18((Suppl 1)): S203-S209.	27 countries: Scotland, N Ireland, Finland, Czechoslovakia, Ireland, Hungary, England/ Wales, New Zealand, Norway, Denmark, Poland, Australia, USA, Sweden, Canada, Netherlands, Germany, Austria, Israel, Belgium, Yugoslavia, Italy, Switzerland, Portugal, Spain	Health behaviour (diet, smoking, alcohol)	Expert opinion piece
Epstein, M. M., G. Edgren, J. R. Rider, L. A. Mucci and H. O. Adami (2012). "Temporal Trends in Cause of Death Among Swedish and US Men with Prostate Cancer." <i>Jnci-Journal of the National Cancer Institute</i> 104(17): 1335-1342.	Sweden, USA	Health services supply and demand	Retrospective observational study
Eriksson, B. G., R. M. Hessler, V. Sundh and B. Steen (1999). "Cross-cultural analysis of longevity among Swedish and American elders: The role of social networks in the Gothenburg and Missouri longitudinal studies compared." <i>Archives Of Gerontology And Geriatrics</i> 28(2): 131-148.	Sweden, USA	Social capital; deprivation; new (welfare regime; policy)	Prospective cohort studies
European Commission (2010). <u>Reducing health inequalities in the European Union</u> . Luxembourg, Office for Official Publications of the European Communities.	EU (more than 20 countries)	Educational attainment; unemployment; deprivation; health behaviours (smoking, diet); social capital	Modelling study
European Commission (2011). <u>The state of men's health in Europe</u> . Brussels, European Commission, Directorate General for Health and Consumers.	27 Member States of the European Union, the 4 states of the European Free Trade Association (Norway, Iceland, Switzerland and Lichtenstein) and the 3 candidate countries (Croatia, Turkey, Former Yugoslav Republic of Macedonia)	Health behaviours; individual values (attitude to risk); social capital; educational attainment; deprivation/ unemployment; deindustrialisation	Retrospective observational study (analysis of national statistics)
European Environment Agency (2014). <i>Noise in Europe 2014</i> . Luxembourg, Publications Office of the European Union.	EEA member countries	Quality of external physical environment	Report
European Public Health Alliance (2010). <i>2010 EPHA briefing on health inequalities</i> . Brussels, EPHA.	EU	Deprivation	Commentary

Evans, L. (2014). "Traffic fatality reductions: United States compared with 25 other countries." American journal of public health 104(8): 1501-1507.	USA and 25 other countries	New (policy (road safety))	Retrospective observational study
Evstifeeva, T. V., G. J. MacFarlane and C. Robertson (1997). "Trends in cancer mortality in central European countries - The effect of age, birth cohort and time-period." European Journal Of Public Health 7(2): 169-176.	6 central European countries, considered as a Western group of countries [Germany (the former FRG), Switzerland and Austria) and an Eastern group of countries (Poland, Czechoslovakia and Hungary)	Health behaviours (tobacco, alcohol)	Retrospective observational study
Ewbank, D. C. (2002). "Mortality differences by APOE genotype estimated from demographic synthesis." Genetic Epidemiology 22(2): 146-155.	Denmark, Finland, France, Italy, Sweden, and the United States.	Genetics (apolipoprotein E molecule, against/ disproved)	Modelling study
Ewbank, D. C. (2004). "The APOE gene and differences in life expectancy in Europe." Journals of Gerontology Series A-Biological Sciences and Medical Sciences 59(1): 16-20.	six countries (Denmark, Finland, France, Italy, the Netherlands, and Sweden)	Genetics (APOE)	Modelling study
Ewbank, D. C. (2007). "Differences in the association between apolipoprotein E genotype and mortality across populations." The Journals Of Gerontology. Series A, Biological Sciences And Medical Sciences 62(8): 899-907.	Unclear	Genetics (APOE)	Retrospective observational study
Ezendam, N. P. M., I. Stirbu, M. Leinsalu, O. Lundberg, R. Kalediene, B. Wojtyniak, P. Martikainen, J. Mackenbach and A. Kunst (2008). "Educational inequalities in cancer mortality differ greatly between countries around the Baltic Sea." European Journal of Cancer 44(3): 454-464.	Poland, Lithuania, Estonia, Finland and Sweden	Education; health behaviours (drinking, smoking, sexual); health services supply and demand (screening)	Secondary analysis of cross-sectional studies
Faergeman, O., J. Kjekshus, T. Cook, K. Pyörälä, L. Wilhelmsen, G. Thorgerisson and T. R. Pedersen (1998). "Differences in the treatment of coronary heart disease between countries as revealed in the Scandinavian Simvastatin Survival Study (4S)." European Heart Journal 19(10): 1531-1537.	Denmark, Finland, Iceland, Norway, Sweden	Health services supply and demand; health behaviour (smoking)	Randomised controlled trial
Fang, R. and J. S. Millar (2009). "Canada's global position in life expectancy: a longitudinal comparison with the healthiest countries in the world." Canadian Journal of Public Health 100(1): 9-13.	Canada, Switzerland, Japan, France, Austria, Italy, Netherlands, Sweden, Australia, Norway, Spain, Germany, Finland, Greece	Health services supply and demand; health behaviours (diet, smoking) and their determinants	Retrospective observational study
Fawcett, J., T. Blakely and A. Kunst (2005). "Are mortality differences and trends by education any better or worse in New Zealand? A comparison study with Norway, Denmark and Finland, 1980-1990s." European Journal Of Epidemiology 20(8): 683-691.	New Zealand, Norway, Denmark and Finland	Educational attainment; genetics? Or deprivation? (ethnic minority groups); new? (rapid social and economic change)	Retrospective observational study
Feinleib, M., P. M. Lambert, T. Zeinerhenriksen, E. Rogot, B. M. Hunt and L. Ingstermoore (1982). "THE BRITISH-NORWEGIAN MIGRANT STUDY - ANALYSIS OF PARAMETERS OF MORTALITY DIFFERENTIALS ASSOCIATED WITH ANGINA." Biometrics 38: 55-71.	USA, Great Britain and Norway (British and Norwegian migrants to the USA vs. non-migrants who resided in Great Britain or Norway)	Migration	Survey

Fekete, S. and A. Schmidtke (1996). "Suicidal models—their frequency and role in suicide attempters, non-suicidal psychiatric patients and normal control cases: A comparative German-Hungarian study." <i>Omega: Journal of Death and Dying</i> 33(3): 233-241.	Germany and Hungary	Individual values (attitudes towards suicide)	Cross-sectional survey
Fernquist, R. M. and P. Cutright (1998). "Societal integration and age-standardized suicide rates in 21 developed countries, 1955–1989." <i>Social Science Research</i> 27(2): 109-127.	21 developed countries	Individual values (culture of suicide, linked to anomie?)	Retrospective observational study
Fernquist, R. M. and P. Cutright (2000). "Attitudinal and structural predictors of the gender gap in suicide: An exploratory analysis of nine European countries, 1975–1987." <i>Omega: Journal of Death and Dying</i> 42(3): 253-267.	9 European countries: Denmark, Italy, Netherlands, France...	Income inequality; educational attainment; new (culture)	Retrospective observational study - modelling study to find predictors of suicide
Ferrarini, T., K. Nelson and O. Sjöberg (2014). "Decomposing the effect of social policies on population health and inequalities: An empirical example of unemployment benefits." <i>Scandinavian Journal Of Public Health</i> 42(7): 635-642.	23 European countries	New? (welfare regime: policy? deprivation?)	Cross sectional national surveys with national datasets
Ferreira Antunes, J. L., C. Borrell, G. Pérez, A. F. Boing and V. Wünsch-Filho (2008). "Inequalities in mortality of men by oral and pharyngeal cancer in Barcelona, Spain and São Paulo, Brazil, 1995-2003." <i>International Journal For Equity In Health</i> 7: 1-9.	Barcelona (Spain), Sao Paulo (Brazil)	Deprivation artefact (size of geographical areas being compared)	Retrospective observational study
Ferro, A., B. Peleteiro, M. Malvezzi, C. Bosetti, P. Bertuccio, F. Levi, E. Negri, C. La Vecchia and N. Lunet (2014). "Worldwide trends in gastric cancer mortality (1980–2011), with predictions to 2015, and incidence by subtype." <i>European Journal of Cancer</i> 50(7): 1330-1344.	Worldwide ("selected countries")	Deprivation (H pylori linked with overcrowding); genetics? (H pylori); health behaviours (diet, smoking)	Retrospective observational study
Fesahazion, R. G. (2013). Are recessions good for everyone's health? The impact of a declining economy on socioeconomic status and racial health disparities. 74, ProQuest Information & Learning (Dissertation Abstract, Johns Hopkins University)	Unclear	Deprivation; health behaviours (tobacco, alcohol)	Retrospective observational study
Feyer, A., A. M. Williamson, N. Stout, T. Driscoll, H. Usher and J. D. Langley (2001). "Comparison of work related fatal injuries in the United States, Australia, and New Zealand: method and overall findings." <i>Injury Prevention</i> 7(1): 22-28.	Australia, New Zealand and USA	New? (industry distribution); individual values (Attitudes to risk) (work related fatal injuries)	Retrospective observational study
Field, D., B. Bajuk, B. N. Manktelow, T. Vincent, J. Dorling, W. Tarnow-Mordi, E. S. Draper and D. H. Smart (2008). "Geographically based investigation of the influence of very-preterm births on routine mortality statistics from the UK and Australia." <i>Archives of Disease in Childhood -- Fetal & Neonatal Edition</i> 93(3): F212-216.	UK, Australia	Health services supply and demand	Retrospective observational study
Field, D., S. Petersen, M. Clarke and E. S. Draper (2002). "Extreme prematurity in the UK and Denmark: population differences in viability." <i>Archives Of Disease In Childhood. Fetal And Neonatal Edition</i> 87(3): F172-F175.	UK, Denmark	Deprivation; life course effects	Retrospective observational study

Figuerola, R., K. Steenland, J. R. MacNeil, A. I. Levey and I. E. Vega (2008). "Geographical differences in the occurrence of Alzheimer's disease mortality: United States versus Puerto Rico." <i>American Journal of Alzheimer's Disease and Other Dementias</i> 23(5): 462-469.	USA, Puerto Rico	Other artefact; genetics; deprivation; health services supply and demand	Retrospective observational study
Fiori, K. L., T. C. Antonucci and H. Akiyama (2008). "Profiles of social relations among older adults: A cross-cultural approach." <i>Ageing & Society</i> 28(2): 203-231.	USA, Japan	Social capital	Qualitative research
Firebaugh, G. and B. Goesling (2004). "The trend in international health inequality." <i>Population and Development Review</i> 30(1): 131-146.	Global	Other artefact (population growth)	Retrospective observational study
Fischer, M., J. Kamp, L. Garcia-Castrillo Riesgo, I. Robertson-Steel, J. Overton, A. Ziemann and T. Krafft (2011). "Comparing emergency medical service systems-A project of the European Emergency Data (EED) Project." <i>Resuscitation</i> 82(3): 285-293.	Bonn (GER), Cantabria (ESP), Coventry (UK) and Richmond (US)	Health services supply and demand	Prospective cohort study
Fissell, R. B., J. L. Bragg-Gresham, B. W. Gillespie, D. A. Goodkin, J. Bommer, A. Saito, T. Akiba, F. K. Port and E. W. Young (2004). "International variation in vitamin prescription and association with mortality in the Dialysis Outcomes and Practice Patterns Study (DOPPS)." <i>American Journal of Kidney Diseases</i> 44(2): 293-299.	France, Germany, Italy, Spain, Japan, UK, USA	Health services supply and demand; health behaviours	Prospective observational study
Fitzpatrick, K. M., B. F. Piko and D. R. Wright (2005). A tale of two cities: Health-compromising behaviors between Hungarian and American Youth. <i>Sociological studies of children and youth: Special international volume, Vol 10.</i> L. E. Bass. US, Elsevier Science/JAI Press: 189-212.	USA and Hungary	Individual values? (culture of risk taking/ hedonism - disproved/ against)	Cross-sectional surveys
Fleming, P., T. Clarke and S. M. Gormally (2009). "Irish neonatal mortality statistics for 2004 and over the past 17 years: how do we compare internationally?" <i>Irish Medical Journal</i> 102(4): 111-113.	Ireland, compared to Norway, France, Spain, Greece, Germany, Australia, Austria, Switzerland, Netherlands, UK, USA, Poland	Deprivation; health services supply and demand; other artefacts (terminations of pregnancy)	Survey and comparison of published mortality rates
Fogelholm, R. (2003). "Editorial comment--Explanations for international trends in stroke mortality." <i>Stroke; A Journal Of Cerebral Circulation</i> 34(8): 1840-1841.	China, Denmark, Finland, Italy, Lithuania, Poland, Russia, Sweden, Yugoslavia	Health services supply and demand; other artefact (death certification)	Prospective cohort study (MONICA study)
Forbes, L. J. L., A. E. Simon, F. Warburton, D. Boniface, K. E. Brain, A. Dossaix, C. Donnelly, K. Haynes, L. Hvidberg, M. Lagerlund, G. Lockwood, C. Tishelman, P. Vedsted, M. N. Vigmostad, A. J. Ramirez and J. Wardle (2013). "Differences in cancer awareness and beliefs between Australia, Canada, Denmark, Norway, Sweden and the UK (the International Cancer Benchmarking Partnership): do they contribute to differences in cancer survival?" <i>British Journal Of Cancer</i> 108(2): 292-300.	Australia, Canada, Denmark, Norway, Sweden and the UK	Individual values (attitudes to risk); new (health/ risk awareness/ education?); health services supply and demand	Cross sectional survey

Foster, T. (2001). "Dying for a drink." British Medical Journal 323(7317): 817-818.	global	Health behaviours (alcohol); different culture of substance misuse; new (mental health)	Commentary
Franceschi, S., F. Levi, C. La Vecchia, F. Lucchini and E. Negri (1994). "Comparison of cancer mortality trends in major European areas, 1960-89." European Journal Of Cancer Prevention: The Official Journal Of The European Cancer Prevention Organisation (ECP) 3(2): 145-206.	26 European countries	Health behaviours (smoking, drinking, diet)	Cross-sectional study
Fritzell, J. (2012). "Cross-temporal and cross-national poverty and mortality rates among developed countries (Discussion paper no 64)."	26 countries	Deprivation; new (policy: welfare regime)	Pooled cross-sectional time series analysis
Fuller, J. H. (1993). "Mortality trends and causes of death in diabetic patients." Diabète & Métabolisme 19(1 Pt 2): 96-99.	Europe-wide	Other artefacts	Simulation studies (modelling)
Gakidou, E., K. Cowling, R. Lozano and C. J. L. Murray (2010). "Increased educational attainment and its effect on child mortality in 175 countries between 1970 and 2009: A systematic analysis." The Lancet 376(9745): 959-974.	175 countries in Asia, Africa, Australasia, Caribbean, Europe, Latin America, Middle East, North America, Oceania, UK	Educational attainment	Retrospective observational study
Garcia Rodriguez, L. A. and L. Cayolla da Motta (1989). "Years of potential life lost: application of an indicator for assessing premature mortality in Spain and Portugal." World Health Statistics Quarterly. Rapport Trimestriel De Statistiques Sanitaires Mondiales 42(1): 50-56.	Spain and Portugal	Health services supply and demand	Retrospective observational study
Garcia, M., M. Thun, A. Jemal, W. D. Flanders and E. Ward (2007). "A cross-country comparison of smoking and lung cancer mortality in young adults." American Journal Of Epidemiology 165(11): S3-S3.	UK, Australia, Canada, US	Health behaviour	Retrospective observational study
Gatta, G. (2006). Cancer survival in Europe and the United States. Optimizing health: Improving the value of healthcare delivery. F. Porzsolt and R. M. Kaplan. New York, NY, US, Springer Science + Business Media: 112-122.	17 European countries; USA	Health services supply and demand; deprivation (wealth of country?)	Commentary/Editorial/Letter/Book
Gaygisiz, E. (2009). "Economic and cultural correlates of road-traffic accident fatality rates in OECD countries." Perceptual And Motor Skills 109(2): 531-545.	30 member countries and 5 accession countries	Deprivation; income inequality	Retrospective observational study
Gaygisiz, E. (2010). "Cultural values and governance quality as correlates of road traffic fatalities: A nation level analysis." Accident Analysis and Prevention 42(6): 1894-1901.	46 countries	Deprivation; income inequality	Retrospective observational study (ecological)
Ghafari, M., R. Kelishadi, M. Lotfizadeh and M. Amiri (2013)b. "Can French paradox hypothesis explain the observed different trends of mortality from ischemic heart disease and stroke in Western Europe?" International Journal Of Preventive Medicine 4(12): 1345-1346.	Denmark, Finland, France, the Netherlands, Norway, Sweden, England and Wales	Health behaviour	Retrospective observational study

