

Building the future that should be the right of all children

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<http://www.instituteofhealthequity.org>



TRUTH

JUSTICE

HOPE



TRUTH

JUSTICE

HOPE

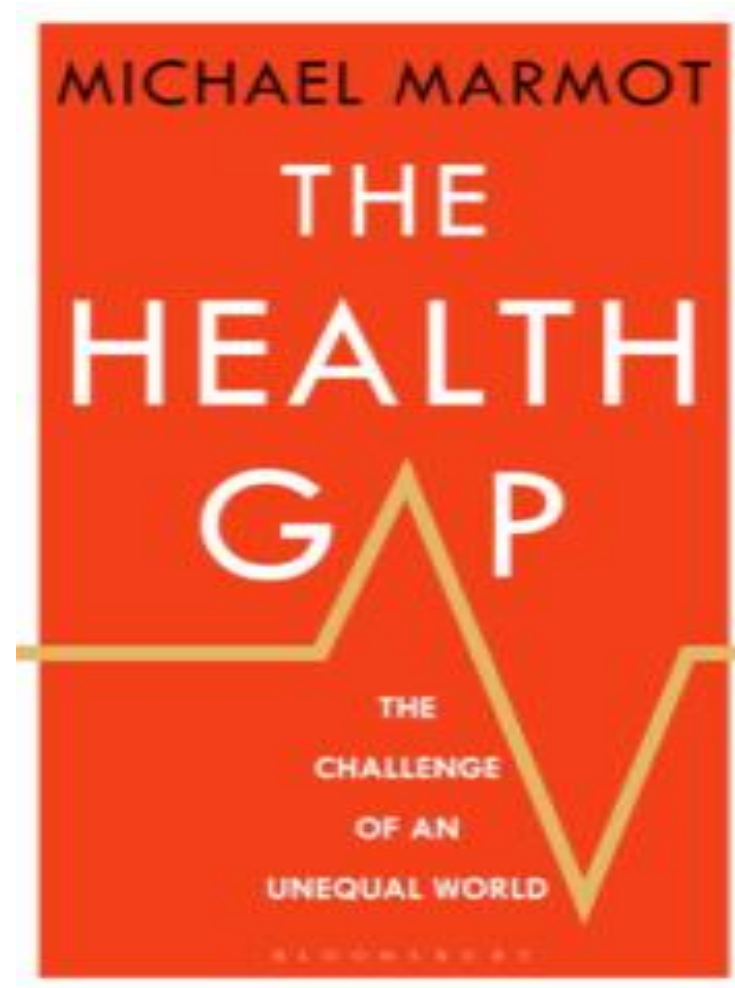


TRUTH

EVIDENCE

SPEAKING TRUTH TO POWER

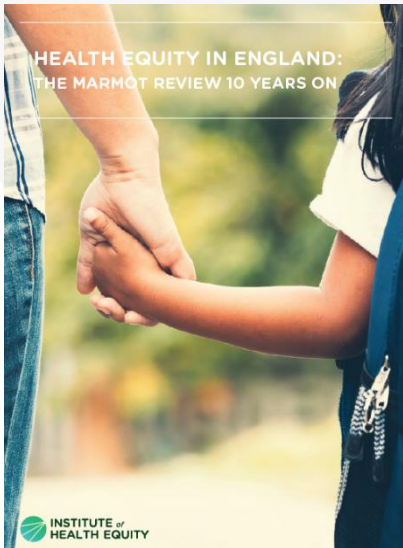
Why treat people and send them back to the conditions that made them sick?





