

1. Air pollution
2. Anomie
3. Artefact: inadequate measurement of poverty and deprivation
4. Culture ^a
5. Climate: rainfall
6. Climate: vitamin D deficiency
7. Climate: winter deaths
8. Culture of dependency
9. Culture of substance misuse
10. Early years: family, gender relations and parenting differences
11. Educational attainment
12. Employment/ labour market
13. Ethnicity
14. Genetics
15. Health & social services
16. Health behaviours - alcohol
17. Health behaviours - diet
18. Health behaviours - drug misuse
19. Health behaviours - physical activity
20. Health behaviours - smoking
21. Housing quality and provision
22. Impacts of the World Wars
23. Income inequalities
24. Individual values
25. Lagged effects of poverty and deprivation
26. Migration
27. Obesity
28. Political influences and vulnerability
29. Premature and low birthweight babies
30. Quality of external physical environment: land contamination
31. Quality of external physical environment: vacant & derelict land
32. Scale of deindustrialisation
33. Scale and nature of post-war urban change
34. Sectarianism
35. Sense of coherence
36. Social capital
37. Social mobility
38. Spatial patterning of deprivation
39. Terminations of pregnancy
40. Water hardness

^a Note that this hypothesis – that there are differences in culture between Scottish and English populations which impact on differences in health status – was not assessed and summarised in the same manner as the other hypotheses included within the research. This is because it is not a single, specific hypothesis, but is rather an ‘overarching’ theory relevant to a number of other ‘cultural’ theories that were systematically assessed. These other cultural theories include: individual values (psychological outlook, self-efficacy, hedonism, time and risk ‘preferences’, individualism, materialism, consumerism); a culture of substance misuse; sectarianism; social capital; and behavioural hypotheses (e.g. alcohol, drugs, diet, physical activity).

Table 1. List of hypotheses