Ginter, E. (1997). "Different trends in cardiovascular mortality and food consumption in Austria and in former Czechoslovakia." <i>Wiener Klinische Wochenschrift</i> 109(17): 663-668.	Austria and Czechoslovakia	Health behaviours	Retrospective observational study
Ginter, E. and V. Simko (2010). "Health differences between populations of the United States of America and the European Union." <i>Central European Journal Of Public Health</i> 18(4): 215-218.	US, Central European countries, Eastern European countries, Western European Countries	Health services supply and demand	Retrospective observational study
Gissler, M., O. Rahkonen, L. Mortensen, A. Arntzen, S. Cnattingius, A.-M. N. Andersen and E. Hemminki (2009). "Sex differences in child and adolescent mortality in the Nordic countries, 1981–2000." <i>Scandinavian Journal Of Public Health</i> 37(4): 340-346.	Denmark, Norway, Sweden, Finland	Deprivation; genetic (congenital cause of death in infants); family, gender relations and parenting differences	Retrospective observational study
Gissler, M., O. Rahkonen, L. Mortensen, A. Arntzen, S. Cnattingius, A.-M. Nybo Andersen and E. Hemminki (2012). "Sex differences in child and adolescent mortality by parental education in the Nordic countries." <i>Journal Of Epidemiology And Community Health</i> 66(1): 57-63.	Denmark, Norway, Sweden, Finland	Deprivation; family, gender relations and parenting differences; educational attainment (of parents)	Retrospective observational study
Gjesdal, S., P. Svedberg, J. Hagberg and K. Alexanderson (2009). "Mortality among disability pensioners in Norway and Sweden 1990–96: Comparative prospective cohort study." <i>Scandinavian Journal Of Public Health</i> 37(2): 168-175.	Sweden and Norway	Deprivation; health behaviours; political attack effects	Comparative prospective cohort study
González-Diego, P., G. López-Abente, M. Pollán and M. Ruiz (2000). "Time trends in ovarian cancer mortality in Europe (1955-1993): effect of age, birth cohort and period of death." <i>European Journal Of Cancer (Oxford, England: 1990)</i> 36(14): 1816-1824.	Denmark, Norway, Sweden, Finland, Austria, Germany, Switzerland, Ireland, The Netherlands, UK, France, Greece, Italy, Portugal, Spain	Genetics; health behaviours; health care supply and demand; possible mechanisms (hormones); new (chemical agents)	Retrospective observational study
Gotsens, M., M. Marí-Dell'Olmo, K. Pérez, L. Palència, M.-A. Martínez-Beneito, M. Rodríguez-Sanz, B. Burström, G. Costa, P. Deboosere, F. Domínguez-Berjón, D. Dzúrová, A. Gandarillas, R. Hoffmann, K. Kovacs, C. Marinacci, P. Martikainen, H. Pikhart, K. Rosicova, M. Saez and P. Santana (2013). "Socioeconomic inequalities in injury mortality in small areas of 15 European cities." <i>Health & Place</i> 24: 165-172.	Helsinki, Stockholm, London, Amsterdam, Rotterdam, Zurich, Brussels region, Turin, Madrid, Barcelona, Lisbon metropolitan area, Budapest, Kosice, Bratislava, Prague	Deprivation	Retrospective observational study (ecological)
Granados, J. A. (2010). "Politics and health in eight European countries: a comparative study of mortality decline under social democracies and right-wing governments." <i>Social Science & Medicine</i> 71(5): 841-850.	Greece, Portugal, Spain, Denmark, Norway, Sweden, Finland, Iceland	Deprivation; political attack effects	Retrospective observational study
Grant, W. B. (2010). "Prevalence of apolipoprotein e epsilon4 allele may explain the geographical variation of coronary heart disease mortality rates in Western Europe." <i>European Journal of Epidemiology</i> 25(9): 667.	Western Europe, Greece, Finland, Northern Europe, Southern Europe	Health behaviours; climatic differences; possible mechanisms; new (Solar radiation)	Commentary/Editorial/Letter/Book
Gray, G. E., M. C. Pike and B. E. Henderson (1979). "Breast-cancer incidence and mortality rates in different countries in relation to known risk factors and dietary practices." <i>British Journal Of Cancer</i> 39(1): 1-7.	Australia, Belgium, Bulgaria, Canada, Chile, Colombia, Czechoslovakia, Denmark, Finland, France, East Germany,	Deprivation; genetics; health behaviours	Retrospective observational study

	West Germany, Greece, Hong Kong, Hungary, Ireland, Israel, Italy, Jamaica, Japan, Netherlands, New Zealand, Nigeria, Norway, Philippines, Poland, Puerto Rico, Romania, Sweden, Switzerland, Taiwan, UK, US, Yugoslavia		
Gray, L. J., N. Sprigg, P. M. W. Bath, P. Sørensen, E. Lindenstrøm, G. Boysen, P. P. De Deyn, P. Friis, D. Leys, R. Marttila, J. E. Olsson, D. O'Neill, B. Ringelstein, J. J. van der Sande and A. G. G. Turpie (2006). "Significant variation in mortality and functional outcome after acute ischaemic stroke between Western countries: data from the tinzaparin in acute ischaemic stroke trial (TAIST)." <i>Journal Of Neurology, Neurosurgery, And Psychiatry</i> 77(3): 327-333.	Ireland, UK, Belgium, France, Canada, Germany, Netherlands, Denmark, Finland, Norway, Sweden.	Health service supply and demand	Prospective cohort study
Grigoriev, P. (2012). "Health Crisis and Mortality Trends by Causes of Death in Belarus (1965-2008)." <i>CRISIS SANITARIA Y TENDENCIAS DE LA MORTALIDAD POR CAUSAS DE MUERTE EN BIELORRUSIA (1965-2008)</i> . 67(1): 7-38.	Belarus, Russia and France	Health behaviour; political attack/effect	Retrospective observational study
Groenewold, W. G. F. and J. K. van Ginneken (2011). "Health status of Russian minorities in former Soviet Republics." <i>Public Health</i> 125(8): 487-493.	Estonia, Latvia, Ukraine, Kazakhstan and Russia	Deprivation; migration; health behaviours	Retrospective observational study
Guillot, M., N. Gavrilova, L. Torgasheva and M. Denisenko (2013). "Divergent paths for adult mortality in Russia and Central Asia: evidence from Kyrgyzstan." <i>Plos One</i> 8(10): e75314-e75314.	Russia and Kyrgyzstan	Deprivation; health behaviours; different culture of substance misuse; political attack/effect	Retrospective observational study
Guo, Y. M., A. Gasparrini, B. Armstrong, S. S. Li, B. Tawatsupa, A. Tobias, E. Lavigne, M. Coelho, M. Leone, X. C. Pan, S. L. Tong, L. W. Tian, H. Kim, M. Hashizume, Y. Honda, Y. L. L. Guo, C. F. Wu, K. Punnasiri, S. M. Yi, P. Michelozzi, P. H. N. Saldiva and G. Williams (2014). "Global Variation in the Effects of Ambient Temperature on Mortality A Systematic Evaluation." <i>Epidemiology</i> 25(6): 781-789.	306 communities from 12 countries. Australia, Brazil, Thailand, China, Taiwan, Korea, Japan, Italy, Spain, UK, USA, Canada.	Climatic differences; housing.	Retrospective observational study
Hackam, D. J., M. V. Mazziotti, R. H. Pearl, G. M. Mazziotti, A. L. Winthrop and J. C. Langer (2004). "Mechanisms of pediatric trauma deaths in Canada and the United States: the role of firearms." <i>Journal of Trauma</i> 56(6): 1286-1290.	Missouri USA and Ontario Canada.	Individual values; political attack effect	Retrospective observational study
Hahn, W.-H., J.-Y. Chang, Y. S. Chang, K. S. Shim and C.-W. Bae (2011). "Recent trends in neonatal mortality in very low birth weight Korean infants: in comparison with Japan and the	Korea, Japan, US	Health service supply and demand; possible mechanisms; new (fitter elderly population)	Retrospective observational study

USA." Journal Of Korean Medical Science 26(4): 467-473.			
Haleem, S., L. Lutchman, R. Mayahi, J. E. Grice and M. J. Parker (2008). "Mortality following hip fracture: Trends and geographical variations over the last 40 years." <i>Injury</i> 39(10): 1157-1163.	US, Sweden, Denmark, UK, Norway, Canada, Italy, Spain, Japan, Singapore, Greece	Health service supply and demand	Literature review
Hall, W., M. Lynskey and L. Degenhardt (2000). "Trends in opiate-related deaths in the United Kingdom and Australia, 1985-1995." <i>Drug and Alcohol Dependence</i> 57(3): 247-254.	UK and Australia	Health service supply and demand; urbanisation; new (access to alcohol or other drugs)	Retrospective observational study
Harding, S., E. Lenguerrand, G. Costa, A. d'Errico, P. Martikainen, L. Tarkiainen, D. Blane, B. Akinwale and M. Bartley (2013). "Trends in mortality by labour market position around retirement ages in three European countries with different welfare regimes." <i>International Journal Of Public Health</i> 58(1): 99-108.	Finland, Turin, England and Wales	Deprivation; labour market/nature of employment.	Retrospective observational study
Haski-Leventhal, D. (2009). "Elderly volunteering and well-being: a cross-European comparison based on SHARE data." <i>Voluntas</i> 20(4): 388-404	30,023 Europeans aged 50 and above in 12 countries	Social capital; political effects; income inequality; deprivation	Survey - observational study
Hawkes, N. (2013). "Childhood mortality varies threefold across different UK local authorities, report shows." <i>BMJ (Clinical Research Ed.)</i> 347: f6455-f6455.	UK (England, Wales), Sweden, Germany, Austria.	Deprivation	Commentary
Hawkins, N. M., P. S. Jhund, J. J. V. McMurray and S. Capewell (2012). "Heart failure and socioeconomic status: accumulating evidence of inequality." <i>European Journal Of Heart Failure</i> 14(2): 138-146.	Sweden, Denmark, US, Scotland, Canada, Italy, Japan, Spain, England, Brazil, Netherlands	Deprivation	Systematic Review
Healy, J. D. (2003). "Excess winter mortality in Europe: a cross country analysis identifying key risk factors." <i>Journal Of Epidemiology And Community Health</i> 57(10): 784-789.	Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, UK	Climatic difference	Retrospective observational study
Healy, J. D. (2004). <u>Housing, fuel poverty and health: a pan-European analysis</u> . Aldershot, Ashgate Publishing.	UK, Germany, Denmark, Netherlands, Belgium, Luxembourg, France, Ireland, Italy, Greece, Spain, Portugal, Austria, Finland	Deprivation; housing	Commentary/Editorial/Letter/Book
Healy, J. D. and D. D. o. E. S. University College (2002). Excess winter mortality in Europe : a cross-country analysis identifying key risk factors. Dublin, University College Dublin; Healy, J. D. (2003). "Excess winter mortality in Europe: a cross country analysis identifying key risk factors." <i>Journal Of Epidemiology And Community Health</i> 57(10): 784-789.	14 European countries	Deprivation; health service supply and demand; income inequalities; climatic differences; housing	Retrospective observational study
Heijink, R., P. van Baal, M. Oppe, X. Koolman and G. Westert (2011). "Decomposing cross-country differences in quality adjusted life expectancy: the impact of value sets." <i>Population Health Metrics</i> 9(1): 17-17.	UK + 14 countries	Deprivation	Retrospective observational study/ survey

Heijink, R., X. Koolman and G. P. Westert (2013). "Spending more money, saving more lives? The relationship between avoidable mortality and healthcare spending in 14 countries." The European Journal of Health Economics 14(3): 527-538.	Australia, Finland, France, New Zealand, UK, Austria, Germany, Norway, US, Denmark, Japan, Spain, Netherlands, Sweden	Health services	Retrospective observational study
Helis, E., L. Augustincic, S. Steiner, L. Chen, P. Turton and J. G. Fodor (2011). "Time trends in cardiovascular and all-cause mortality in the 'old' and 'new' European Union countries." European Journal Of Cardiovascular Prevention And Rehabilitation: Official Journal Of The European Society Of Cardiology, Working Groups On Epidemiology & Prevention And Cardiac Rehabilitation And Exercise Physiology 18(3): 347-359.	Countries joined EU post 2004: Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia (East) Countries joined EU pre 2004: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, UK.	Deprivation; health behaviour; health services	Retrospective observational study
Helweg Larson, K., L. B. Knudsen and B. Petersson (1998). "Women in Denmark - why do they die so young? Risk factors for premature death." Scandinavian Journal Of Social Welfare 7(4): 266-275	Denmark, Norway, Sweden	Deprivation; health behaviours, social capital; possible mechanisms (stress)	Retrospective observational study
Heuveline, P. (2002). "An international comparison of adolescent and young adult mortality." Annals of the American Academy of Political and Social Science 580: 172-200.	Japan, Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, UK, Chile, Mexico, Venezuela, Canada, US, Australia, New Zealand	New (transition from childhood to adolescence)	Retrospective observational study
Hoffmann, B., C. R. Gross, K. H. Jockel and K. Kroger (2010). "Trends in mortality of pulmonary embolism - an international comparison." Thrombosis Research 125(4): 303-308.	Central Europe (Germany, divided in East and West Germany before 1989 and combined since 1990, Austria, The Netherlands), Western Europe (France and Spain), Scandinavia (Sweden, Norway) Eastern Europe (Poland) and North America (United States of America)	Healthcare supply and demand; other artefacts	Retrospective observational study
Hoffmann, R. (2011). "Socioeconomic inequalities in old-age mortality: a comparison of Denmark and the USA." Social Science & Medicine (1982) 72(12): 1986-1992.	Denmark, US	Deprivation; health care supply and demand	Retrospective observational study
Hoffmann, R., G. Borsboom, M. Saez, M. Mari Dell'Olmo, B. Burström, D. Corman, C. Costa, P. Deboosere, M. F. Domínguez-Berjón, D. Dzúrová, A. Gandarillas, M. Gotsens, K. Kovács, J. Mackenbach, P. Martikainen, L. Maynou, J.	Amsterdam, Barcelona, Bratislava, Brussels, Budapest, Helsinki, Kosice, Lisbon, London, Madrid, Prague, Rotterdam,	Deprivation	Retrospective observational study

Morrison, L. Palència, G. Pérez, H. Pikhart, M. Rodríguez-Sanz, P. Santana, C. Saurina, L. Tarkiainen and C. Borrell (2014). "Social differences in avoidable mortality between small areas of 15 European cities: an ecological study." <i>International Journal Of Health Geographics</i> 13: 8-8.	Stockholm, Turin, Zurich		
Howell, M. A. (1974). "Factor analysis of international cancer mortality data and per capita food consumption." <i>British Journal Of Cancer</i> 29(4): 328-336.	41 countries including UK	Health behaviours	Retrospective observational study
Hrdina, P. (2002). "Genetic variation in European suicide rates." <i>The British Journal of Psychiatry</i> 181(4): 350-350.	Hungary and Finland	Genetics (not supported)	Molecular genetic data analysis.
Hughes, K. (1985). "Comparison of birthweight and infant mortality between Singapore and England and Wales, 1980." <i>Journal of Epidemiology & Community Health</i> 39(2): 135-140.	Singapore, England and Wales	Deprivation; genetic; health behaviours; individual values	Retrospective observational study
Huijbregts, P., E. Feskens, L. Rasanen, F. Fidanza, A. Nissinen, A. Menotti and D. Kromhout (1997). "Dietary pattern and 20 year mortality in elderly men in Finland, Italy, and the Netherlands: longitudinal cohort study." <i>British Medical Journal</i> 315(7099): 13-17.	Finland, Italy, Netherlands - 5 cohorts	Health behaviours	Prospective cohort study
Huijts, T. and T. A. Eikemo (2009). "Causality, social selectivity or artefacts? Why socioeconomic inequalities in health are not smallest in the Nordic countries." <i>European Journal Of Public Health</i> 19(5): 452-453.	Nordic countries, other European regions	Deprivation; health behaviours; health service supply/demand; political effects	Commentary/Editorial/Letter/Book
Huisman, M. and A. J. Oldehinkel (2009). "Income inequality, social capital and self-inflicted injury and violence-related mortality." <i>Journal Of Epidemiology And Community Health</i> 63(1): 31-37.	35 developed societies. 16 former communist countries, 19 non-former communist countries. Europe.	Social capital; income inequality	Retrospective observational study
Huisman, M., A. E. Kunst and J. P. Mackenbach (2005). "Intelligence and socioeconomic inequalities in health." <i>Lancet</i> 366(9488): 807-808.	Countries undefined	Genetics	Commentary/Editorial/Letter/Book
Huisman, M., A. E. Kunst, M. Bopp, J. K. Borgan, C. Borrell, G. Costa, P. Deboosere, S. Gadeyne, M. Glickman, C. Marinacci, C. Minder, E. Regidor, T. Valkonen and J. P. Mackenbach (2005). "Educational inequalities in cause-specific mortality in middle-aged and older men and women in eight western European populations." <i>Lancet</i> 365(9458): 493-500.	Finland, Norway, England and Wales, Belgium, Switzerland, Austria, Turin, Barcelona, and Madrid.	Educational attainment	Retrospective observational study
Illsley, R. and D. Baker (1991). "Contextual variations in the meaning of health inequality." <i>Social Science & Medicine</i> (1982) 32(4): 359-365.	Sweden, England & Wales, Greece, Hungary	Other artefacts (use of occupational class); health behaviours	Discussion/commentary
Innamorati, M., et al. (2010). "Inequalities in Suicide Rates in the European Union's Elderly: Trends and Impact of Macro-Socioeconomic Factors Between 1980 and 2006." <i>Canadian</i>	15 EU countries admitted prior to 2004 & 12 EU members admitted since 2004	Health service supply & demand? Deprivation (GDP); New (health policy)	Retrospective observational (Ecological) study