UK Context

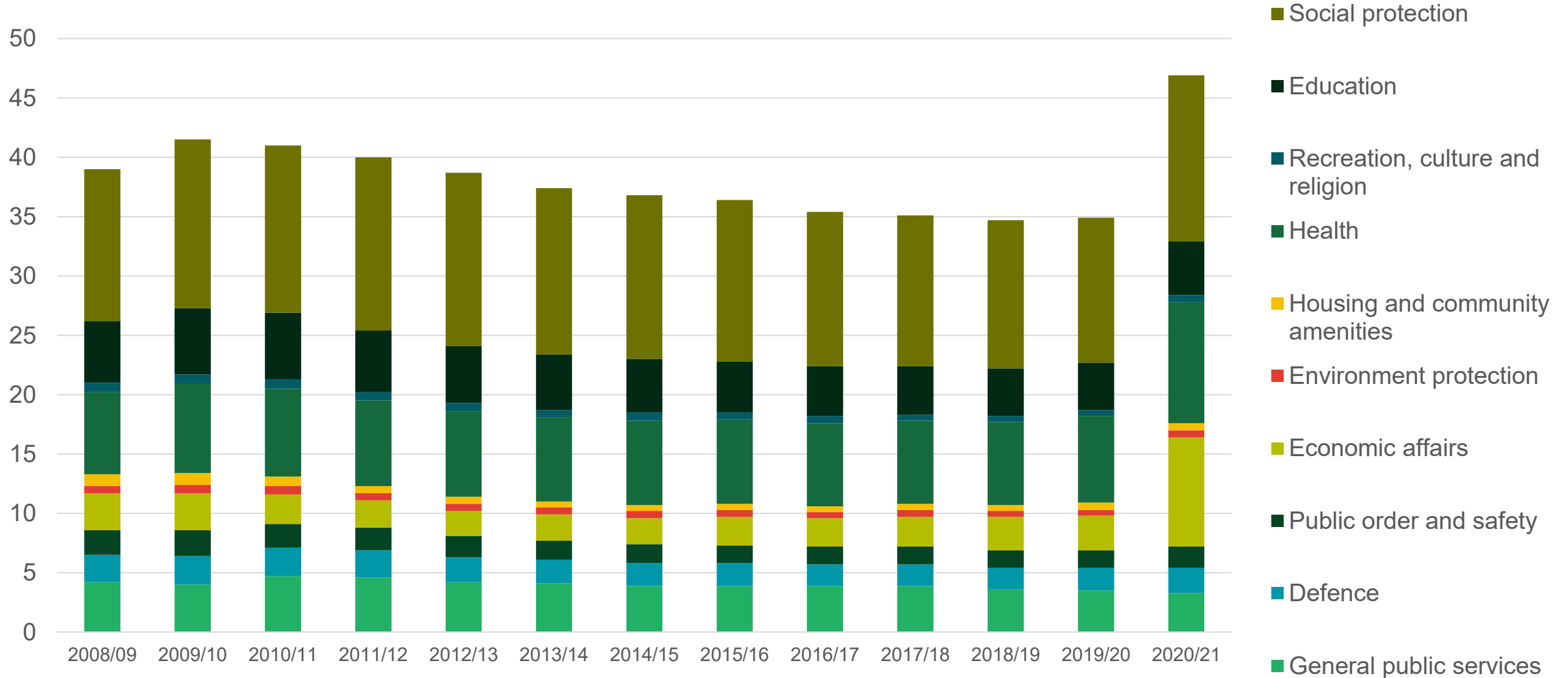
Marmot Principles



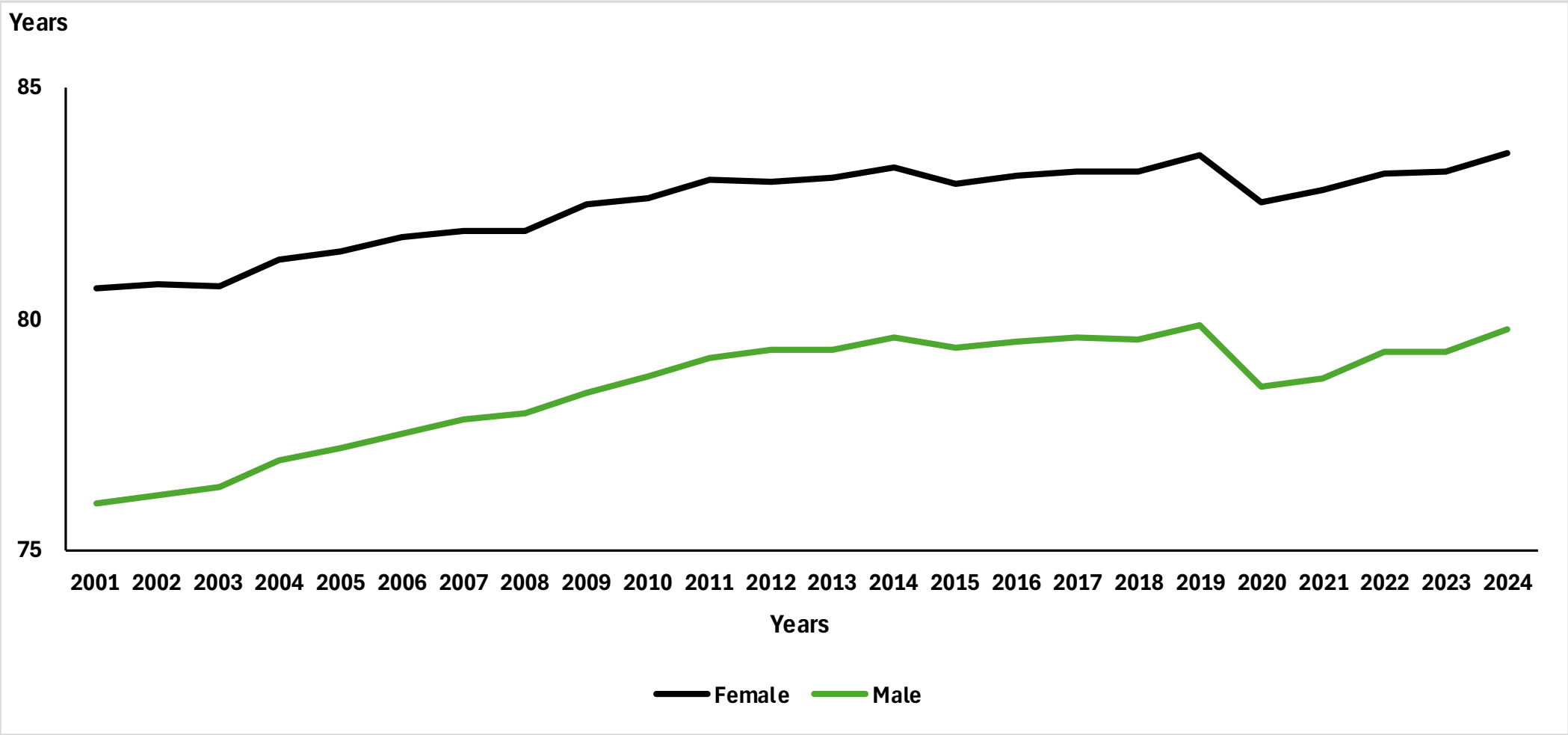
1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention
7. Tackle racism, discrimination and their outcomes
8. Pursue environmental sustainability and health equity together