Journal of Psychiatry 55(4): 229-238.			
Innamorati, M., et al. (2013). "Trends in alcohol-related deaths in the EU countries in 1980–2003." International Journal of Social Psychiatry 59(5): 443-451.	15 EU countries admitted prior to 2004 & 12 EU members admitted since 2004	Migration; urbanisation; health service supply & demand; deprivation (GNP); new (political transition); social capital; new (faster pace of urban life); health behaviour	Retrospective observational (Ecological) study
Jackson, A. L., et al. (2010). "Do differences in the administrative structure of populations confound comparisons of geographic health inequalities?" BMC Medical Research Methodology 10: 74-74.	20 European countries	New (differences in geographical structure) (regions unequally populated)	Retrospective observational study
Jacobsen, R., et al. (2004). "Women's death in Scandinavia--what makes Denmark different?" European Journal Of Epidemiology 19(2): 117-121.	Women in Sweden, Norway & Denmark	Health behaviours	Prospective age-period-cohort study
Jagger, C., et al. (2008). "Inequalities in healthy life years in the 25 countries of the European Union in 2005: a cross-national meta-regression analysis." Lancet 372(9656): 2124-2131.	25 countries in the EU	Deprivation; Health service supply & demand	Retrospective observational study
Jagger, C., et al. (2011). "Inequalities in health expectancies at older ages in the European Union: findings from the Survey of Health and Retirement in Europe (SHARE)." Journal Of Epidemiology And Community Health 65(11): 1030-1035.	13 EU countries	Deprivation; health behaviours; quality of the external physical environment; health care supply & demand; new (living in mountainous regions)	Retrospective observational study
Janssen, F. and A. E. Kunst (2004). "ICD coding changes and discontinuities in trends in cause-specific mortality in six European countries, 1950-99." Bulletin Of The World Health Organization 82(12): 904-913.	England & Wales, Denmark, Finland, Netherlands, Norway & Sweden	Other artefact	Retrospective observational study
Janssen, F., et al. (2006). "Association between Gross Domestic Product throughout the Life Course and Old-Age Mortality across Birth Cohorts: Parallel Analyses of Seven European Countries, 1950-1999." Social Science & Medicine 63(1): 239-254.	Denmark, England & Wales; Finland; Netherlands, Norway & Sweden	Deprivation (GDP); health behaviour	Retrospective observational study
Janssen, F., et al. (2007). "Variations in the pace of old-age mortality decline in seven European countries, 1950-1999: the role of smoking and other factors earlier in life." European Journal of Population/Revue europeenne de demographie 23(2): 171-188.	7 European countries	Health behaviour; social capital/social support; health service supply & demand; housing; quality of the external environment	Retrospective observational study
Jasilionis, D., et al. (2011). "Recent Life Expectancy Divergence in Baltic Countries." European Journal of Population-Revue Europeenne De Demographie 27(4): 403-431.	Estonia, Latvia & Lithuania	Health service supply and demand; new (health policy measures)	Discussion
Kaasik, T., R. Andersson and L.-G. Hörte (1998). "The effects of political and economic transitions on health and safety in Estonia: An Estonian–Swedish comparative study." Social Science & Medicine 47(10): 1589-1599.	Estonia & Sweden	Health behaviours; new (economic & political reconstruction); income inequality;	Retrospective observational study
Kagamimori, S., et al. (1983). "A comparison of socioeconomic	Japan & England	Deprivation (class, occupation); health behaviours	Retrospective

differences in mortality between Japan and England and Wales." World Health Statistics Quarterly. Rapport Trimestriel De Statistiques Sanitaires Mondiales 36(2): 119-128.			observational study
Kanazawa, S. (2006). "Mind the gap... in intelligence: re-examining the relationship between inequality and health." British Journal Of Health Psychology 11(Pt 4): 623-642.	126 countries	Genetic difference (IQ)	Retrospective observational study
Kanazawa, S. (2006). Mind the gap... in intelligence: Re-examining the relationship between inequality and health. British journal of health psychology, 11(4), 623-642.	126 nations worldwide (see appendix). US data	Deprivation; genetic differences	Retrospective Observational Study
Kangas, O. (2010). "One hundred years of money, welfare and death: mortality, economic growth and the development of the welfare state in 17 OECD countries 1900-2000." <u>International Journal of Social Welfare</u> 19(Supplement 1): s42-s59	Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Italy, Japan, The Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States	Deprivation; political attack/effects	Retrospective observational study
Karanikolos, M., et al. (2012). "Minding the gap: changes in life expectancy in the Baltic States compared with Finland." Journal Of Epidemiology And Community Health 66(11): 1043-1049.	Estonia, Latvia, Lithuania & Finland	Health behaviour; health service supply & demand; different culture of substance misuse; life course	Retrospective observational study
Keatinge, W. R., et al. (1997). "Cold exposure and winter mortality from ischaemic heart disease, cerebrovascular disease, respiratory disease, and all causes in warm and cold regions of Europe." <u>Lancet</u> 349(9062): 1341-1346.	Finland, Germany, Netherland, Italy & Greece	Climatic differences; health behaviours	Retrospective observational study
Keatinge, W. R., et al. (2000). "Heat related mortality in warm and cold regions of Europe: observational study." British Medical Journal 321(7262): 670-673.	Finland, Germany, Netherland, Italy & Greece	Climatic differences; new (better protection from heat stress in hot than cold regions)	Retrospective observational study
Kelson, M. and M. Farebrother (1987). "The effect of inaccuracies in death certification and coding practices in the European Economic Community (EEC) on international cancer mortality statistics." International Journal Of Epidemiology 16(3): 411-414.	8 EEC countries	Other artefact	Observational study
Kelson, M. C. and R. F. Heller (1983). "The effect of death certification and coding practices on observed differences in respiratory disease mortality in 8 E.E.C. countries." Revue D'épidémiologie Et De Santé Publique 31(4): 423-432.	8 EEC countries	Other artefact	Observational study
Kesteloot, H. (1999). "Regional differences in mortality: a comparison between Austria, Hungary and Switzerland." Acta Cardiologica 54(6): 299-309.	Austria, Hungary & Switzerland	Health behaviours	Retrospective observational study
Kesteloot, H., et al. (1995). "Mortality trends: a comparison between Denmark, Hungary and Japan." Acta Cardiologica 50(5): 343-367.	Denmark, Hungary, Japan	Health behaviours; genetic differences	Retrospective observational study

Kim, J. S. and Y. Wen (1999). "A comparative study on mortality patterns among Koreans, Korean-Chinese and Chinese." <i>Journal Of Korean Medical Science</i> 14(4): 365-372.	Korea & China	Deprivation (ethnicity); quality of external physical environment	Retrospective observational study
Knudsen, L. B. and A. J. Bengt Källén (1997). "Infant mortality in Denmark and Sweden. A comparison based on data in two national registries." <i>European Journal Of Obstetrics, Gynecology, And Reproductive Biology</i> 75(1): 85-90.	Denmark & Sweden	New (low birth weight), deprivation, health behaviours, health service supply and demand	Retrospective observational study
Kohler, I. V., et al. (2008). "Educational differences in all-cause mortality by marital status - Evidence from Bulgaria, Finland and the United States." <i>Demographic Research</i> 19(10): 2011-2042.	Bulgaria, Finland & US	Lower social capital (social marginalization); deprivation (unemployment); health care supply & demand; health behaviours; new (political reconstruction/social transformation)	Retrospective observational study
Kossarova, L., et al. (2013). "Avoidable' mortality: A measure of health system performance in the Czech Republic and Slovakia between 1971 and 2008." <i>Health Policy And Planning</i> 28(5): 508-525.	Czech republic & Slovakia	New (political regime change & separation); health service supply & demand; deprivation (socioeconomic differences); health behaviours (lifestyle); new (environmental differences)	Retrospective observational study
Kristenson, M., et al. (1998). "Increased psychosocial strain in Lithuanian versus Swedish men: The LiVicordia study." <i>Psychosomatic Medicine</i> 60(3): 277-282.	Lithuanian & Sweden	New (psychosocial factors); lower social capital; sense of coherence; culture of boundlessness; new (political change); possible mechanisms; health behaviours	Observational (cross sectional study)
Kristenson, M., et al. (1998). The LiVicordia study : possible causes for the differences in coronary heart disease mortality between Lithuania and Sweden. Linköping, Department of Health and Environment, Division of Social and Preventive Medicine and Public Health Science, Faculty of Health Sciences, Linköping University.	Lithuania, Sweden	Stress (potential mechanism, due to social/ political environment, leading to poor physical health);	Cross sectional study
Kristenson, M., et al. (2001). "Risk factors for coronary heart disease in different socioeconomic groups of Lithuania and Sweden -- the LiVicordia study." <i>Scandinavian Journal Of Public Health</i> 29(2): 140-150.	Lithuanian & Sweden	New (height); possible mechanisms, lower social capital	Observational (cross sectional study)
Kristuffkova, A., et al. (2013). "Comparison of outcomes of perinatal care in Slovakia and the UK." <i>International Journal of Gynecology & Obstetrics</i> 123(2): 131-134.	Slovakia & the UK	Other artefact, health service supply & demand; migration	Retrospective observational study
Kruger, D. J. and R. M. Nesse (2007). "Economic transition, male competition, and sex differences in mortality rates." <i>Evolutionary Psychology</i> 5(2): 411-427.	14 Eastern European countries and for the combined population of 12 Western European countries	New (economic transition)	Retrospective observational study
Krus, D. J. and E. A. Nelson (1996). "Class differences and traffic deaths." <i>Perceptual And Motor Skills</i> 83(3, Pt 1): 1005-1006.	Talks generally about Eastern European vs Western European countries	New (class differences and related feelings of superiority)	Discussion
Kulháňová, I., et al. (2014). "Educational inequalities in mortality by cause of death: first national data for the Netherlands." <i>International Journal Of Public Health</i> 59(5): 687-696.	Netherlands compared to other European countries	Health behaviours	Retrospective observational study
Kulháňová, I., et al. (2014). "Why does Spain have smaller inequalities in mortality? An exploration of potential explanations." <i>European Journal Of Public Health</i> 24(3): 370-377.	Spain & 6 other western European populations	New (socioeconomic modernisation) (historical process of large scale socioeconomic changes in society such as rising prosperity, industrialisation, urbanisation & expansion of mass education); health behaviours	Retrospective observational study

Kunitz, S. J. and I. Pesis-Katz (2005). "Mortality of white Americans, African Americans, and Canadians: The causes and consequences for health of welfare state institutions and policies." <i>Milbank Quarterly</i> 83(1): 5-39.	USA & Canada	Health service supply & demand, income inequalities	Discussion
Kunst, A. and G. Erasmus Universiteit Rotterdam. Instituut Maatschappelijke (1997). Cross-national comparisons of socio-economic differences in mortality = : Internationale vergelijkingen van sociaal-economische verschillen sterfte. Rotterdam, Department of Public Health, Erasmus University.	Europe and the US - different combinations of countries. Denmark, Norway, Sweden, the Netherlands, Switzerland, Italy, Spain, Portugal, England & Wales, Ireland, France and US.	Deprivation; health behaviours, lower social capital; income inequality; political attack/effect; educational attainment; new (cultural factors)	Retrospective observational study
Kunst, A. E. and J. P. Mackenbach (1994). "International variation in the size of mortality differences associated with occupational status." <i>International Journal Of Epidemiology</i> 23(4): 742-750.	7 western European countries	Other artefact; (differences in occupational classifications);	Retrospective observational study
Kunst, A. E. and J. P. Mackenbach (1994). "The Size of Mortality Differences Associated with Educational Level in Nine Industrialized Countries." <i>American Journal Of Public Health</i> 84(6): 932-937.	9 industrialised countries	Educational attainment, health behaviours, political effects; income inequalities; deprivation; possible mechanisms	Retrospective observational study
Kunst, A. E., et al. (1998). "Mortality by occupational class among men 30-64 years in 11 European countries." <i>Social Science and Medicine</i> 46(11): 1459-1476.	11 European countries	Deprivation; other artefact, health behaviour, new (culture)	Retrospective observational study
Kunst, A. E., et al. (1998). "Occupational class and cause specific mortality in middle aged men in 11 European countries: comparison of population based studies. EU Working Group on Socioeconomic Inequalities in Health." <i>BMJ (Clinical Research Ed.)</i> 316(7145): 1636-1642.	11 western European countries	Deprivation, health behaviours	Retrospective observational study
Kunze, M., et al. (2004). "Tobacco consumption and tobacco-related diseases: Gender differences with a comparison between two European countries." <i>Journal of Men's Health & Gender</i> 1(1): 83-87.	Sweden & Austria	Health behaviours	Literature review
Laake, K. and J. M. Sverre (1996). "Winter excess mortality: a comparison between Norway and England plus Wales." <i>Age And Ageing</i> 25(5): 343-348.	Norway & England/Wales	Cimate differences	Retrospective observational study
Laaksonen, M., et al. (2001). "Do health behaviour and psychosocial risk factors explain the European East-West gap in health status?" <i>European Journal Of Public Health</i> 11(1): 65-73.	6 areas representing east/west Europe: Russia, Poland, Hungary, Finland, Spain & Germany	Health service supply & demand; health behaviours; climate differences; Quality of external physical environment; income inequalities; new (level of control over life)	Cross-sectional (surveys)
Lagacé, C., et al. (2007). "Non-communicable disease and injury-related mortality in rural and urban places of residence: a comparison between Canada and Australia." <i>Canadian Journal Of Public Health = Revue Canadienne De Santé Publique</i> 98 Suppl 1: S62-S69.	Canada & Australia	New (driving long distances on poor roads in inclement weather conditions) ; health behaviours; health services supply & demand; new (differences in the availability or appeal of prevention programs)	Retrospective observational study

Langford, I. H., et al. (1998). "Multi-level modelling of geographically aggregated health data: a case study on malignant melanoma mortality and UV exposure in the European Community." <i>Statistics In Medicine</i> 17(1): 41-57.	9 European nations	Genetic differences; climate differences; new (more recreational travel to warmer climates).	Retrospective observational study
Langlois, J. A., et al. (1995). "International comparisons of injury mortality in the elderly: issues and differences between New Zealand and the United States." <i>International Journal Of Epidemiology</i> 24(1): 136-143.	New Zealand & US	other artefact	Retrospective observational study
Law, M. and N. Wald (1999). "Education and debate: why heart disease mortality is low in France: the time lag explanation." <i>British Medical Journal</i> 318(7196): 1471-1480.	France, Britain	Health behaviours, other artefact	Discussion paper
Leclerc, A., et al. (1990). "Differential mortality: some comparisons between England and Wales, Finland and France, based on inequality measures." <i>International Journal Of Epidemiology</i> 19(4): 1001-1010.	England & Wales; Finland, France	Health behaviours	Newspaper article
Leenaars, A. A. and D. Lester (1994). "Suicide and homicide rates in Canada and the United States." <i>Suicide and Life-Threatening Behavior</i> 24(2): 184-191.	Canada & USA (suicide & homicide rate)	Individual values,	Retrospective observational study
Lehmann, P., et al. (2000). "Death rates from dementias and neurodegenerative disorders in England and Wales and the USA, 1993-97." <i>Health Statistics Quarterly</i> 06.	England & Wales and USA	Other artefact	Retrospective observational study
Leinsalu, M. and D. Vagero (2005). "Health inequalities and social dynamics in Europe: commentary." <i>British Medical Journal</i> 331(7510): 186-187.	Portugal, Denmark, Estonia	New (phase transition)	Discussion/commentary
Leinsalu, M., et al. (2009). "Educational inequalities in mortality in four Eastern European countries: divergence in trends during the post-communist transition from 1990 to 2000." <i>International Journal Of Epidemiology</i> 38(2): 512-525.	Poland, Hungary, Estonia & Hungary	New (post-communist transition), deprivation, income inequalities, health behaviours; possible mechanisms; culture of boundlessness	Retrospective observational study
Leon, D. A., et al. (1992). "SOCIAL-CLASS DIFFERENCES IN INFANT-MORTALITY IN SWEDEN - COMPARISON WITH ENGLAND AND WALES." <i>British Medical Journal</i> 305(6855): 687-691.	Sweden & England/Wales	Income inequalities	Retrospective observational study
Lepage, C., et al. (2010). "European disparities in malignant digestive endocrine tumours survival." <i>International Journal Of Cancer. Journal International Du Cancer</i> 126(12): 2928-2934.	12 countries grouped into 5 geographical regions	Health service supply & demand	Retrospective observational study
Lepage, C., et al. (2010). "Operative mortality after gastric cancer resection and long-term survival differences across Europe." <i>British Journal of Surgery</i> 97(2): 235-239.	7 European countries including UK	Health service supply & demand	Retrospective observational study
Lester, D. and S. V. Kondrichin (2002). "Genetic risk factors and variation in European suicide rates." <i>The British Journal of Psychiatry</i> 180(3): 277-278.	Correspondence related to paper by Marusic & Farmer (2001) related to variations in European suicide rates.	Genetics; possible mechanisms (anxious culture); lower social capital; health behaviour; new (political separation)	Correspondence
Levav, I. and E. Aisenberg (1989). "The epidemiology of suicide in Israel: International and intranational comparisons."	Israel & European & North American countries	Religion (social capital); New (war & terrorism) (social capital from common national destiny & personal	Retrospective observational study

Suicide and Life-Threatening Behavior 19(2): 184-200.		commitment) (these explanations were drawn from the work of others); health behaviours	
Levi, F., et al. (2003). "Trends in mortality from suicide, 1965-99." Acta Psychiatrica Scandinavica 108(5): 341-349.	47 countries	Other artefact; Health service supply & demand (better management of psychiatric & alcohol use disorders); deprivation; lower social capital; Individual values; new (availability of methods)	Retrospective observational study
Liu, Y., et al. (2013). "Gender gaps in life expectancy: generalized trends and negative associations with development indices in OECD countries." European Journal Of Public Health 23(4): 563-568.	25 OECD countries	New (happiness; gender empowerment)	Retrospective observational study
LOPEZ, A. D., CASELLI, G. & VALKONEN, T., Ed. (1995). <u>Adult mortality in developed countries : from description to explanation</u> . Oxford Oxford University Press.	Developed countries.	Deprivation; migration ; health behaviour ; different culture of substance abuse; family, gender relations and parenting differences; scale of urban change; other artefacts	Retrospective observational study
Lopez-Campos, J. L., et al. (2014). "Mortality trends in chronic obstructive pulmonary disease in Europe, 1994-2010: A joinpoint regression analysis." The Lancet Respiratory Medicine 2(1): 54-62.	27 countries in the EU	Health service supply & demand; health behaviours; new (public awareness)	Retrospective observational study
LORENT, V., KUNST, A.E., HUSIMAN, M., COSTA, G. AND MACKENBACH, J. 2005. Socio-economic inequalities in suicide: a European comparative study. British Journal of Psychiatry 187, 48-54. suicide: a European comparative study." <u>British Journal of Psychiatry</u> 187: 49-54.	10 European countries; Norway, Finland, England/Wales, Denmark, Belgium, Switzerland, Austria, Turin, Barcelona , Madrid	Deprivation	Retrospective observational study
Lu, T.-H. and J.-J. Lin (2010). "Using multiple-cause-of-death data as a complement of underlying-cause-of-death data in examining mortality differences in psychiatric disorders between countries." Social Psychiatry And Psychiatric Epidemiology 45(8): 837-842.	Taiwan & US	Health service supply & demand	Retrospective observational study
Lundberg, O., et al. (2008). "The role of welfare state principles and generosity in social policy programmes for public health: An international comparative study." The Lancet 372(9650): 1633-1640.	18 OECD countries	New (type of welfare policy)	Retrospective observational study
Lynch, J., et al. (2001). "Income inequality, the psychosocial environment, and health: comparisons of wealthy nations." Lancet 358(9277): 194-200.	22 countries for analyses of life expectancy	From previous literature: income inequality; social capital; culture of boundlessness; Current study: new (greater trade union membership and political representation by women); health behaviour	Retrospective observational study
Lynch, J., et al. (2004). "Is income inequality a determinant of population health? Part 1. A systematic review." The Milbank Quarterly 82(1): 5-99.	Review of 98 aggregate & multilevel studies examining the association between income inequality & health	Income inequalities; health behaviours; genetic differences; health service supply & demand	systematic review
MacDorman, M. F. and T. J. Mathews (2010). "Behind International Rankings of Infant Mortality: How the United States Compares with Europe." International Journal of Health	Infant mortality rates between USA & Europe	New (high rate of preterm births)	Retrospective observational study

Services 40(4): 577-588.			
Mackenbach, J. and M. McKee (2012). "Successes and failures of health policy in Europe: four decades of divergent trends and converging challenges." Buckingham, Open University Press	Countries of Europe	Implementation of effective policy	Book
Mackenbach, J. P. (2013). "Convergence and divergence of life expectancy in Europe: a centennial view." European Journal Of Epidemiology 28(3): 229-240.	Countries of Europe	Health behaviours; health service supply & demand; deprivation; Political effects? (political change/transition); possible mechanisms; new (epidemiologic transition)	Retrospective observational study
Mackenbach, J. P. and C. W. N. Looman (2013). "Changing patterns of mortality in 25 European countries and their economic and political correlates, 1955-1989." International Journal Of Public Health 58(6): 811-823.	25 European Countries	Deprivation; political effects; health behaviours; health service supply & demand.	Retrospective observational study
Mackenbach, J. P., A. E. Kunst, A. E. Cavelaars, F. Groenhouf and J. J. Geurts (1997). "Socioeconomic inequalities in morbidity and mortality in western Europe. The EU Working Group on Socioeconomic Inequalities in Health." Lancet 349(9066): 1655-1659.	19 European populations	Deprivation; income inequalities; social capital; educational attainment; new (inequalities in power, prestige); health behaviours	Retrospective observational study
Mackenbach, J. P., et al. (2003). "Widening socioeconomic inequalities in mortality in six Western European countries." International Journal Of Epidemiology 32(5): 830-837.	6 Western European countries (Finland, Sweden, Norway, Denmark, England/Wales & Italy)	Health behaviours	Retrospective observational study
Mackenbach, J. P., et al. (2004). "Inequalities in lung cancer mortality by the educational level in 10 European populations." European Journal of Cancer 40(1): 126-135.	4 Northern European populations, 3 continental European populations, and 2 Southern European countries	Health behaviours	Retrospective observational study
Mackenbach, J. P., et al. (2008). "Socioeconomic inequalities in health in 22 European countries." The New England Journal Of Medicine 358(23): 2468-2481.		Health behaviours; health service supply & demand; culture of boundlessness & alienation/anomie; lower social support; deprivation, different culture of substance abuse	Retrospective observational study
Mackenbach, J. P., et al. (2008). "'Socioeconomic inequalities in health in 22 European countries': Correction." The New England Journal Of Medicine 359(12): 1301-1301.	Correction to above	Correction	
Mackenbach, J. P., et al. (2008). "'Socioeconomic inequalities in health in 22 European countries': Reply." The New England Journal Of Medicine 359(12): 1290-1291.	Correspondence related to previous paper	Health behaviours	Correspondence
Mackenbach, J. P., et al. (2013). "The unequal health of Europeans: Successes and failures of policies." The Lancet 381(9872): 1125-1134.	Countries in East & West Europe	New (differences in implementation of effective policy); health behaviours	Discussion
Mackenbach, J. P., et al. (2014). "Variations in the relation between education and cause-specific mortality in 19 European populations: A test of the "fundamental causes" theory of social inequalities in health." Social Science & Medicine (1982).	11 western European countries	Health behaviours; other artefact; social mobility	Retrospective observational study
Macleod, M. (2003). "Inequalities in the incidence and	Literature review	Political effects	Literature review

management of, and outcome from, neurological diseases in older people." <i>Reviews in Clinical Gerontology</i> 13(3): 261-268.			
Madge, N. (1999). "Youth suicide in an international context." <i>European Child & Adolescent Psychiatry</i> 8(4): 283-291.	England & Wales; Finland; Germany; Hungary; Republic of Ireland & Norway	New (cultural, administrative, personal, social factors); other artefacts	Retrospective observational study
Magnússon, S., et al. (1999). "Indicators of health and well-being in Iceland and Sweden: A comparative study of various indicators concerning standards of living and mortality." <i>Scandinavian Journal Of Primary Health Care</i> 17(3): 139-144.	Iceland & Sweden	Deprivation; health service supply & demand; migration	Retrospective observational study
Majer, I. M., et al. (2011). "Socioeconomic inequalities in life and health expectancies around official retirement age in 10 Western-European countries." <i>Journal Of Epidemiology And Community Health</i> 65(11): 972-979.	10 European countries	Political effects (Welfare systems)?	Retrospective observational study
Mäki, N. E., et al. (2014). "The potential for reducing differences in life expectancy between educational groups in five European countries: the effects of obesity, physical inactivity and smoking." <i>Journal of Epidemiology & Community Health</i> 68(7): 635-640.	5 European countries (Denmark; Austria, France, Italy, Spain)	Deprivation, health behaviours;	Retrospective observational study
Mäki, N., et al. (2013). "Educational differences in disability-free life expectancy: a comparative study of long-standing activity limitation in eight European countries." <i>Social Science & Medicine</i> (1982) 94: 1-8.	8 European countries	Lower social capital (social support)	Retrospective observational study
Marmot Review Team (2011). <u>The health impacts of cold homes and fuel poverty</u> . London, Friends of the Earth.	Describes a study conducted in European countries	New(building standards); health service supply & demand; new (socio-economic circumstances)	Report
Marmot, M. (2013). Health inequalities in the EU. Final report of a consortium. Brussels, European Commission Directorate General for Health & Consumers	EU member states	Health behaviours, income inequalities, new(inequities in the distribution of power, money, and resources)	Literature review
Marmot, M. and M. Bobak (2000). "International comparators and poverty and health in Europe." <i>BMJ: British Medical Journal (International Edition)</i> 321(7269): 1124-1128.	Discussion paper focusing on countries in eastern & western countries	Deprivation; income inequalities; educational attainment; health service supply & demand; health behaviours; different culture of substance misuse; new(political transition/change; autonomy (degree of control over life)	Discussion
Marmot, M., et al. (2012). "WHO European review of social determinants of health and the health divide." <i>Lancet</i> 380(9846): 1011-1029.	53 member states of the WHO European region	New(inequities in the distribution of power, money & resources)	Discussion
Marmot, M.. (2013) "Review of social determinants and the health divide in the WHO European Region: final report." Copenhagen, WHO Regional Office for Europe	53 member states of the WHO European region	New: (inequities in the distribution of power, money, and resources); income inequalities. Health behaviours; health service supply & demand; quality of the external physical environment; possible mechanisms	Report
Marušič, A. and A. Farmer (2001). "Genetic risk factors as possible causes of the variation in European suicide rates." <i>The British Journal of Psychiatry</i> 179(3): 194-196.	Editorial 10 European countries	Genetic differences	Editorial

Mazick, A., et al. (2012). "Excess mortality among the elderly in 12 European countries, February and March 2012." <u>Euro Surveillance: Bulletin Européen Sur Les Maladies Transmissibles</u> = <u>European Communicable Disease Bulletin</u> 17(14): 1-5.	16 European countries	New (increased flu activity) climatic differences; other artefact; new (other infections)	Report
McCartney, G., et al. (2011). "Contribution of smoking-related and alcohol-related deaths to the gender gap in mortality: Evidence from 30 European countries." <u>Tobacco Control: An International Journal</u> 20(2): 166-168.	30 European countries	Health behaviours; culture of substance misuse	Retrospective observational study
McKee, M. and V. Shkolnikov (2001). "Understanding the toll of premature death among men in eastern Europe." <u>BMJ (Clinical Research Ed.)</u> 323(7320): 1051-1055.	Commentary	Political effects; new (economic transition); health behaviours (including pattern of drinking); culture of boundlessness & alienation/anomie; possible mechanisms; different culture of substance misuse	Commentary
McKee, M., et al. (2013). "Trends in life expectancy in Europe: one big explanation or many small ones?" <u>European Journal Of Epidemiology</u> 28(3): 203-204.	Commentary	Deprivation (national income)	Commentary
McLeod, C. B., et al. (2012). "How society shapes the health gradient: work-related health inequalities in a comparative perspective." <u>Annual Review Of Public Health</u> 33: 59-73.	Literature review drawing on Mcleod Lavis et al (2012)	Political effects (higher levels of unemployment protection)	Review/discussion
McLeod, C. B., et al. (2012). "Unemployment and mortality: a comparative study of Germany and the United States." <u>American Journal Of Public Health</u> 102(8): 1542-1550.	US & Germany	Health service supply & demand (access to health care insurance); deprivation; political effects (higher levels of unemployment protection?)	Retrospective observational study
Melinder, K. A. and R. Andersson (1998). "Differences in injury mortality between the Nordic countries--with special reference to differences in coding practices." <u>Scandinavian Journal Of Social Medicine</u> 26(3): 190-197.	Finland, Denmark, Sweden, Norway	Other artefact, health behaviour; different culture of substance misuse	Retrospective observational study
Melinder, K. A. and R. Andersson (2000). "Stable and dynamic differences in injury mortality between the Nordic countries. What do they say about inherent national characteristics with regard to risk?" <u>Scandinavian Journal Of Public Health</u> 28(1): 16-22.	Finland, Denmark, Sweden, Norway	Other artefact; health behaviours	Retrospective observational study
Mendeloff, J. and L. Staetsky (2014). "Occupational fatality risks in the United States and the United Kingdom." <u>American Journal of Industrial Medicine</u> 57(1): 4-14.	USA & UK (& other EU countries)	Labour market/nature of employment; individual values; other artefacts; new(policy/legislation i.e. around safety)	Retrospective observational study
Menotti, A., et al. (2007). "Forty-year coronary mortality trends and changes in major risk factors in the first 10 years of follow-up in the seven countries study." <u>European Journal Of Epidemiology</u> 22(11): 747-754.	USA, Finland, Netherlands, Italy, Serbia, Greece & Japan	Possible mechanisms; health behaviours	Retrospective observational study
Menvielle, G., et al. (2008). "Educational differences in cancer mortality among women and men: a gender pattern that differs across Europe." <u>British Journal Of Cancer</u> 98(5): 1012-1019.	12 different European populations	Health behaviours; deprivation; housing; more egalitarian social & economic policies (political effects) health services supply & demand	Retrospective observational study
Mesle, F. and J. Vallin (2006). "Diverging Trends in Female Old-Age Mortality: The United States and the Netherlands Versus France and Japan." <u>Population and Development Review</u> 32(1): 123-145.	US, Netherlands, France & Japan	New (political transition); other artefact; new(attitudes of people & society towards death; Health transition centred on growth of mental health problems)	Discussion

Michaud, P.-C., et al. (2011). "Differences in health between Americans and Western Europeans: Effects on longevity and public finance." <i>Social Science & Medicine</i> (1982) 73(2): 254-263.	US & Western Europe	New (disease prevalence)	Retrospective observational study
Michel, J.-P., et al. (2012). "[Is it possible to reduce health inequalities in old age?]." <i>Bulletin De L'académie Nationale De Médecine</i> 196(1): 193-199.	Unclear article in French	Health behaviours; deprivation (socioeconomic status)	Unclear
Miles, R. (2006). "Neighborhood disorder and smoking: findings of a European urban survey." <i>Social Science and Medicine</i> . 9(63), November 2006: 2464-2475 2006.	3 countries in Eastern Europe:	Deprivation; health behaviours; individual values; lower social capital; quality of external physical environment.	Retrospective observational study
Milicevic, M. S., et al. (2009). "Serbia within the European context: an analysis of premature mortality." <i>Population Health Metrics</i> 7: 1-10.	Serbia & EURO A, EURO B & EURO C	New (political transition; war, economic sanctions); other artefact	Retrospective observational study
Minagawa, Y. (2013). "Inequalities in Healthy Life Expectancy in Eastern Europe." <i>Population & Development Review</i> 39(4): 649-671.	23 eastern European countries	New (corruption; economic, societal & press freedoms; violence); deprivation; health behaviours	Retrospective observational study
Minicuci, N., et al. (2004). "Disability-free life expectancy: A cross-national comparison of six longitudinal studies on aging: The CLESA project." <i>European Journal Of Ageing</i> 1(1): 37-44.	Finland, Israel, Italy, Netherlands, Sweden	Deprivation, new (cultural differences in the meaning of dependence and the availability of family help)	Retrospective observational study
Mirzaei, M., et al. (2012). "Cerebrovascular disease in 48 countries: Secular trends in mortality 1950-2005." <i>Journal of Neurology, Neurosurgery & Psychiatry</i> 83(2): 138-145.	48 countries (not all OECD but does offer explanation for European differences)	New (implementation of prevention strategies/policy); health behaviours; other artefact; health service supply & demand.	Retrospective observational study
Mitchell, E. A., et al. (1990). "Why are hospital admission and mortality rates for childhood asthma higher in New Zealand than in the United Kingdom?" <i>Thorax</i> 45(3): 176-182.	UK & New Zealand	New (prevalence of asthma); health service supply & demand	Retrospective observational study
Mitchell, E. A., et al. (1996). "Do differences in the prevalence of risk factors explain the higher mortality from sudden infant death syndrome in New Zealand compared with the UK?" <i>The New Zealand Medical Journal</i> 109(1030): 352-355.	New Zealand & UK	Health behaviours	Cross-sectional (interviews & record analysis)
Møller, H., et al. (1990). "Changing mortality from oesophageal cancer in males in Denmark and other European countries, in relation to changing levels of alcohol consumption." <i>Cancer Causes & Control: CCC</i> 1(2): 181-188.	Denmark, Hungary, Federal Republic of Germany & Czechoslovakia	Health behaviours	Retrospective observational study
Moller, H., et al. (2011). "High cancer mortality rates in the elderly in the UK." <i>Cancer Epidemiology</i> 35(5): 407-412.	UK, USA & 11 European countries	Other artefacts; health service supply & demand; new (late presentation)	Retrospective observational study
Moniruzzaman, S., & Andersson, R. (2008). Economic development as a determinant of injury mortality—A longitudinal approach. <i>Social science & medicine</i> , 66(8), 1699-1708.	21 member countries of the OECD. high income countries with high levels of GDP per capita (higher high-income countries) ranging from \$25,501 to \$33,016: Australia, Austria, Ireland, Netherlands, Canada, Denmark, Switzerland, Norway, and the United States (category 1); high-	Deprivation	Retrospective observational study