Public sector expenditure (% of GDP) declined in the UK

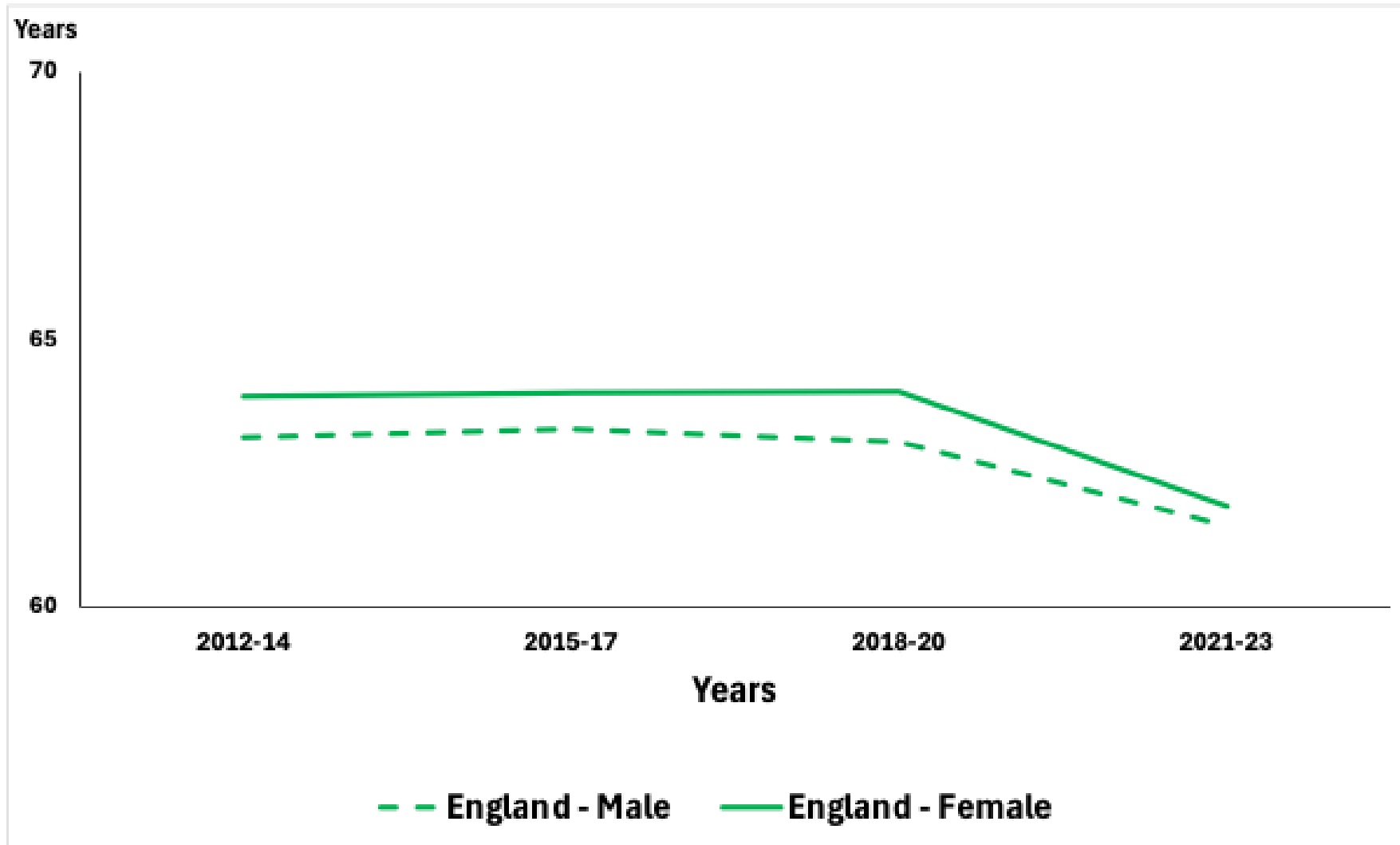
Percent



Life expectancy at birth, by sex, England, 2001 to 2024



Healthy life expectancy, by sex, England, 2012-14 to 2021-23





TRUTH

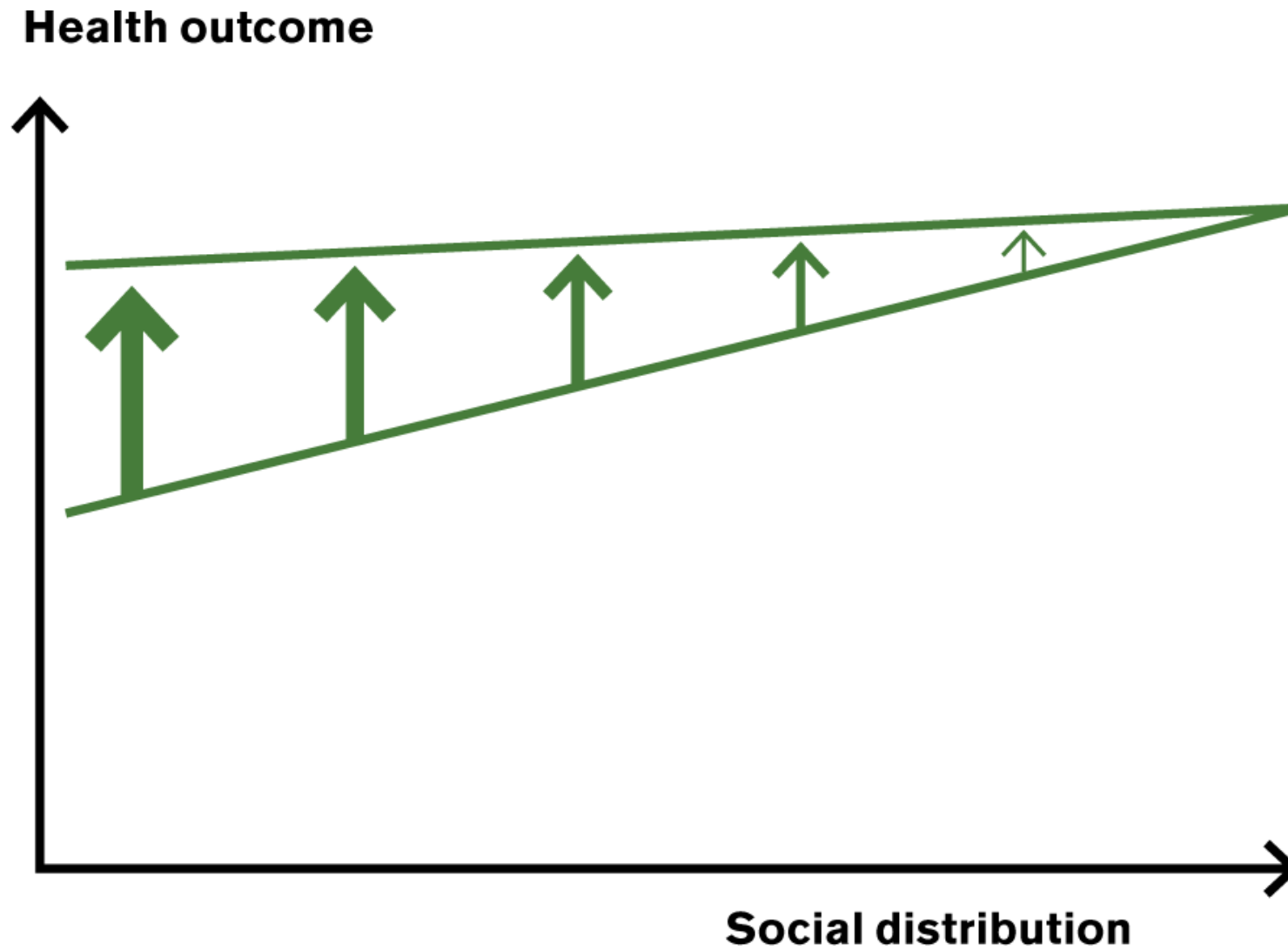
JUSTICE

HOPE

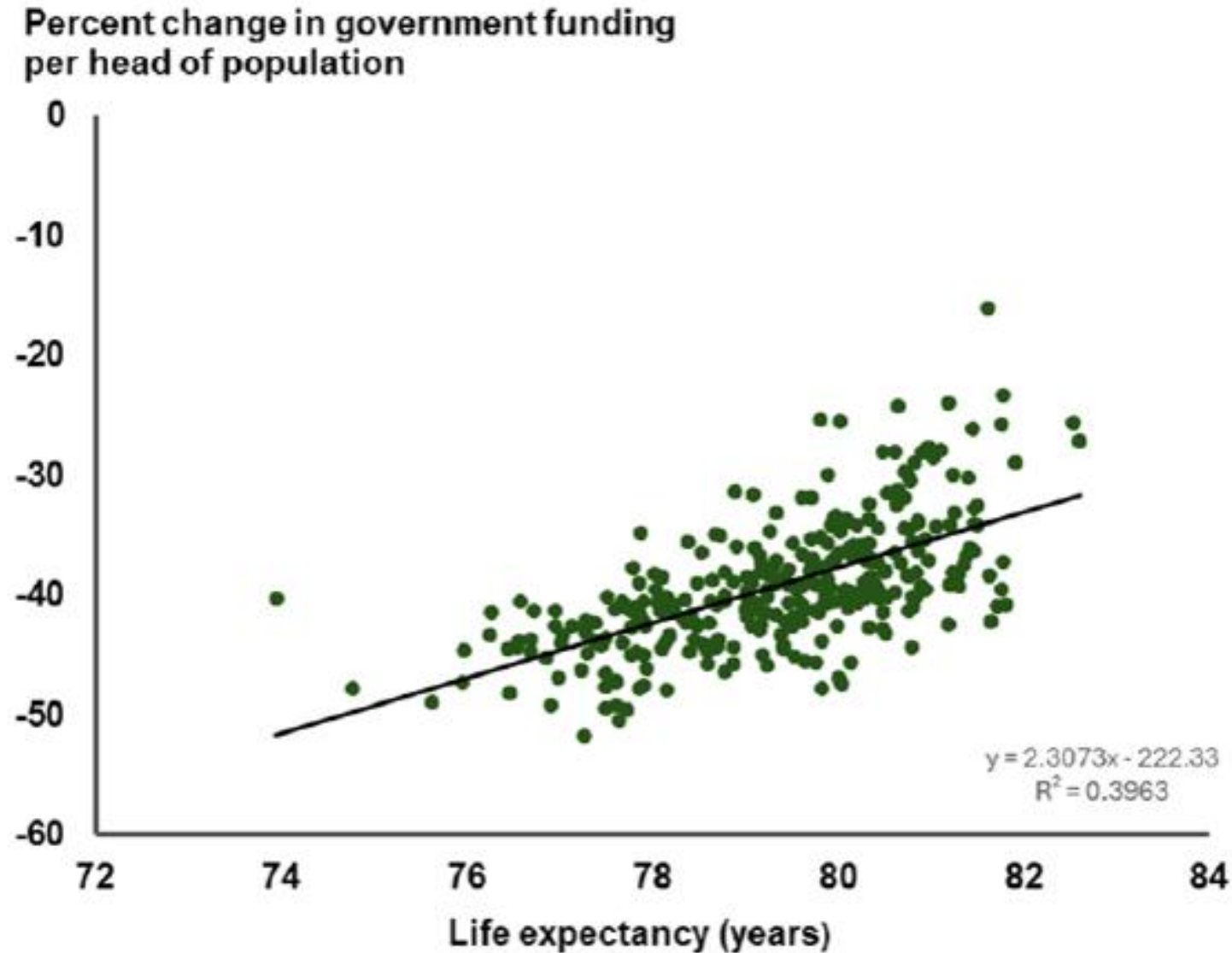



Proportionate Universalism

Levelling-up the social gradient in health



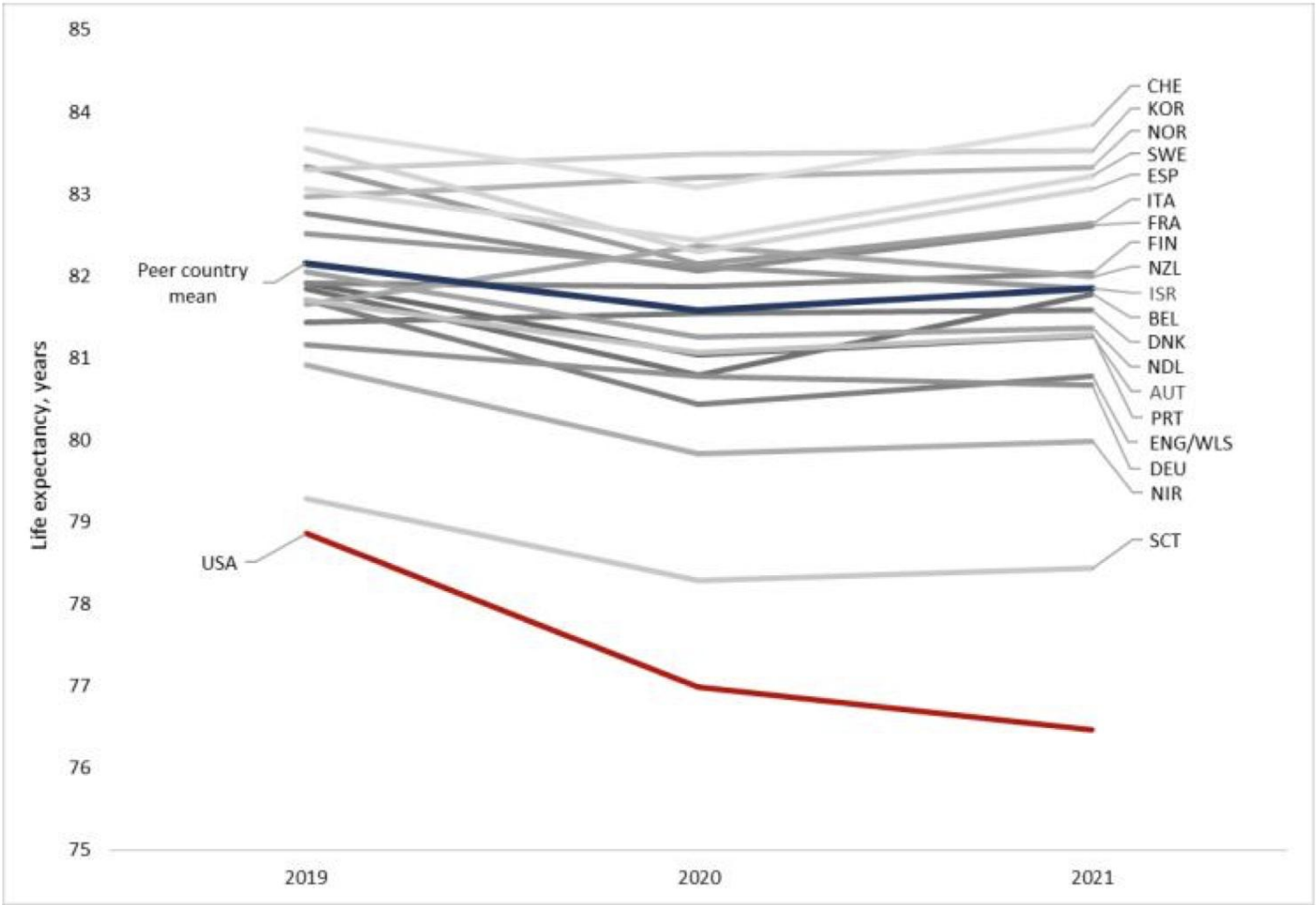
Change in government funding per head of population by 2019/20 by male life expectancy in 2010-12, local authorities in England