	income countries with medium levels of GDP per capita (middle high-income countries) ranging from \$20,501 to \$25,500: Finland, UK, France, Italy, Sweden, Germany, Belgium, and Japan (category 2); and the lower income level among high-income countries with GDP per capita (lower high-income countries) from \$9386 to \$20,500: Greece, Portugal, Spain, and New Zealand (category 3)		
Moore, M. A., et al. (1999). "Cross-country comparisons of colon and rectal cancer mortality suggest the existence of differences in risk factors in eastern and western Europe." <i>European Journal Of Cancer Prevention: The Official Journal Of The European Cancer Prevention Organisation (ECP)</i> 8(1): 67-71.	Compares Eastern and Western Europe	Health behaviours	Retrospective observational study
Morrison, A. and D. H. Stone (2000). "Trends in injury mortality among young people in the European Union: a report from the EURORISC Working Group." <i>Journal of Adolescent Health</i> 27(2): 130-135.	15 EU countries	Health behaviours; new (changing travel patterns, better highway design, and improved vehicle crash resistance; urban traffic modification)	Retrospective observational study
Mulder, I., et al. (2000). "Role of smoking and diet in the cross-cultural variation in lung-cancer mortality: the Seven Countries Study. Seven Countries Study Research Group." <i>International Journal Of Cancer. Journal International Du Cancer</i> 88(4): 665-671.	Finland, Italy, Greece, Former Yugoslavia, USA, Japan	Health behaviours; different culture of substance misuse (type of cigarettes smoked)	Retrospective observational study
Nolte, E., V. Shkolnikov and M. McKee (2000). "Changing mortality patterns in East and West Germany and Poland. II: short-term trends during transition and in the 1990s." <i>Journal of Epidemiology & Community Health</i> 54(12): 899-906.	Germany & Poland	Health behaviours (diet), health service	Retrospective observational study
Norstrom, T. (2001). "Per capita alcohol consumption and all-cause mortality in 14 European countries." <i>Addiction</i> 96: S113-S128.	14 European countries	Different culture of substance misuse	Retrospective observational study
Norstrom, T. and M. Ramstedt (2005). "Mortality and Population Drinking: A Review of the Literature." <i>Drug and Alcohol Review</i> 24(6): 537-547.	Most EU member states, US, Canada	Different culture of substance misuse	Literature review
Nusselder, W. J., C. W. N. Looman, H. Van Oyen, J. M. Robine and C. Jagger (2010). "Gender differences in health of EU10 and EU15 populations: The double burden of EU10 men." <i>European Journal Of Ageing</i> 7(4): 219-227.	EU populations - EU15- Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg,, the Netherlands, Portugal, Spain, Sweden and UK. EU10- Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta,	Deprivation, health survival paradox (Other artefact)	Retrospective observational study

	Poland, Slovakia and Slovenia.		
Nyqvist, F., B. Pape, T. Pellfolk, A. K. Forsman and K. Wahlbeck (2014). "Structural and cognitive aspects of social capital and all-cause mortality: A meta-analysis of cohort studies." <i>Social Indicators Research</i> 116 (2): 545-566.	Developed countries	Lower social capital	Meta-analysis
O'Brien, R. M. and J. Stockard (2002). "Cohort Effects on Suicide Rates: International Variations." <i>American Sociological Review</i> 67 (6): 854-872.	US and 13 other developed countries the Scandinavian countries of Denmark, Finland, Norway, and Sweden; Ireland and the United Kingdom from the British Isles; the northern and central European countries of the Netherlands, France, and Switzerland; the southern European country of Italy; and New Zealand, Australia, and Canada.	Culture of boundlessness and alienation/anomie	Prospective cohort study
O'Donoghue, B., P. Howden-Chapman and A. Woodward (2000). "Why do Australians live longer than New Zealanders?" <i>Health Education & Behavior</i> 27 (3): 307-316.	Australia & New Zealand	Deprivation; migration; health service supply and demand; income inequalities	Retrospective observational study
Office of Health Economics (1979). <i>Perinatal Mortality in Britain : a question of class</i> . London, Office of Health Economics.	Various - developed countries.	Deprivation; health service supply and demand; new (other population factors)	Briefing document
Oksuzyan, A., E. Crimmins, Y. Saito, A. O'Rand, J. W. Vaupel and K. Christensen (2010). "Cross-national comparison of sex differences in health and mortality in Denmark, Japan and the US." <i>European Journal Of Epidemiology</i> 25 (7): 471-480.	Denmark, Japan & USA	Health behaviours; other artefact.	Retrospective observational study
Oksuzyan, A., M. Shkolnikova, J. W. Vaupel, K. Christensen and V. M. Shkolnikov (2014). "Sex differences in health and mortality in Moscow and Denmark." <i>European Journal Of Epidemiology</i> 29 (4): 243-252.	Russia (Moscow) & Denmark	Deprivation; health behaviours; different culture of substance misuse; lower social support; income inequalities; other artefacts	Retrospective Observational Study
Oliver, S. E., D. Gunnell and J. L. Donovan (2000). "Comparison of trends in prostate-cancer mortality in England and Wales and the USA." <i>Lancet</i> 355 (9217): 1788-1789.	England, Wales & USA	Health service supply and demand; other artefacts	Retrospective observational study
Ondrusova, M., J. Muzik, R. Hracka, L. Friedova and D. Ondrus (2011). "Do we know the cause of the highest colorectal cancer incidence, the changes in the mortality trends and the clinical stages in the Slovak and Czech Republic, the representatives of the Central European region?" <i>Neoplasma</i> 58 (4): 283-290.	Slovak (SR) and Czech republic (CR)	Health behaviours; health service supply and demand.	Retrospective observational study
Organisation for Economic Cooperation and Development (2012). <i>Health at a glance: Europe 2012</i> . Paris, OECD Publishing.	35 European countries. UK as a whole	Deprivation	Report

Organisation for Economic Cooperation and Development (2013). Health at a glance 2013: OECD indicators. Paris, OECD Publishing.	OECD countries & BRIC countries	Deprivation; health behaviours; income inequalities; other artefacts	Report
Orozco-Beltran, D., R. S. Cooper, V. Gil-Guillen, V. Bertomeu-Martinez, S. Pita-Fernandez, R. Durazo-Arvizu, C. Carratala-Munuera, L. Cea-Calvo, V. Bertomeu-Gonzalez, T. Seoane-Pillado and L. E. Rosado (2012). "Trends in mortality from myocardial infarction. A comparative study between Spain and the United States: 1990-2006. [Spanish]." Revista Espanola de Cardiologia 65(12): 1079-1085.	Spain & USA	Health behaviours; health service supply and demand.	Retrospective observational study
Orsi, C., P. Bertuccio, A. Morandi, F. Levi, C. Bosetti and C. La Vecchia (2012). "Trends in motor vehicle crash mortality in Europe, 1980-2007." Safety Science 50(4): 1009-1018.	33 European countries, USA & Japan. Scotland reviewed separately.	Deprivation; health behaviours; individual values; different culture of substance misuse; health service supply and demand; political attack/effects; new (safety issues - policy, infrastructure, environment, vehicles, equipment etc...)	Retrospective observational study
Ott, J. J., A. M. Paltiel, V. Winkler and H. Becher (2008). "Chronic disease mortality associated with infectious agents: a comparative cohort study of migrants from the Former Soviet Union in Israel and Germany." BMC Public Health 8: 110-110.	Israel & Germany	Migration; health behaviours; life course; new (country of birth/country of residence)	Prospective cohort study
Ott, J. J., A. M. Paltiel, V. Winkler and H. Becher (2010). "The impact of duration of residence on cause-specific mortality: A cohort study of migrants from the Former Soviet Union residing in Israel and Germany." Health & Place 16(1): 79-84.	Israel & Germany	Migration; health service supply and demand; life course; new (country of birth/country of residence)	Prospective cohort study
Ouimet, M. (2012). "A World of Homicides: The Effect of Economic Development, Income Inequality, and Excess Infant Mortality on the Homicide Rate for 165 Countries in 2010." Homicide Studies 16(3): 238-258.	Data from 165 countries used in analysis - not specifically Scotland	Income inequality; political attack/effects	Retrospective observational study
Özkan, T. and T. Lajunen (2007). "The role of personality, culture, and economy in unintentional fatalities: An aggregated level analysis." Personality and Individual Differences 43(3): 519-530.	46 countries - not specifically Scotland	Deprivation	Retrospective observational study (ecological study)
Palma-Solís, M. A., C. Alvarez-Dardet Díaz, A. Franco-Giraldo, I. Hernández-Aguado and S. Pérez-Hoyos (2009). "State downsizing as a determinant of infant mortality and achievement of Millennium Development Goal 4." International Journal Of Health Services: Planning, Administration, Evaluation 39(2): 389-403.	161 countries of the 189 members of the United Nations.	Income inequality; political attack/effects.	Retrospective cohort study (ecological study)
Palmer, S. (1980). "Sex differences in criminal homicide and suicide in England and Wales and the United States." Omega: Journal of Death and Dying 11(3): 255-270.	USA and England & Wales	Individual values	Retrospective observational study
Pampel, F. C. and C. Zimmer (1989). "Female labour force activity and the sex differential in mortality: comparisons across developed nations, 1950-1980." European Journal Of Population = Revue Européenne De Démographie 5(3): 281-304.	18 nations - 13 European nations, Japan, Australia, New Zealand, Canada and US.	Deprivation; health behaviours	Retrospective observational study

Pampel, F. C. and J. B. Williamson (2001). "Age patterns of suicide and homicide mortality rates in high-income nations." <i>Social Forces</i> 80(1): 251-282.	High income nations Finland, Sweden, Norway, Denmark, the United Kingdom, Ireland, the Netherlands, Belgium, Germany, Austria, Switzerland, France, and Italy), the United States, Canada, Japan, Australia, and New Zealand.	Family, gender relations and parenting differences; lower social capital; income inequalities; political attack/effect	Retrospective observational study
Pardell, H., E. Roure, W. Drygas, E. Morava, E. Nüssel, P. Puska, M. Uhanov, M. Laaksonen, R. Tresserras, E. Saltó and L. Salleras (2001). "East-west differences in reported preventive practices. A comparative study of six European areas of the WHO-CINDI programme." <i>European Journal Of Public Health</i> 11(4): 393-396.	Three Eastern European countries; Russia, Poland and Hungary and three Western European countries; Finland, Germany and Spain	Health service supply and demand.	Retrospective observational study
Park, S., et al. (2014). "Increased use of lethal methods and annual increase of suicide rates in Korean adolescents: Comparison with adolescents in the United States." <i>Journal of Child Psychology and Psychiatry</i> 55(3): 258-263.	Korea and USA	New (type of suicide method used)	Retrospective observational study
Park, S., M. H. Ahn, A. Lee and J. P. Hong (2014). "Associations between changes in the pattern of suicide methods and rates in Korea, the US, and Finland." <i>International Journal of Mental Health Systems</i> 8(22)1-7	Korea, USA, Finland	New (type of suicide method used)	Retrospective observational study
Pearson, T. A. (1989). "Influences on CHD Incidence and Case Fatality: Medical Management of Risk Factors." <i>International Journal Of Epidemiology</i> 18((Supplement 1)): S217-S222.	UK, USA, Australia, Belgium, Canada, France, Germany, Italy, Japan, Netherlands, Spain, Sweden	Health services supply and demand	Expert opinion piece
Pearson, T. A. and K. Pyorala (1989). "Trends in CHD in selected countries - overview." <i>International Journal Of Epidemiology</i> 18((Supplement 1)): S99-S100.	9 countries: Australia/ NZ, Finland, Poland, Soviet Union, Sweden, Italy, Germany, China, Japan	Health behaviours (improved risk factors); health services supply and demand	Commentary on within country studies
Pérez-Farínós, N., G. López-Abente and R. Pastor-Barriuso (2006). "Time trend and age-period-cohort effect on kidney cancer mortality in Europe, 1981-2000." <i>BMC Public Health</i> 6: 119-119.	14 European countries - North (Denmark, Finland, Norway, and Sweden), West (Austria, France, Ireland, Netherlands, and United Kingdom), East (Bulgaria and Hungary), and South (Greece, Italy, and Spain).	Health behaviours; different culture of substance misuse; health service supply and demand.	Retrospective observational study
Perova, N. V., R. G. Oganov, D. H. Williams, S. H. Irving, J. R. Abernathy, A. D. Deev, D. B. Shestov, G. S. Zhukovsky, C. E. Davis and H. A. Tyroler (1995). "Association of high-density-lipoprotein cholesterol with mortality and other risk factors for major chronic non-communicable diseases in samples of US and Russian men." <i>Annals Of Epidemiology</i> 5(3): 179-185.	US and Russia	Deprivation; health behaviours	Retrospective observational study

Peter, I., I. Otremski and G. Livshits (1996). "Geographic variation in vascular mortality in Eurasia: spatial autocorrelation analysis of mortality variables and risk factors." <i>Annals Of Human Biology</i> 23(6): 471-490.	68 locations in Eurasia	Genetic differences; health service supply and delivery; political attack/effects	Retrospective observational study
Pia Fantini, M., et al. (2006). "Persistent Geographical Disparities in Infant Mortality Rates in Italy (1999-2001): Comparison with France, England, Germany, and Portugal." <i>European Journal Of Public Health</i> 16(4): 429-432.	Italy, France, England, Germany and Portugal	Health service supply and demand	Retrospective observational study
Pickett, K. and Wilkinson, R. (2015) Income inequality and health: A causal review. <i>Social Science & Medicine</i> 128: 316-326	Literature review - evidence	Income inequalities.	Literature review
Pickett, K. E. and R. G. Wilkinson (2007). "Child wellbeing and income inequality in rich societies: ecological cross sectional study." <i>BMJ (Clinical Research Ed.)</i> 335(7629): 1080-1080.	Cross national comparisons of 23 rich countries; cross state comparisons within the United States. 23 countries included were Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Ireland, Israel, Italy, Japan, the Netherlands, New Zealand, Norway, Portugal, Slovenia, Spain, Sweden, Switzerland, the United Kingdom, and the US.	Deprivation; income inequality.	Retrospective observational study (ecological)
Piribauer, F. and E. Etzersdorfer (1995). "Recent reversal of trends in suicide mortality in Austria and Hungary but not in Finland." <i>Crisis: The Journal of Crisis Intervention and Suicide Prevention</i> 16(4): 181-183.	Austria, Hungary, Finland	Other artefacts	Retrospective observational study
Plug, I., R. Hoffmann, B. Artnik, M. Bopp, C. Borrell, G. Costa, P. Deboosere, S. Esnaola, R. Kalediene, M. Leinsalu, O. Lundberg, P. Martikainen, E. Regidor, J. Rychtarikova, B. r. Heine Strand, B. Wojtyniak and J. P. Mackenbach (2012). "Socioeconomic inequalities in mortality from conditions amenable to medical interventions: do they reflect inequalities in access or quality of health care?" <i>BMC Public Health</i> 12(1): 346-358.	14 European countries were available for this study. These included four Nordic countries (Sweden, Finland, Denmark and Norway), two Western European countries (Belgium and Switzerland), two Southern European countries (Italy and Spain), four Central and Eastern European countries (Poland, Czech Republic, Hungary and Slovenia) and two Baltic countries (Estonia and Lithuania).	Educational attainment	Retrospective observational study

Polinder, S., J. A. Haagsma, H. Toet, M. J. P. Brugmans and E. F. van Beeck (2010). "Burden of injury in childhood and adolescence in 8 European countries." BMC Public Health 10: 45-45.	Austria, Denmark, Ireland, Latvia, Netherlands, Norway, Slovenia and the United Kingdom (England, Wales).	Deprivation; new (lack of interventions)	Retrospective observational study
Pollock, W. and J. F. King (2009). "Inequalities in maternal health: routine collection of more detailed data is key to improving knowledge." BMJ: British Medical Journal (Overseas & Retired Doctors Edition) 338(7696): 670-671.	UK studies predominantly	Other artefacts.	Editorial
Pong, R. W., M. Desmeules and C. Lagacé (2009). "Rural-urban disparities in health: how does Canada fare and how does Canada compare with Australia?" The Australian Journal Of Rural Health 17(1): 58-64.	Canada & Australia	Deprivation	Retrospective observational study
Power, C. (1994). "Health and social inequality in Europe." British Medical Journal 308(6037): 1153-1156.	Europe	Deprivation; income inequality	Discussion
Powles, J. W., W. Zatonski, S. Vander Hoorn and M. Ezzati (2005). "The contribution of leading diseases and risk factors to excess losses of healthy life in Eastern Europe: burden of disease study." BMC Public Health 5: 116-116.	Europe <u>Group A:</u> Andorra, Austria, Belgium, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Monaco, Netherlands, Norway, Portugal, San Marino, Slovenia, Spain, Sweden, Switzerland, United Kingdom. <u>Group B:</u> Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Georgia, Kyrgyzstan, Poland, Romania, Slovakia, Tajikistan, The Former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Uzbekistan, Yugoslavia. <u>Group C:</u> Belarus, Estonia, Hungary, Kazakhstan, Latvia, Lithuania, Republic of Moldova, Russian Federation, Ukraine.	Health behaviours.	Retrospective observational study
Poznyak, V. and D. Rekve (2014). "Global status report on alcohol and health 2014." Geneva, World Health organisation.	WHO report - worldwide. 194 WHO member states.	Deprivation; health behaviours; individual values; different culture of misuse; lower social capital; other artefacts (including how alcohol is recorded)	Report
Prättälä, R. S. and P. Puska (2012). "Social determinants of health behaviours and social change." European Journal Of Public Health 22(2): 166-166.	Finland, Estonia, Latvia and Lithuania	Deprivation; health behaviour; political attack effects	Commentary

Preston, S. H. and A. Stokes (2011). "Contribution of Obesity to International Differences in Life Expectancy." <i>American Journal Of Public Health</i> 101(11): 2137-2143.	USA compared to 16 other countries	New (obesity)	Prospective observational study
Prior, P., C. B. Woodman and S. Collins (1998). "International differences in survival from colon cancer: more effective care versus less complete cancer registration." <i>The British Journal Of Surgery</i> 85(1): 101-104.	North-west of England vs 21 European countries.	Health service supply and demand; other artefacts.	Retrospective cohort study
Pritchard, C. and A. Butler (2003). "A comparative study of children and adult homicide rates in the USA and the major western countries 1974-1999: Grounds for concern?" <i>Journal of Family Violence</i> 18(6): 341-350.	France, USA, Spain, Australia, Italy, Netherlands, Canada, Germany, Japan, England & Wales.	Deprivation; health behaviours; individual values; different culture substance misuse; family, gender relations and parenting differences; health service supply and demand	Retrospective Observational Study
Pritchard, C. and A. Sharples (2008). "'Violent' deaths of children in England and Wales and the major developed countries 1974-2002: Possible evidence of improving child protection?" <i>Child Abuse Review</i> 17(5): 297-312.	Australia, Canada, England and Wales, France, Germany, Italy, Japan, the Netherlands, Spain and the USA.	Healthcare supply and demand (child protection); other artefacts	Retrospective observational study
Pritchard, C. and L. Hansen (2005). "Comparison of suicide in people aged 65-74 and 75+ by gender in England and Wales and the major Western countries 1979-1999." <i>International Journal Of Geriatric Psychiatry</i> 20(1): 17-25.	Australia, Canada, England and Wales, France, Germany, Italy, Japan, the Netherlands, Spain and the USA.	Deprivation; individual values (positive and negative; culture of boundlessness and alienation/anomie; lower social capital; health service supply and demand; political attack effects; new (issues about catholic/protestant); new (age)	Retrospective Observational Study
Pritchard, C. and M. S. Wallace (2011). "Comparing the USA, UK and 17 western countries' efficiency and effectiveness in reducing mortality." <i>Journal Of The Royal Society Of Medicine</i> 2(7): 60.	USA, Germany, Switzerland, Sweden, France, Canada, Netherlands, Greece, Australia, Italy, Norway, Australia, Portugal, New Zealand, UK, Ireland, Finland, Japan, Spain.	Deprivation; health service supply and demand	Retrospective observational study
Pritchard, C. and R. Peveler (2003). "Changing patterns of diabetic deaths in youth and young adults by gender in the major developed countries 1974-97." <i>International Journal of Adolescent Medicine and Health</i> 15(2): 169-177.	Australia, Canada, England & Wales, France, Germany, Italy, Japan, the Netherlands, Spain and the USA.	Health behaviour; individual values (young male risk taking); health service supply and demand	Retrospective Observational Study
Pritchard, C. and R. Williams "Shock: violent deaths of children are going down!" <i>Every Child Journal</i> pp24-29.	Developed countries	Healthcare supply and demand (child protection); other artefacts	Retrospective observational study
Pritchard, C. and R. Williams (2011). "Poverty and child (0-14 years) mortality in the USA and other Western countries as an indicator of 'how well a country meets the needs of its children' (UNICEF)." <i>International Journal of Adolescent Medicine and Health</i> 23(3): 251-255.	USA and 19 Western countries.	Deprivation; health service supply and demand; income inequality	Retrospective Observational Study
Pritchard, C., A. Mayers and D. Baldwin (2013). "Changing patterns of neurological mortality in the 10 major developed countries - 1979-2010." <i>Public Health</i> 127(4): 357-368.	Australia, Canada, England and Wales, France, Germany, Italy, Japan, the Netherlands, Spain and the USA.	Genetic differences; health behaviours; health service supply and demand; quality of external physical environment; new (other environmental factors/epigenesis/Gompertzian effect)	Retrospective Observational Study

Probst, C., M. Roerecke, S. Behrendt and J. Rehm (2014). "Socioeconomic differences in alcohol-attributable mortality compared with all-cause mortality: a systematic review and meta-analysis." <i>International Journal Of Epidemiology</i> 43(4): 1314-1327.	15 studies most were from Finland (n=6), the others from Sweden (n=2), Russia (n=2), Estonia (n=1), Poland (n=1), Switzerland (n=1) and Canada (n=1). One study reported data from seven countries and nine different cohorts and one reported two cohorts from the same country.	Deprivation; health behaviours	Systematic review and meta-analysis
Quaglia, A., R. Lillini, E. Crocetti, C. Buzzoni and M. Vercelli (2013). "Incidence and mortality trends for four major cancers in the elderly and middle-aged adults: an international comparison." <i>Surgical Oncology</i> 22(2): e31-e38.	Italy and USA	Health behaviours; health service supply and demand; new (age)	Retrospective Observational Study
Ram, R. (2006). "Further examination of the cross-country association between income inequality and population health." <i>Social Science & Medicine</i> (1982) 62(3): 779-791.	Cross section of 108 countries	Income inequality	Retrospective observational study
Ram, R. (2010). "Relation between levels of infant-, child- and maternal-mortality and their rates of decline." <i>International Journal of Social Economics</i> 37(5): 374-383.	Large number of countries	Deprivation	Retrospective observational study
Ramstedt, M. (2002). "Alcohol-related mortality in 15 European countries in the post-war period." <i>European Journal of Population</i> 18(4): 307-323.	All countries in European Union - minus Luxembourg, plus Norway. Northern Europe (Finland, Norway and Sweden), Central Europe and the British Isles (Austria, Belgium, Denmark, Ireland, the Netherlands, the UK and West Germany (whole Germany after 1990)), and Southern Europe (France, Greece, Italy, Portugal and Spain).	Health behaviours; different culture of substance abuse; other artefacts.	Retrospective observational study
Ramstedt, M. (2004). "Alcohol and pancreatitis mortality at the population level: Experiences from 14 western countries." <i>Addiction</i> 99(10): 1255-1261.	Finland, Norway, Sweden, Austria, Belgium, Denmark, Netherlands, Ireland, UK, West Germany, France, Italy, Spain, Canada.	Health behaviours; different culture of substance abuse.	Retrospective observational study
Ramstedt, M. (2007). "Population drinking and liver cirrhosis mortality: Is there a link in Eastern Europe?" <i>Addiction</i> 102(8): 1212-1223.	Belarus, Poland, Russia, Ukraine (spirits countries) Bulgaria, former Czechoslovakia, Hungary, Romania, Former Yugoslavia (non-spirits countries)	Health behaviours, different culture of substance abuse.	Retrospective observational study
Reading, R. "Poverty and the health of children and adolescents." <i>Archives of Disease in Childhood</i> . pp463-467.	Literature review - worldwide study.	Income inequalities.	Commentary/Editorial/Letter
Redaniel, M. T., A. Laudico, M. R. Mirasol-Lumague, A. Gondos and H. Brenner (2011). "Cancer survival differences	Europe and Philippines	Health service supply and demand	Retrospective observational study

between European countries and an urban population from the Philippines." <i>European Journal Of Public Health</i> 21(2): 221-228.			
Redmond, G. and C. Spooner (2009). "Alcohol and other drug related deaths among young people in CIS countries: Proximal and distal causes and implications for policy." <i>International Journal of Drug Policy</i> 20(1): 38-47.	Commonwealth of independent States (CIS) Belarus, Moldova, Russia, Ukraine, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan, Armenia, Azerbaijan, Georgia	Deprivation; health behaviours; different culture of substance abuse; lower social capital; new (availability of alcohol and/or drugs)	Literature review
Regidor, E., D. Martínez, J. M. Santos, M. E. Calle, P. Ortega and P. Astasio (2012). "New findings do not support the neomaterialist theory of the relation between income inequality and infant mortality." <i>Social Science & Medicine</i> (1982) 75(4): 752-753.	Commentary on study of 21 European countries inc. UK	Income inequalities (not supported)	Commentary/Editorial/Letter
Regidor, E., L. Lostao, C. Pascual, D. Martínez, M. E. Calle and V. Domínguez (2005). "Income in large residential areas and premature mortality in six countries of the European Union." <i>Health Policy (Amsterdam, Netherlands)</i> 75(1): 99-108.	Finland, the Netherlands, Belgium, France, Italy & Spain.	Deprivation; health behaviours; individual values; different culture of substance abuse; lower social capital?; income inequality; new (country specific historical factors e.g. reversal in the rising trend in ischaemic heart disease occurred in Italy & Spain later than in other countries)	Retrospective observational study
Rehm, J., U. Sulkowska, M. Mańczuk, P. Boffetta, J. Powles, S. Popova and W. Zatoński (2007). "Alcohol accounts for a high proportion of premature mortality in central and eastern Europe." <i>International Journal Of Epidemiology</i> 36(2): 458-467.	European Union states. 3 old - France, Sweden and UK. 3 new - Czech Republic, Hungary, Lithuania and Poland - and Russia as an external comparator.	Health behaviours; different culture of substance misuse	Retrospective observational study
Reseland, S., J. Le Noury, G. Aldred and D. Healy (2008). "National suicide rates 1961-2003: Further analysis of Nordic data for suicide, autopsies and ill-defined death rates." <i>Psychotherapy And Psychosomatics</i> 77(2): 78-82.	Nordic countries - Norway, Sweden, Denmark and Finland.	Other artefacts	Retrospective observational study
Resnick, M. D. (2011). "A better understanding of mortality in young people." <i>The Lancet</i> 377(9772): 1128-1130.	Commentary piece on Viner et al. (2011)	New (invisibility of young people)	Commentary/Editorial/Letter
Richardson, E. A., J. Pearce, H. Tulall, R. Mitchell and N. K. Shortt (2013). "Particulate air pollution and health inequalities: a Europe-wide ecological analysis." <i>International Journal Of Health Geographics</i> 12(1): 1-10.	31 countries. (Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, and United Kingdom)	Quality of external physical environment.	Commentary/Editorial/Letter
Richardson, E. A., J. Pearce, R. Mitchell, N. K. Shortt and H. Tunstall (2014). "Have regional inequalities in life expectancy	Europe	Income inequalities	Retrospective observational

widened within the European Union between 1991 and 2008?" European Journal Of Public Health 24(3): 357-363.			study.
Richardson, E. G. and D. Hemenway (2011). "Homicide, suicide, and unintentional firearm fatality: comparing the United States with other high-income countries, 2003." Journal of Trauma 70(1): 238-243.	US and 23 OECD countries.	Health behaviour; new (gun control attitudes and legislation)	Retrospective observational study
Riley, J. C. (1990). "The risk of being sick: morbidity trends in four countries." Population and Development Review 16(Sep 90): 403-432.	Evidence review of recent trends in Japan, US, Britain & Hungary	Deprivation; individual values; health service supply and demand	Review
Riva, M., C. Bambra, S. Easton and S. Curtis (2011). "Hard times or good times? Inequalities in the health effects of economic change." International Journal Of Public Health 56(1): 3-5.	Studies based in various countries	Deprivation	Commentary/Editorial/Letter
Rodgers, G. B. (2002). "Income and inequality as determinants of mortality: an international cross-section analysis." International Journal Of Epidemiology 31(3): 533-538.	Data from 56 countries	Deprivation; income inequalities	Reprint of original paper with commentaries
Rodu, B. and P. Cole (2009). "Lung cancer mortality: comparing Sweden with other countries in the European Union." Scandinavian Journal Of Public Health 37(5): 481-486.	25 European countries (Scotland in as UK)	Different culture of substance abuse.	Retrospective observational study
Rosano, A.O. "Infant mortality and congenital anomalies from 1950-1994: an international perspective." Journal of Epidemiology & Community Health pp660-666.	36 countries from Europe, the Middle East, the Americas, Asia, and the South Pacific.	Deprivation; health service supply and demand; other artefacts	Retrospective observational study
Rose, G. (1989). "Causes of the trends and variations in CHD mortality in different countries." International Journal Of Epidemiology 18(3 Suppl 1): S174-S179.	Refs to literature from UK, US, and Europe	Deprivation; health behaviours.	Commentary/review
Ross, N. A. (2000). "Relation between income inequality and mortality in Canada and in the United States: cross sectional assessment using International data and vital statistics." BMJ: British Medical Journal (International Edition) 320(7239): 898.	Canada and USA. The 10 Canadian provinces, the 50 US states, and 53 Canadian and 282 US metropolitan areas.	Deprivation; health service supply and demand; income inequality; political attack/effects??	Cross-sectional observational study
Ross, N. A., D. Dorling, J. R. Dunn, G. Henriksson, J. Glover, J. Lynch and G. R. Weitoft (2005). "Metropolitan-income inequality and working-age mortality: A cross-sectional analysis using comparable data from five countries." Journal of Urban Health-Bulletin of the New York Academy of Medicine 82(1): 101-110.	Australia, Canada, Great Britain, Sweden, and the United States	Deprivation; health service supply and demand; income inequality; political attack/effects	Cross-sectional observational study (ecological)
Rossi, I. A., V. Rousson and F. Paccaud (2013). "The contribution of rectangularization to the secular increase of life expectancy: an empirical study." International Journal Of Epidemiology 42(1): 250-258.	Switzerland, France, Denmark, Italy, Sweden, Netherlands, Finland, Norway, UK	Deprivation; health behaviours	Retrospective observational study
Rostron, B. L. and J. R. Wilmoth (2011). "Estimating the Effect of Smoking on Slowdown in Mortality Declines in Developed Countries." Demography 48(2): 461-479.	England and Wales, France, Japan, and the United State	Health behaviours	Retrospective observational study

Rothstein, W. G. (2012). "The decrease in socioeconomic differences in mortality from 1920 to 2000 in the United States and England." <i>Journal Of The History Of Medicine And Allied Sciences</i> 67(4): 515-552.	England and the US	Deprivation; health service supply and demand; new 90ther social factors)	Retrospective observational study
Rozanov, V. and T. E. Reytarova (2009). "Core symposium: Suicide across Europe. Epidemiology of completed suicide in Europe: Main tendencies and trends." <i>European Psychiatry</i> 24: S63.	SYMPOSIUM ABSTRACT - European Countries - WHO data	Deprivation, health behaviours; different cultures of substance misuse; income inequalities; possible mechanisms	Abstract - Retrospective observational study
Salander Renberg, E., H. Hjelmeland and R. Koposov (2008). "Building models for the relationship between attitudes toward suicide and suicidal behavior: Based on data from general population surveys in Sweden, Norway, and Russia." <i>Suicide and Life-Threatening Behavior</i> 38(6): 661-675.	Sweden, Norway and Russia	Individual values	Retrospective observational study
Samoli, E., G. Touloumi and J. Schwartz (2007). "Short-term effects of carbon monoxide on mortality: an analysis within the APHEA Project." <i>Environmental Health Perspectives</i> .	19 European cities: Athens, Barcelona, Basel, Birmingham, Budapest Geneva, Helsinki Ljubljana, London, Lyon, Milano, Netherlands, Prague, Rome, Stockholm Teplce, Torino, Valencia, Zurich	Quality of external physical environment.	Retrospective observational study
Sant, M., R. Capocaccia, A. Verdecchia, J. Estève, G. Gatta, A. Micheli, M. P. Coleman and F. Berrino (1998). "Survival of women with breast cancer in Europe: variation with age, year of diagnosis and country. The EUROCARE Working Group." <i>International Journal of Cancer. Journal International Du Cancer</i> 77(5): 679-683.	Switzerland, Finland, Italy, France, the Netherlands, Germany, Denmark, England, Scotland, Spain, Estonia and Poland. As UK cases represent about half the entire study population, a comparison of survival between the United Kingdom and the other countries was made.	Health service supply and demand	Retrospective observational study
Sant, M., R. Capocaccia, M. P. Coleman, F. Berrino, G. Gatta, A. Micheli, A. Verdecchia, J. Faivre, T. Hakulinen, J. W. Coebergh, C. Martinez-Garcia, D. Forman and A. Zappone (2001). "Cancer survival increases in Europe, but international differences remain wide." <i>European Journal Of Cancer</i> (Oxford, England: 1990) 37(13): 1659-1667.	Finland, Sweden, Iceland (Northern Europe); Denmark, England and Scotland (UK and Denmark); France, The Netherlands, Germany, Italy and Switzerland (Western Europe); Estonia and Poland (Eastern Europe)	Health service supply and demand	Retrospective observational study
Schöttker, B., et al. (2014). "Vitamin D and mortality: meta-analysis of individual participant data from a large consortium of cohort studies from Europe and the United States." <i>British Medical Journal</i> 348(7963): 13.	8 prospective cohort studies from Europe -7 and USA -1.	Possible mechanisms (vitamin D)	Meta-analysis of 8 prospective cohort studies.
Scott, I. A., C. A. Brand, G. E. Phelps, A. L. Barker and P. A. Cameron (2011). "Using hospital standardised mortality ratios to assess quality of care--proceed with extreme caution." <i>The</i>	HMSR used in UK, Sweden, Netherlands, Canada, USA and Australia	Other artefact	Opinion piece