Global context

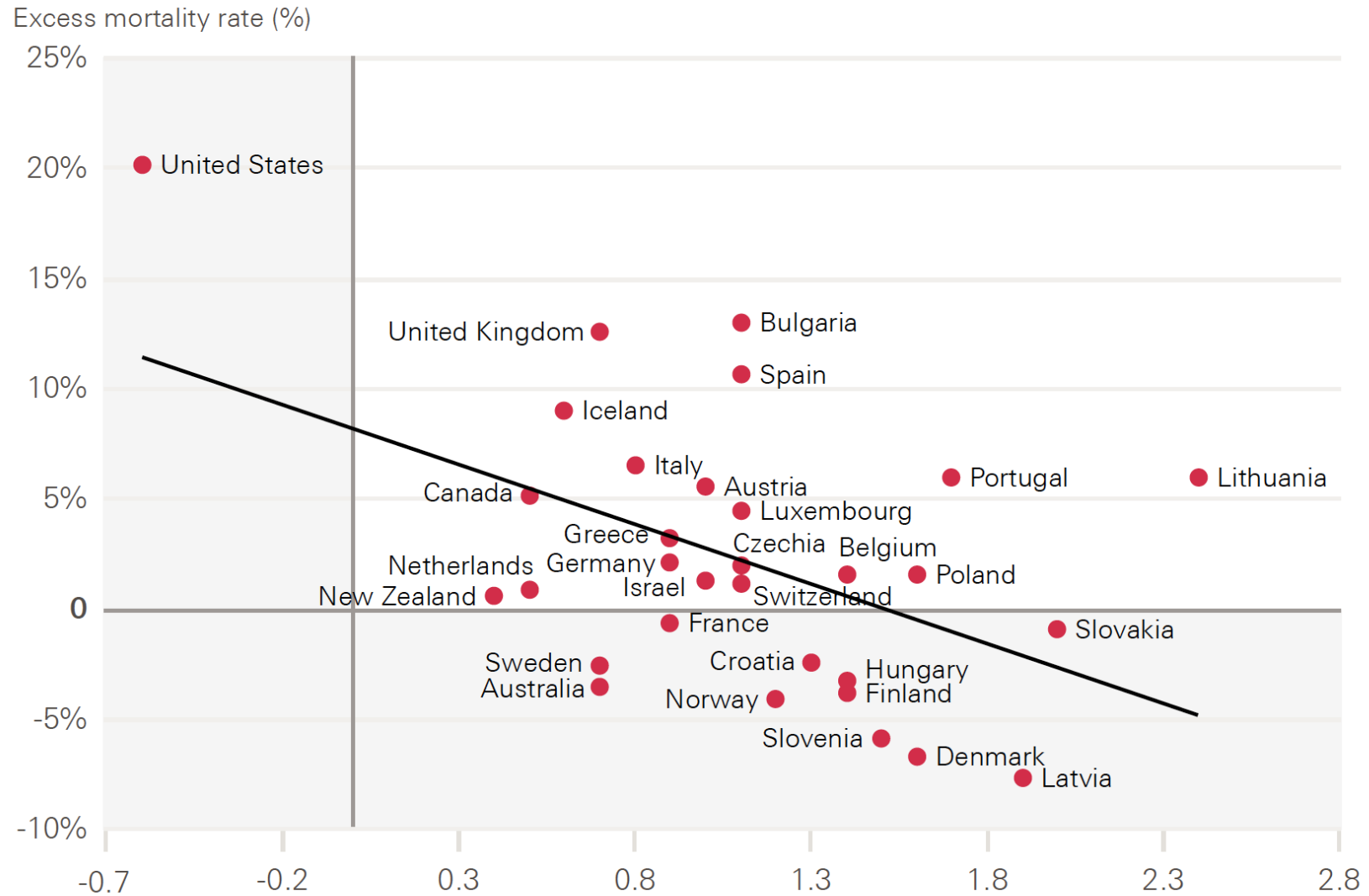
Change in LE, 2019-21, US and 19 peer countries



Masters, Aron and Woolf medRxiv preprint April 29, 2022

Figure 4: Change in healthy life expectancy at birth, 2010–2019 compared with excess mortality as a share of expected deaths during 2020, for people aged younger than 65, selected OECD countries

$R^2=0.2355$



Slower HLE improvement 2010-2019
Higher excess mortality 2020

Source: The Human Mortality Database, Short-term Mortality Fluctuations (STMF) data series; WHO Global Health Observatory data repository.

**Give every child
the best start in life**

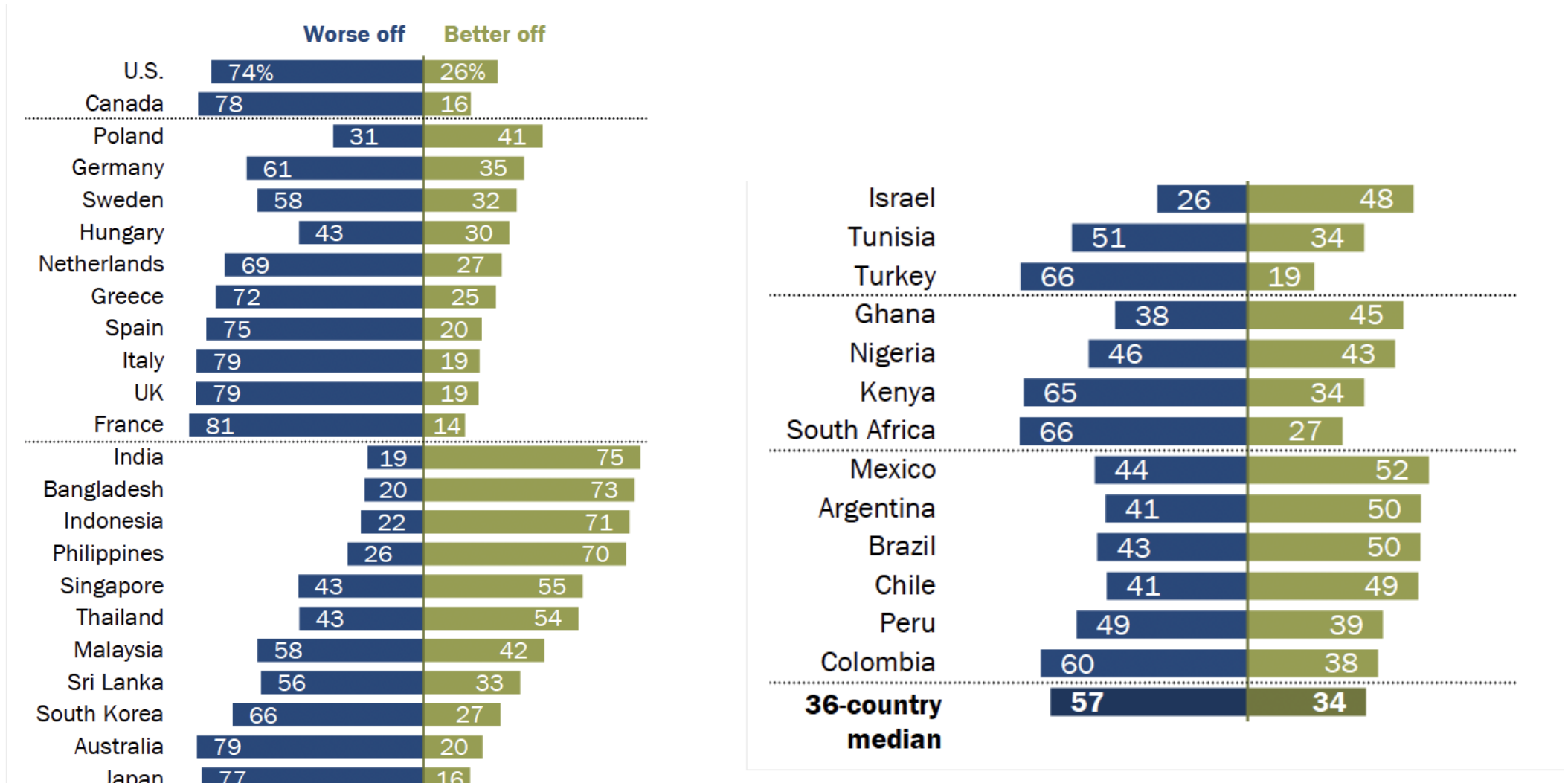




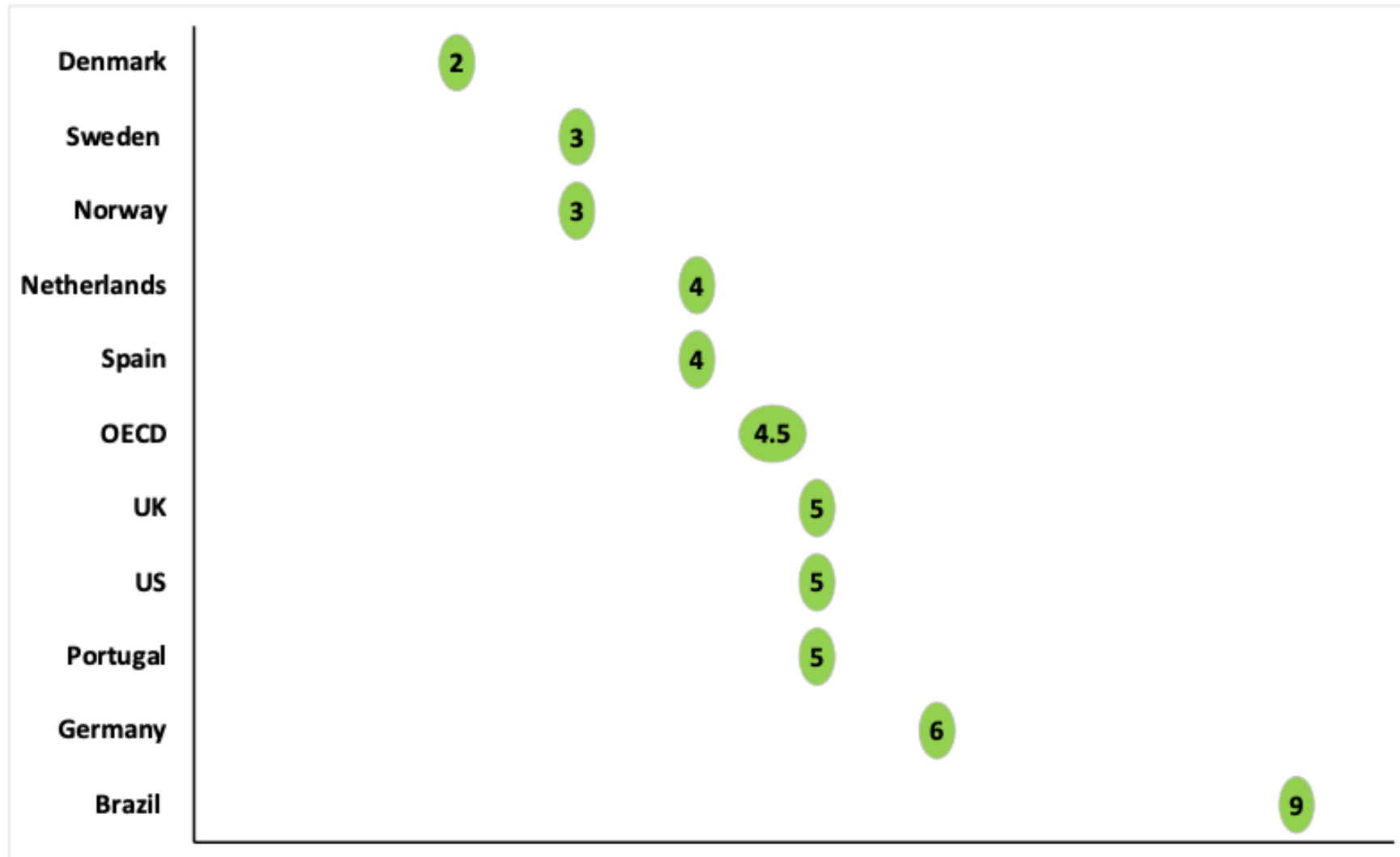
Intergenerational Equity

Globally, most think children will be worse off financially than their parents

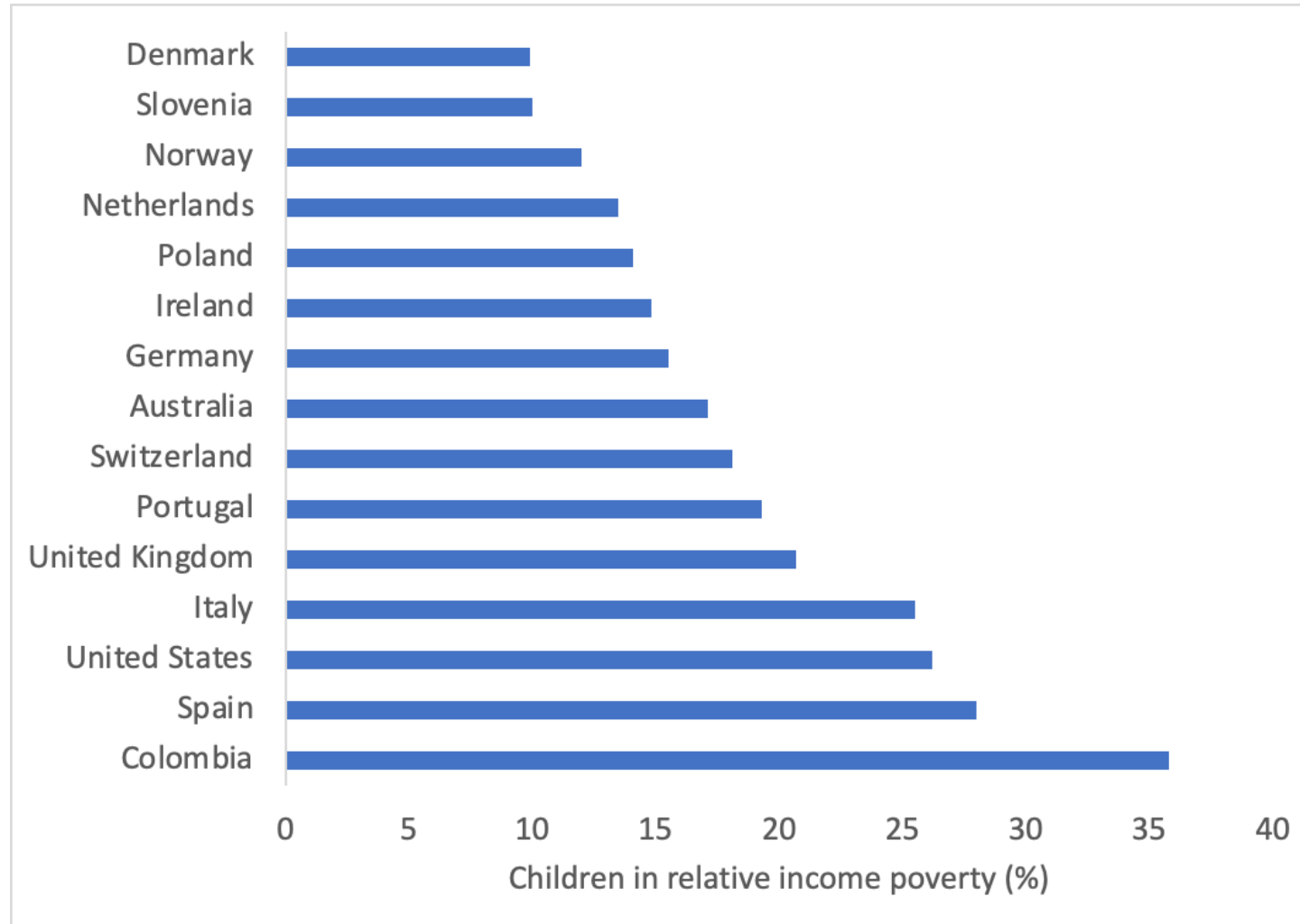