Medical Journal Of Australia 194(12): 645-648.			
Seeman, T. E. and E. Crimmins (2001). Social environment effects on health and aging: Integrating epidemiologic and demographic approaches and perspectives. Population health and aging: Strengthening the dialogue between epidemiology and demography. M. Weinstein, A. I. Hermalin and M. A. Stoto. New York, NY, US, New York Academy of Sciences: 88-117.	uses studies from developed countries.	Deprivation; lower social capital; possible mechanisms	Review
Sekikawa, A., et al. (2013). "Do Differences in Risk Factors Explain the Lower Rates of Coronary Heart Disease in Japanese Versus U.S. Women?" <u>Journal of Women's Health</u> (15409996) 22(11): 966-977.	Japan and USA	Genetic differences; (health behaviours – not supported)	Retrospective observational study
Sekikawa, A., K. Miura, B. Willcox, K. H. Masaki, R. P. Tracy, Y. Miyamoto, H. Ueshima and L. H. Kuller (2014). "Recent trends in mortality from coronary heart disease mortality and its risk factors in selected developed countries." <i>Circulation</i> 129.	Australia, Canada, France, Italy, Japan, Spain, Sweden, UK & US.	Health behaviours (not supported)	Retrospective observational study
Sekikawa, A., L. H. Kuller, H. Ueshima, J. E. Park, I. Suh, S. H. Jee, H. K. Lee and W. H. Pan (1999). "Coronary heart disease mortality trends in men in the post-World War II birth cohorts aged 35-44 in Japan, South Korea and Taiwan compared with the United States." <i>International Journal Of Epidemiology</i> 28(6): 1044-1049.	Japan, South Korea, Taiwan and USA	Health behaviour; other artefact	Retrospective observational study
Sengoelge, M., B. Elling, L. Laflamme and M. Hasselberg (2013). "Country-level economic disparity and child mortality related to housing and injuries: a study in 26 European countries." <i>Injury Prevention</i> 19(5): 311-315.	26 European countries (Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Iceland, Italy, Latvia, Lithuania, Luxembourg, The Netherlands, Norway (special status country), Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and UK)	Deprivation; income inequalities; housing	Cross-sectional observational study (ecological)
Sengoelge, M., M. Hasselberg, D. Ormandy and L. Laflamme (2014). "Housing, income inequality and child injury mortality in Europe: A cross-sectional study." <i>Child: Care, Health And Development</i> 40(2): 283-291.	26 European countries. [Austria, Belgium, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Ireland, Iceland (special status country), Italy, Luxembourg, the Netherlands, Norway (special status country), Portugal, Sweden, Slovenia, Spain, the UK]	Deprivation; income inequalities; housing	Cross-sectional observational study (ecological)

	and upper-middle-income (Estonia, Hungary, Lithuania, Latvia, Poland, Slovakia)		
Serra-Majem, L., C. La Vecchia, L. Ribas-Barba, F. Prieto-Ramos, F. Lucchini, J. M. Ramón and L. Salleras (1993). "Changes in diet and mortality from selected cancers in southern Mediterranean countries, 1960-1989." <i>European Journal Of Clinical Nutrition</i> 47: S25-34.	Spain, Italy, Greece, Yugoslavia and England & Wales	Health behaviours (fat consumption)	Retrospective observational study
Sethi, D., et al. (2006). <u>Injuries and violence in Europe: why they matter and what can be done</u> . Copenhagen, World Health Organization Regional Office for Europe	High income countries in report: Andorra, Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Monaco, the Netherlands, Norway, Portugal, San Marino, Slovenia, Spain, Sweden, Switzerland, the United Kingdom and Low Income countries [refer to p. 2]	Deprivation; health behaviours; lower social capital; income inequalities; political attack/effects	Report
Sethi, D., F. Racioppi and R. Bertollini (2007). "Preventing the leading cause of death in young people in Europe." <i>Journal Of Epidemiology And Community Health</i> 61(10): 842-843.	EDITORIAL - refs to UK, The Netherlands, Sweden, Russian Federation, Latvia, Lithuania, Albania	Deprivation; scale of urban change	Commentary/Editorial/Letter
Shaw, M. E. (2002). <u>A matter of life and death : social and spatial inequalities in health</u> . Swindon, Economic and Social Research Council.	European studies referred to.	Income inequality; other artefacts?	Summary of authors' collaborative work.
Shaw, M., S. Orford, N. Brimblecombe and D. Dorling (2000). "Widening inequality in mortality between 160 regions of 15 European countries in the early 1990s." <i>Social Science & Medicine</i> (1982) 50(7-8): 1047-1058.	15 European Union member states: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden and the UK.	Health behaviour; other artefacts	Retrospective observational study
Siddiqi, A. and Q. C. Nguyen (2010). "A cross-national comparative perspective on racial inequities in health: the USA versus Canada." <i>Journal Of Epidemiology And Community Health</i> 64(1): 29-35.	USA and Canada	Deprivation	Retrospective observational study
Siddiqi, A., I. J. Ornelas, K. Quinn, D. Zuberi and Q. C. Nguyen (2013). "Societal context and the production of immigrant status-based health inequalities: A comparative study of the United States and Canada." <i>Journal Of Public Health Policy</i> 34(2): 330-344.	US and Canada	Deprivation; social capital; health service supply and demand.	Retrospective observational study
Siddiqi, A., I. Kawachi, D. P. Keating and C. Hertzman (2013). "A comparative study of population health in the United States and Canada during the neoliberal era, 1980-2008."	USA and Canada	Deprivation, health service supply and demand, political attack effects, income inequality, social cohesion, possible mechanisms (stress)	Comparative case study

International Journal Of Health Services: Planning, Administration, Evaluation 43(2): 193-216.			
Simons, A. M. W., D. A. I. Groffen and H. Bosma (2013). "Socio-economic inequalities in all-cause mortality in Europe: an exploration of the role of heightened social mobility." European Journal Of Public Health 23(6): 1010-1012.	12 European countries - incl. Belgium, Denmark, Finland, France, Italy, Norway, Spain, Sweden, Switzerland, UK	Income inequality	Explorative study
Sing CF, Moll PP. Genetics of variability of CHD risk. Int J Epidemiol 1989; 18 (Suppl 1): S183-S195	Unclear	Genetic factors (apolipoprotein E molecule)	Review of studies
Smith, T. (1991). "European health challenges." British Medical Journal 303: 1395-1398.	Europe	Health behaviours	Commentary/Editorial/Letter
Sonnenberg, A. (2012). "Effects of Birth Cohort on Long-Term Trends in Mortality From Colorectal Cancer." Clinical Gastroenterology and Hepatology 10(12): 1389-1394.	UK (England & Wales), France, Italy, the Netherlands, Sweden and Switzerland.	Health service supply and demand; possible mechanisms - H pylori	Time Trend analysis
Sonnenberg, A. and T. R. Koch (1989). "Period and generation effects on mortality from idiopathic inflammatory bowel disease." Digestive Diseases And Sciences 34(11): 1720-1729.	UK and USA	Health services supply and demand; new (unknown environmental factor)	Time Trend analysis
Spiegelhalter, D. (2013). "Are you 45% more likely to die in a UK hospital rather than a US hospital?" BMJ: British Medical Journal (Clinical Research Edition) 347: f5775-f5775.	UK & US	Health service supply and demand; other artefacts	Opinion piece
Stack, S. (1996). "The impact of relative cohort size on national suicide trends, 1950–1980: A comparative analysis." Archives of Suicide Research 2(4): 213-222.	Australia, Austria, Belgium, England, Denmark, Norway, Swede, Bulgaria, Czechoslovakia, Hungary, Poland and Canada.	Deprivation; labour market/nature of employment.	Pooled cross-section time series analysis
Stanistreet, D., V. Swami, D. Pope, C. Bambra and A. Scott-Samuel (2007). "Women's empowerment and violent death among women and men in Europe: An ecological study." Journal of Men's Health & Gender 4(3): 257-265.	27 European countries	Family, gender, parenting - Changing gender role/women's empowerment	Retrospective observational study (ecological)
Stefler, D., Pikhart, H., Kubinova, R., Pajak, A., Stepaniak, U., Malyutina, S., Simonova, G., Peasey, A., Marmot, M. and Bobak, M. (2015) Fruit and vegetable consumption and mortality in Eastern Europe: longitudinal results from the Health, Alcohol and psychosocial factors in Eastern Europe study. European Journal of Preventive Cardiology April 22, 2015, doi: 10.1177/2047487315582320	Eastern Europe (CEE - central and Eastern Europe and FSU - former Soviet Union).	Health behaviours (diet - fruit and vegetable intake).	Prospective cohort study.
Stickley, A., M. Leila, A. E. Kind, M. Bopp, B. H. Strand, P. Martikainen, O. Lundberg, K. Kovács, B. Artnik, R. Kalediene, J. Rychtaříková, B. Wojtyniak and J. P. Mackenbach (2012). "Socioeconomic inequalities in homicide mortality: a population-based comparative study of 12 European countries." European Journal Of Epidemiology 27(11): 877-884.	Northern-western (Finland, Sweden, Norway, Denmark, Belgium and Switzerland) and the eastern part of the region (Slovenia, Hungary, the Czech Republic, Poland, Lithuania and Estonia)	Deprivation; health behaviours; individual values; different culture of substance abuse; culture of boundlessness; lower 'social' capital; political attack/effects; educational attainment	Retrospective observational study
Stirbu, I., A. E. Kulnt, M. Bopp, M. LeiInternationalalu, E. Regidor, S. Esnaola, G. Costa, P. Martikainen, C. Borrell, P. Deboosere, R. Kalediene, J. Rychtarikova, B. Artnik and J. P. Mackenbach (2010). "Educational inequalities in avoidable	Finland, Sweden, Norway, Denmark, Belgium, Switzerland, Italy, Spain, Slovenia, Hungary, the	Deprivation; educational attainment?	Retrospective observational study

mortality in Europe." <i>Journal Of Epidemiology And Community Health</i> 64(10): 913-920.			
Strand, B. H., A. Kulnt, M. Huisman, G. Menvielle, M. Glickman, M. Bopp, C. Borell, J. K. Borgan, G. Costa, P. Deboosere, E. Regidor, T. Valkonen and J. P. Mackenbach (2007). "The reversed social gradient: higher breast cancer mortality in the higher educated compared to lower educated. A comparison of 11 European populations during the 1990s." <i>European Journal of Cancer</i> 43(7): 1200-1207.	Finland, Norway, Denmark, England and Wales, Belgium, France, Switzerland, Austria, Turin, Barcelona and Madrid	Deprivation, educational attainment?	Retrospective observational study
Stringhini, S., A. Dugravot, M. Shipley, M. Goldberg, M. Z. M. Kivimäki, M. Marmot, S. Sabia and A. Singh-Manoux (2011). "Health behaviours, socioeconomic status, and mortality: further analyses of the British Whitehall II and the French GAZEL prospective cohorts." <i>Plos Medicine</i> 8(2): e1000419-e1000419.	Britain and France	Deprivation; health behaviours - but major differences in the social patterning of unhealthy behaviours between the 2 cohorts	Longitudinal prospective cohort study
Sykes, D. H., D. Arveiler, C. P. Salters, J. Ferrieres, E. McCrum, P. Amouyel, A. Bingham, M. Montaye, J. B. Ruidavets, B. Haas, P. Ducimetiere and A. E. EvallInternational (2002). "Psychosocial risk factors for heart disease in France and North Ireland: The prospective epidemiological study of myocardial infarction (PRIME)." <i>International Journal of Epidemiology</i> 31(6): 1227-1234.	Strasbourg, Toulouse, Lille - France and Belfast - Northern Ireland (NI)	New (psychosocial risk – not supported)	Prospective epidemiological study
Tabak, C., E. J. Feskens, D. Heederik, D. Kromhout, A. Menotti and H. W. Blackburn (1998). "Fruit and fish consumption: a possible explanation for population differences in COPD mortality (The Seven Countries Study)." <i>European Journal Of Clinical Nutrition</i> 52(11): 819-825.	Finland, Italy, Greece, former Yugoslavia, Japan, USA, Italy	Health behaviours	Prospective cohort study
Takahashi, I., M. Matsuzaka, T. Umeda, K. Yamai, M. Nishimura, K. Danjo, T. Kogawa, K. Saito, M. Sato and S. Nakaji (2008). "Differences in the influence of tobacco smoking on lung cancer between Japan and the USA: Possible explanations for the 'smoking paradox' in Japan." <i>Public Health</i> 122(9): 831-896.	USA, Japan	Health behaviours, genetic differences	Literature review
Tausch, A. (2012). "A globalization-oriented perspective on health, inequality and socio-economic development." <i>The International Journal of Health Planning and Management</i> 27(1): 2-33.	183 countries (115 with complete data)	New (Multinational corporation penetration) ; Deprivation (GDP); Political attack/ effect	Retrospective observational study
Taylor, P. (2003). "Age, labour market conditions and male suicide rates in selected countries." <i>Ageing and Society</i> 23(1): 25-40.	Australia, Canada, Finland, France, Italy, Japan, Netherlands, Norway, Portugal, Spain, Sweden, UK, USA.	Political effects (welfare policies)	Retrospective observational study
Thomson, C. S., D. J. Hole, C. J. Twelves, D. H. Brewster and R. J. Black (2001). "Prognostic factors in women with breast cancer: distribution by socioeconomic status and effect on differences in survival." <i>Journal Of Epidemiology And Community Health</i> 55(5): 308-315.	Scotland - comparing affluent and deprived	Deprivation	Retrospective observational study

Thor, N. and P. Joakim (2010). "Public pension institutions and old-age mortality in a comparative perspective." <u>International Journal of Social Welfare</u> 19 (Supplement 1): s121-s130 2010.	8 OECD countries	Political effects (pension allowance)	Retrospective observational study
Toch-Marquardt, M., G. Menvielle, T. A. Eikemo, I. Kulhánová, M. C. Kulik, M. Bopp, S. Esnaola, D. Jasilionis, N. Mäki, P. Martikainen, E. Regidor, O. Lundberg and J. P. Mackenbach (2014). "Occupational class inequalities in all-cause and cause-specific mortality among middle-aged men in 14 European populations during the early 2000s." <u>Plos One</u> 9 (9): e108072-e108072.	Finland Sweden Denmark England & Wales Scotland Netherlands France Switzerland Austria Spain Lithuania	Different culture of substance misuse. income inequalities	Retrospective observational study
Tubeuf, S. and F. Jusot (2011). "Social health inequalities among older Europeans: the contribution of social and family background." <u>The European Journal Of Health Economics: HEPAC: Health Economics In Prevention And Care</u> 12 (1): 61-77.	Austria, Belgium, Denmark, France, Germany, Sweden, Greece, Italy, the Netherlands, Spain, Switzerland	Deprivation	Longitudinal survey
Turunen, E. and H. Hiilamo (2014). "Health effects of indebtedness: a systematic review." <u>BMC Public Health</u> 14 (489).	USA, Germany, Austria, Britain	Deprivation (debt)	Systematic review
ul Haq, R., et al. (2014). "Determinants of differentials in pneumonia mortality in the UK and France." <u>Journal Of Health Care Finance</u> 40 (3): 101-110.	France and the UK	Other artefacts	Retrospective observational study
United Nations Children's Fund (2001). <u>A league table of child deaths by injury in rich nations (Innocenti report card no 2)</u> . Florence, UNICEF, Innocenti Research Centre.	OECD countries	Deprivation; political effects	Retrospective observation study
United Nations Children's Fund (2003). <u>A league table of child maltreatment deaths in rich nations. (Innocenti report card no 5)</u> . Florence, UNICEF Innocenti Research Centre.	OECD countries-Australia, Austria, Belgium, Canada, the Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, the Republic of Korea, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Poland, Portugal, the Slovak Republic, Spain, Sweden, Switzerland, Turkey, the United Kingdom of Great Britain and Northern Ireland, and the United States of America	Parenting differences	Retrospective observation study
Vågerö, D. and O. Lundberg (1989). "Health inequalities in Britain and Sweden." <u>Lancet</u> 2 (8653): 35-36.	Britain and Sweden	Deprivation; social class	Retrospective observation study
Valkonen, T. (1993). "Trends and Inequalities in Mortality." <u>International Journal of Sociology</u> 23 (2/3): 91.	Scandinavian countries and other non-socialist countries	Deprivation, health behaviours; healthcare supply and demand	Retrospective observation study
Valkonen, T. and F. VanPoppel (1997). "The contribution of smoking to sex differences in life expectancy - Four Nordic countries and The Netherlands 1970-1989." <u>European Journal</u>	Denmark, Finland, Norway, Sweden and The Netherlands	Health behaviours	Retrospective observation study