% who say that when children in their country grow up, they will be...financially than their parents



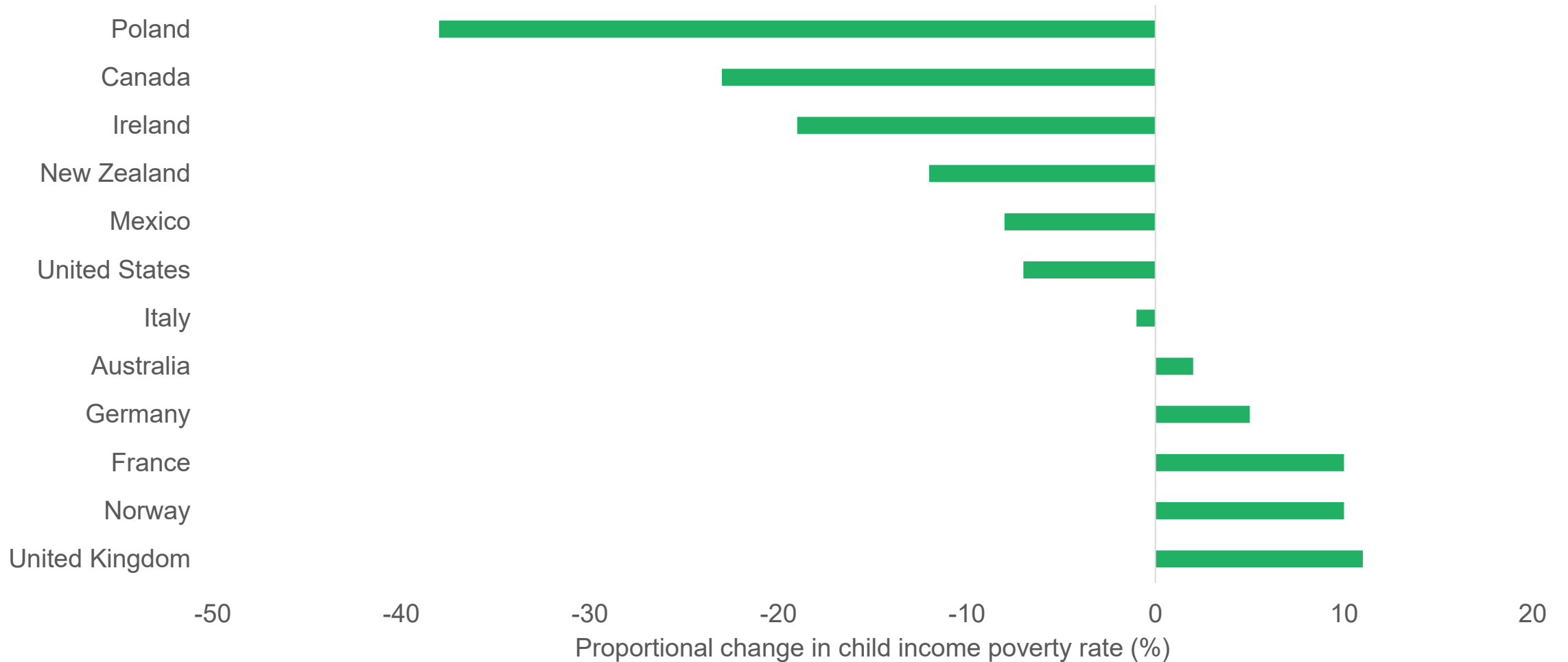
Social mobility: How many generations does it take to go from low income to middle income in different countries