Of Public Health 7(3): 302-310.			
Valkonen, T., A. Brancker and M. Reijo (1992). "Mortality differentials between three populations--residents of Scandinavia, Scandinavian immigrants to Canada and Canadian-born residents of Canada, 1979-1985." Health Reports 4(2): 137-159.	Scandinavia (Sweden, Finland, Norway & Denmark) and Canada	Deprivation; health behaviours; health services supply and demand	Retrospective observation study
Vallgård, S. (1997). "Why was the perinatal mortality rate higher in Denmark than in Sweden? The development in the 1970s and 1980s." Scandinavian Journal Of Social Medicine 25(2): 74-82.	Denmark and Sweden	Health behaviours; health service supply and demand	Retrospective observation study
Vallin, J. et al., Eds. (2001). <u>Trends in mortality and differential mortality. Population Studies no 36</u> . Strasbourg, Council of Europe Publishing..	11 European countries: Finland, Sweden, Denmark, Austria, Germany, France, Italy, Spain, Poland, Romania, Russia	Deprivation; educational attainment; social capital (marital status); health behaviours; health services supply and demand; living in rural areas	Analysis of national datasets
van Ameijden, E. J. C., et al. (1999). "Pre-AIDS mortality and morbidity among injection drug users in Amsterdam and Baltimore: An ecological comparison." Substance Use & Misuse 34(6): 845-865.	Amsterdam and Baltimore	Health behaviours; health services supply and demand?	Cohort study
Van der Heyden, J. H. A., et al. (2009). "Socioeconomic inequalities in lung cancer mortality in 16 European populations." Lung Cancer (01695002) 63(3): 322-330.	Finland, Sweden, Norway, Denmark, Belgium, Switzerland, South Turin, Basque Country, Barcelona, Madrid, Slovenia, Hungary, Czech Republic, Poland, Lithuania, Estonia	Deprivation; socioeconomic	Retrospective observational study
Van Der Veen, W. J. (1994). "Does it matter where I live in Western Europe? An analysis of regional mortality differentials in Belgium, Germany and the Netherlands." European Journal Of Population = Revue Européenne De Démographie 10(4): 319-348.	Belgium, Germany, the Netherlands	Health behaviours; quality of external physical environment; motor vehicle accidents	Retrospective observational study
Van Hemelrijck, M. J. J., et al. (2009). "Tobacco use and bladder cancer patterns in three western European countries." Journal of Public Health 31(3): 335-344.	Spain, Sweden, UK	Health behaviours	Retrospective observational study
van Lenthe, F. J., et al. (2005). "Neighbourhood unemployment and all-cause mortality: a comparison of six countries." Journal of Epidemiology & Community Health 59(3): 231-237.	United States, Netherlands, England, Finland, Italy, and Spain	Deprivation	Prospective cohort study
Van Oyen, H., et al. (2010). "Gender gaps in life expectancy and expected years with activity limitations at age 50 in the European Union: Associations with macro-level structural indicators." European Journal Of Ageing 7(4): 229-237.	25 EU countries	Deprivation; health service supply and demand	Retrospective observational study
Vandenheede, H., et al. (2014). "Socioeconomic inequalities in all-cause mortality in the Czech Republic, Russia, Poland and Lithuania in the 2000s: findings from the HAPIEE Study." Journal Of Epidemiology And Community Health 68(4): 297-303.	Czech Republic, Russia, Poland and Lithuania	Deprivation; socioeconomic	Retrospective observational study

Vaupel, J. W., Z. Zhang and A. A. van Raalte (2011). "Life expectancy and disparity: an international comparison of life table data." <i>BMJ Open</i> 1(1): e000128-e000128.	40 developed countries	Anecdote - countries that are successful in averting premature death have greater life expectancy	Retrospective observational study.
Verschuren, W. M. M. and D. R. Jacobs (1995). "Serum total cholesterol and long-term coronary heart disease mortality in different cultures." <i>JAMA: Journal of the American Medical Association</i> 274(2): 131.	7 countries in total. 5 European countries, USA, and Japan	Health behaviours	Cohort study: baseline, 5 year and 10 year follow-up
Villadsen, S. F., et al. (2010). "Cross-country variation in stillbirth and neonatal mortality in offspring of Turkish migrants in northern Europe." <i>European Journal Of Public Health</i> 20(5): 530-535.	Austria, the Flemish part of Belgium, Denmark, England and Wales, North Rhine-Westphalia in Germany, the Netherlands, Norway, Sweden and Switzerland	Deprivation	Retrospective observation study
Viner, R. M., et al. (2014). "Deaths in young people aged 0-24 years in the UK compared with the EU15+countries, 1970-2008: analysis of the WHO Mortality Database." <i>Lancet</i> 384(9946): 880-892.	UK, Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, and Sweden	Health services supply and demand; political effects	Retrospective observation study
Vollset, S. E. (2010). "Does the southern European cardiovascular mortality advantage extend to total mortality? 50-year trends in death risks between 40 and 70 years of age in Western European men and women." <i>Scandinavian Journal Of Public Health</i> 38(Suppl 5): 127-134.	Denmark, Finland, Germany, Ireland, Netherlands, Norway, Sweden, and UK) and southern (France, Italy, Spain, and Switzerland)Western European countries	Genetic differences; health behaviours	Retrospective observational study
Vollset, S. E. (2013). "Risk and causes of death between 40 and 70 years of age in the Nordic countries 1951–2010." <i>Scandinavian Journal Of Public Health</i> 41(6): 644-651.	Denmark, Finland, Iceland, Norway and Sweden	Health behaviours	Retrospective observational study
Waal, H. and M. Gossop (2013). "Making Sense of Differing Overdose Mortality: Contributions to Improved Understanding of European Patterns." <i>European Addiction Research</i> 20(1): 8-15.	28 European countries	Different culture of substance misuse	Retrospective observational study
Wahlbeck, K., et al. (2011). "Outcomes of Nordic mental health systems: life expectancy of patients with mental disorders." <i>The British Journal Of Psychiatry: The Journal Of Mental Science</i> 199(6): 453-458. Wahlbeck, K., et al. (2011). "Outcomes of Nordic mental health systems: life expectancy of patients with mental disorders." <i>The British Journal Of Psychiatry: The Journal Of Mental Science</i> 199(6): 453-458.	Denmark, Finland and Sweden	Deprivation, health behaviour; political effects (deinstitutionalisation)	Retrospective observational study
Wait, S. and E. Harding (2006). <i>The state of ageing and health in Europe</i> . London, International Longevity Centre UK.	European countries	Deprivation; health behaviours,	Report
Waldron, I. (2002). Trends in gender differences in coronary heart disease mortality - Relationships to trends in health-related behavior and changing gender roles. <i>Heart Disease: Environment, Stress and Gender</i> . G. Weidner, M. Kopp and M. Kristenson. Amsterdam, Ios Press. 327: 80-98.	U.S. and some Western European countries	Genetic difference; gender, health behaviours	Book

Waldron, I., et al. (2005). "Trends in gender differences in accidents mortality: Relationships to changing gender roles and other societal trends." <i>Demographic Research</i> 13: 415-453.	UK, US, France, Italy, Japan	Genetic difference- gender; health service supply and demand	Retrospective observational study
Wanless, D. (2003). <u>Securing good health for the whole population: population health trends</u> . London, The Stationary Office.	England vs. Australia, Denmark, Canada, Finland, France, Germany, the Netherlands and Sweden	Deprivation; health behaviours; health service supply and demand	Retrospective observational study
Weisz, D., et al. (2008). "Population health and the health system: a comparative analysis of avoidable mortality in three nations and their world cities." <i>European Journal Of Public Health</i> 18(2): 166-172.	France; England & Wales; US	Deprivation; health service supply and demand	Retrospective observational study
Wennemo, I. (1993). "Infant mortality, public policy and inequality -- a comparison of 18 industrialised countries 1950-85." <i>Sociology Of Health & Illness</i> 15(4): 429-446.	Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Japan, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States	Deprivation; income inequalities	Retrospective observational study
White, A. and K. Cash (2004). "The state of men's health in Western Europe." <i>Journal of Men's Health & Gender</i> 1(1): 60-66.	Austria, Belgium, Denmark, France, Finland, Germany, Greece, Italy, Ireland, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland and the United Kingdom (not specific to Scotland)	Genetic differences; health behaviours,	Retrospective observational study
White, A., et al. (2014). "An examination of the association between premature mortality and life expectancy among men in Europe." <i>European Journal Of Public Health</i> 24(4): 673-679.	19 Countries in the EU	Deprivation; income equality	Retrospective observational study
Wild, P., et al. (2002). "A cohort mortality and nested case-control study of French and Austrian talc workers." <i>Occupational & Environmental Medicine</i> 59(2): 98-105.	France, Austria	Nature of employment	Prospective cohort with nested case-control study
Wilkinson, R. and Pickett, K. (2010) <i>The spirit level</i> . New York, Bloomsbury Press.	50 Us states and 23 countries (see p. 301 for full list). Worldwide references.	Income inequality	Book - with some data analysis.
Wilkinson, R. G. (1992). "Income distribution and life expectancy." <i>British Medical Journal</i> 304: 165-168.	OECD countries	Deprivation; income distribution	Discussion
Wilkinson, R. G. (1997). "Socioeconomic determinants of health. Health inequalities: relative or absolute material standards?" <i>BMJ (Clinical Research Ed.)</i> 314(7080): 591-595.	Mixture of data sets, Some OCED countries	Deprivation; income inequalities	Retrospective observational study
Wilkinson, R. G. (2005). <u>The impact of inequality: how to make sick societies healthier</u> . New York, New Press.	Various		Book
Williams, B. C. and J. B. Kotch (1990). "Excess injury mortality among children in the United States: comparison of recent	U.S., Canada, Norway, England, Wales, Netherlands	Deprivation; individual values; family, gender relations and parenting differences	Retrospective observational study

international statistics." <i>Pediatrics</i> 86(6 Pt 2): 1067-1073.			
Wolfe, C. D. A., et al. (1999). "Variations in case fatality and dependency from stroke in western and central Europe." <i>Stroke</i> 30 (2): 350-356.	Western and central Europe	Health service supply and demand	Retrospective observational study
Wolfe, I., Macfarlane, A., Donkin, A., Marmot, M. and Viner, R. (2014). Why children die: death in infants, children and young people in the UK - Part A. London, Royal College of Paediatrics and Child Health	UK and Europe	Health service supply and demand; political attack/effects	Report
Yarnell JWG, et al. Can lifestyle and risk factors explain differences in mortality and cardiovascular incidence in men in France and Northern Ireland? Evidence from the Prime study. <i>European Heart Journal</i> . [Meeting Abstract]. 2010 Sep;31:236-.	France and Northern Ireland	Health behaviours	Retrospective observational study
Woods, L. M., et al. (2009). "Large differences in patterns of breast cancer survival between Australia and England: A comparative study using cancer registry data." <i>International Journal of Cancer</i> 124(10): 2391-2399.	Australia and England	Deprivation; health services supply and demand	Retrospective observational study
Woodside, J. V., et al. (2012). "Do lifestyle behaviours explain socioeconomic differences in all-cause mortality, and fatal and non-fatal cardiovascular events? Evidence from middle aged men in France and Northern Ireland in the PRIME Study." <i>Preventive Medicine</i> 54(3-4): 247-253.	France and Northern Ireland	Health behaviours	Retrospective observational study
Woolhouse, I. (2011). "Variation in lung cancer outcomes in the UK and Europe." <i>Clinical Medicine</i> 11 (2): 110-111.	UK and Europe	Artefact?	Editorial
Wramner, B., et al. (2001). "Premature mortality in lung cancer as an indicator of effectiveness of tobacco use prevention in a gender perspective--a comparison between Poland and Sweden." <i>Central European Journal Of Public Health</i> 9(2): 69-73.	Poland and Sweden	Health behaviours	Retrospective observational study
Xu, B., et al. (1997). "Sex differentials in perinatal mortality in China and Finland." <i>Biodemography And Social Biology</i> 44(3-4): 170-178.	China and Finland	Genetic differences; family gender relations and parenting differences	Retrospective observational study
Yarnell, J. W. G., C. C. Patterson, D. Arveiler, P. Amouyel, J. Ferrières, J. V. Woodside, B. Haas, M. Montaye, J. B. Ruidavets, F. Kee, A. Evans, A. Bingham and P. Ducimetière (2012). "Contribution of lifetime smoking habit in France and Northern Ireland to country and socioeconomic differentials in	France and Northern Ireland	Deprivation; education levels; health behaviours	Cohort study

mortality and cardiovascular incidence: the PRIME Study." <i>Journal Of Epidemiology And Community Health</i> 66 (7): 599-604.			
Yip, P. S. F., et al. (2011). "A study of deliberate self-harm and its repetition among patients presenting to an emergency department." <i>Crisis: The Journal of Crisis Intervention and Suicide Prevention</i> 32 (4): 217-224.	Hong Kong and Oxford (UK)	Health behaviours	Retrospective observational study
Youlten, D. R., et al. (2013). "International comparisons of the incidence and mortality of sinonasal cancer." <i>Cancer Epidemiology</i> 37 (6): 770-779.	Mainly in Europe, North America and the Asia-Pacific region	Health care supply and demand, access to health care	Retrospective observational study
Yount, K. M. (2001). "Excess mortality of girls in the Middle East in the 1970s and 1980s: Patterns, correlates and gaps in research." <i>Population Studies</i> 55 (3): 291-318.	The Middle East and North West Europe	Gender inequality; gender relations?	Retrospective observational study
Yu, X. Q., et al. (2004). "Comparison of cancer survival in UK and Australia: rates are higher in Australia for three major sites." <i>British Journal Of Cancer</i> 91 (9): 1663-1665.	Yorkshire, UK and NSW, Australia,	Health service supply and demand	Retrospective observational study
Yur'yev, A., et al. (2012). "Employment status influences suicide mortality in Europe." <i>International Journal of Social Psychiatry</i> 58 (1): 62-68.	European countries	Deprivation - unemployment, labour market?	Retrospective observational study
Zatonski, W. (2007). "The east-west health gap in Europe: What are the causes?" <i>European Journal Of Public Health</i> 17 (2): 121-121.		Health behaviours	Editorial
Zatoński, W. A., et al. (2010). "Liver cirrhosis mortality in Europe, with special attention to Central and Eastern Europe." <i>European Addiction Research</i> 16 (4): 193-201.	35 European countries	Health behaviours	Retrospective Observational study
Zhang, J. and H. Kesteloot (2001). "Differences in all-cause, cardiovascular and cancer mortality between Hong Kong and Singapore: role of nutrition." <i>European Journal Of Epidemiology</i> 17 (5): 469-477.	Hong Kong & Singapore	Health behaviours	Retrospective observational study
Zhang, J., et al. (2000). "Fish consumption is inversely associated with male lung cancer mortality in countries with high levels of cigarette smoking or animal fat consumption." <i>International Journal Of Epidemiology</i> 29 (4): 615-621.	36 countries, 6 American 24 European, 6 western pacific	Health behaviours (dietary consumption)	Retrospective observational study
Zvidrins, P. and J. Krumins (1993). "Morbidity and Mortality in Estonia, Latvia and Lithuania in the 1980's." <i>Scandinavian Journal Of Public Health</i> 21 (3): 150-158.	Latvia, Lithuania, Estonia	Urbanisation	Retrospective observational study

Appendix 4 List of excluded studies

Excluded: no geographic comparison – 625.

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(2010). "Childhood obesity and other cardiovascular risk factors associated with premature death." Contemporary Pediatrics 27(3): 12-12.

(2010). "Is a Large Gut Responsible For Excess Mortality?" Nutrition Health Review: The Consumer's Medical Journal(104): 3-3.

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social status? Evidence from a prospective observational study of Scottish men" (61(9), 2005, 1916-1929)." *Social Science & Medicine* (1982) 63(4): 846-850.

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