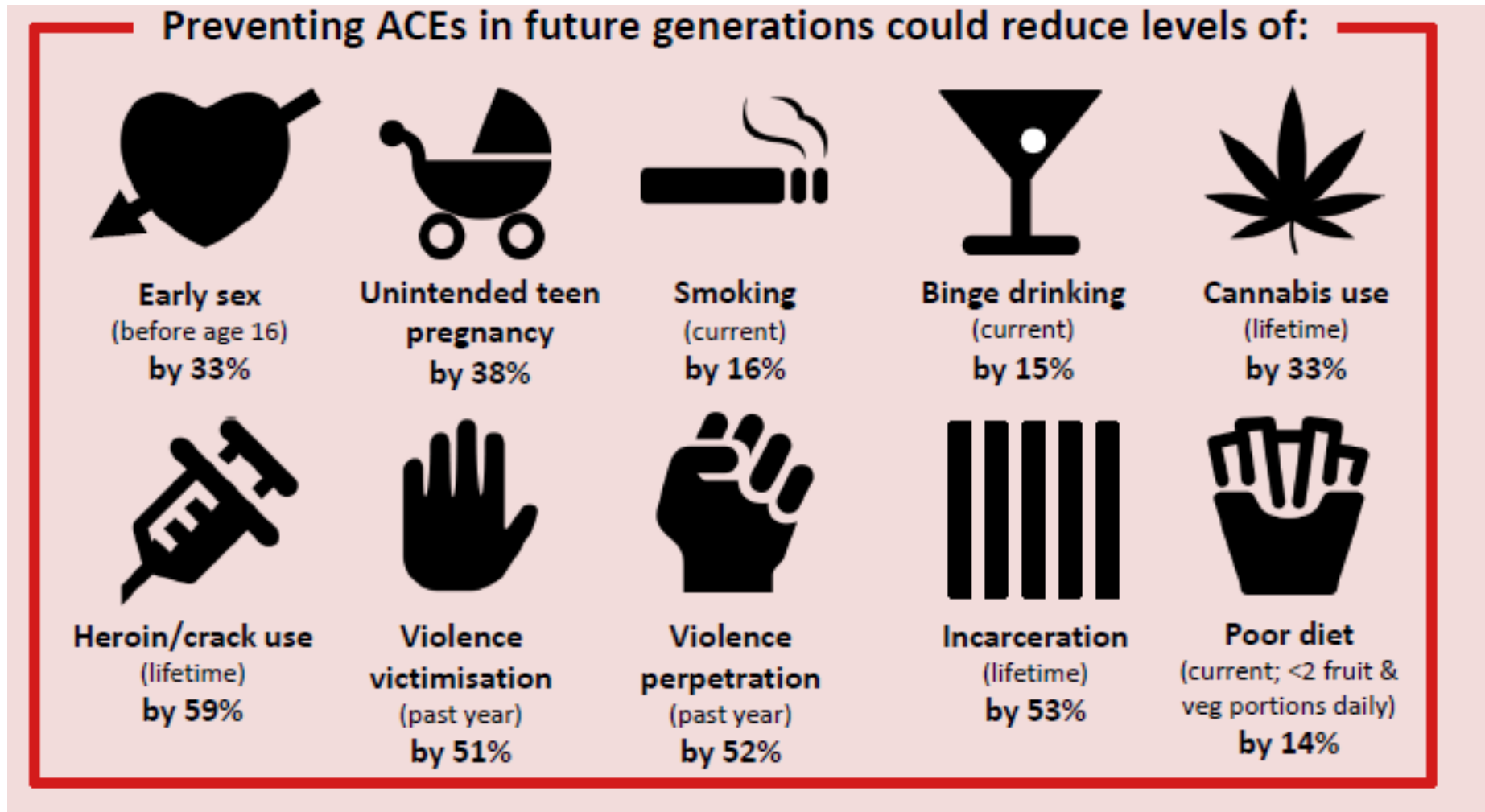
Child poverty rates 2019-2021



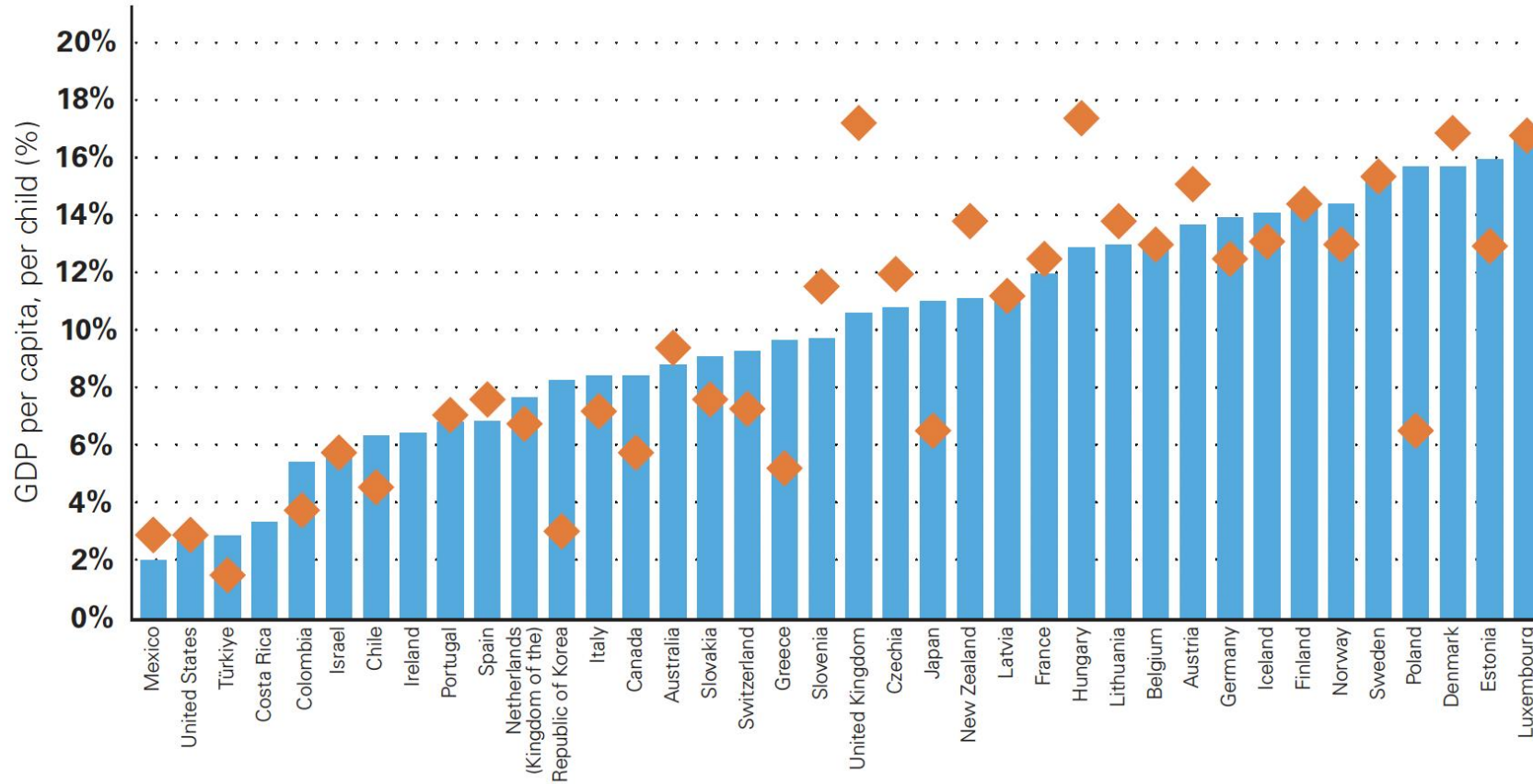
Change in child income poverty rates, 2012-2014 to 2019-2021



Adverse Childhood Experiences: England



Expenditure on family cash benefits per child as a percentage of GDP per capita (2010 and 2019)



Source:

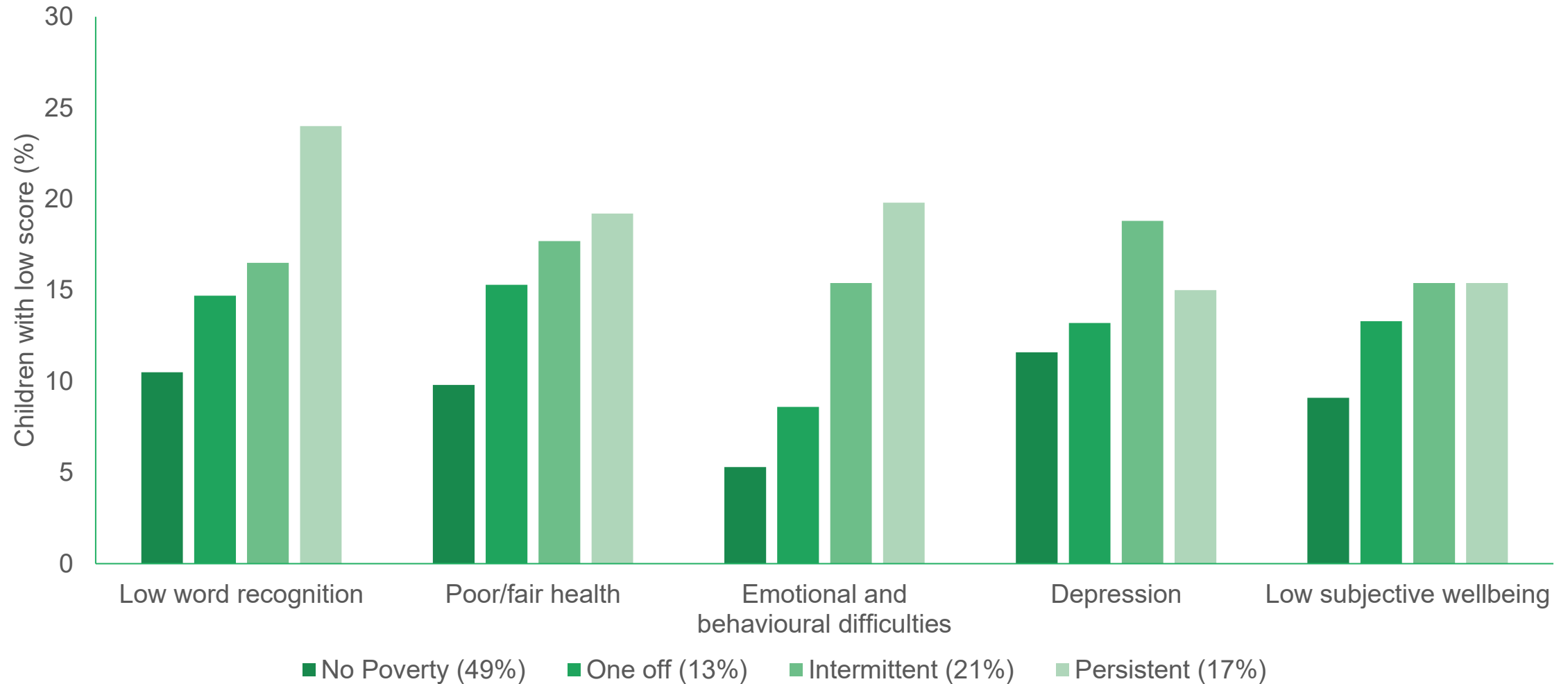
see Technical Appendix.

Note:

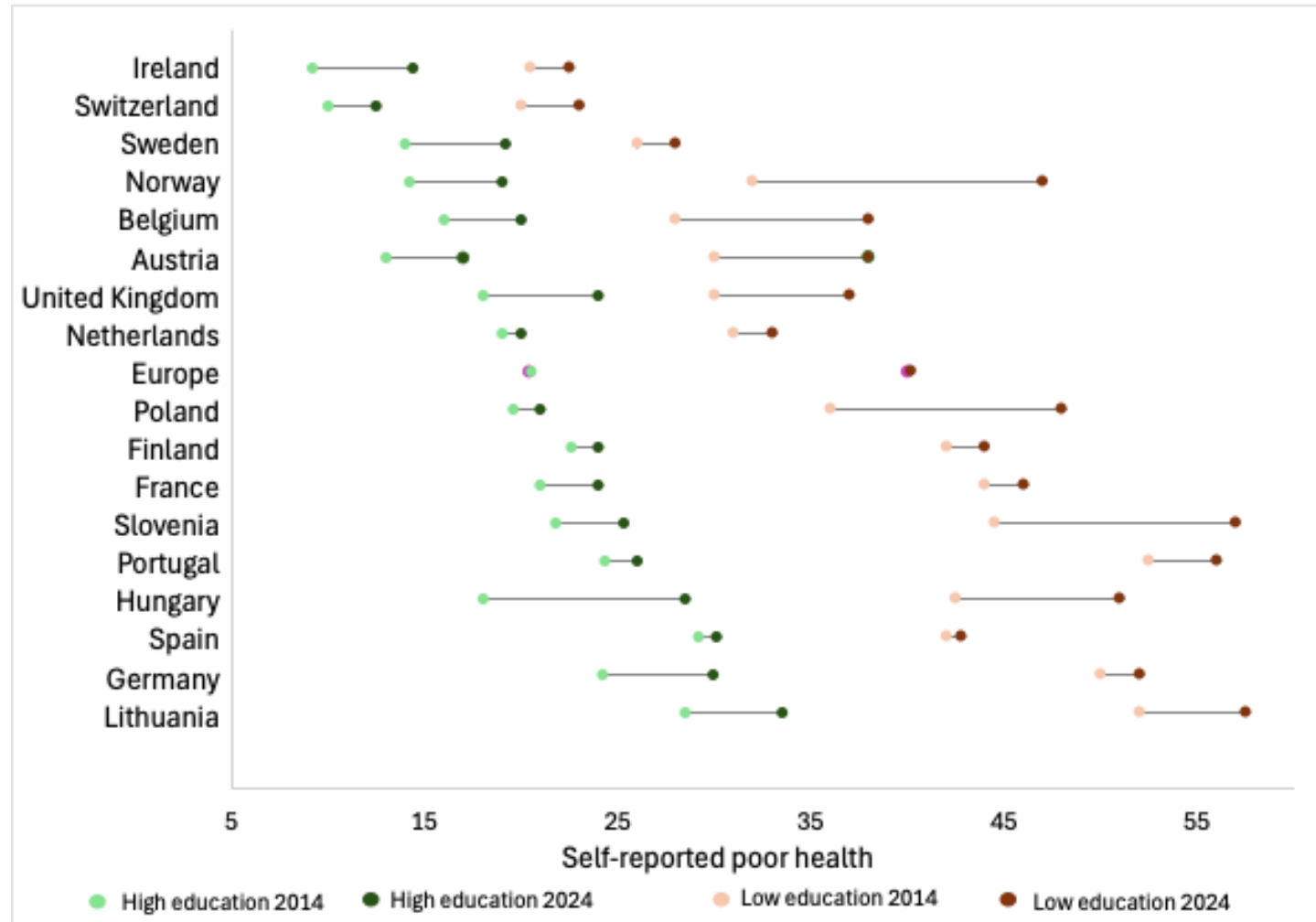
For country codes used on the y axis, see Technical Appendix.



Histories of poverty and child wellbeing at 14 years old



Changes in poor self-reported health in the high and low-education groups, 25–75-year-olds, 2014-2024



The moral case for investment: those with poor speech and language at age 5 have increased risks:

4 x

Risk of reading difficulties at age 34



3 x

Risk of mental health problems at age 34

2 x

Risk of unemployment at age 34



Interventions to reduce inequalities in speech and language in children. and reduce need for one-to-one speech and language therapy

Improve Home Learning Environment

Parents with education up to 16: Doing two of these activities a day: reading, playing with letters or singing songs. 6-9 books in home at 6 months



Enough to lift at risk 3 year olds out of the vulnerable language skills group (1)

45% improvement in school readiness (2)

Increase use of quality childcare in families with parents educated below degree level

Parents with education up to 16: Three years of good quality childcare for more than 10 -20 hours a week



50 percent improvement in pre reading. (3) Pre reading is closely associated with development of SLC skills. Other studies show quality preschool attendance is associated with children's language and literacy outcomes (4)

Intervene with group programme once issue has been identified

Group intervention with parents of 2-3 year olds with expressive language delays.



By age 3, 75% of the children in the intervention group showed normal expressive language abilities in contrast to 44% in the waiting group. Halved numbers needing individual therapy. (5)



TRUTH

JUSTICE

HOPE



Taking action



Istituto Superiore di Sanità

Ricerca

Chi siamo ▾ Temi ▾ Attività ▾ Servizi ▾ Pubblicazioni ▾ Sala stampa ▾ Eventi ▾ ISSalute Amministrazione trasparente

Protezione dei dati



UFFICIO STAMPA

Nasce la rete italiana delle 'Marmot cities' per ridurre le disuguaglianze, al via le adesioni



COVENTRY – A MARMOT CITY

An evaluation of a city-wide approach to reducing health inequalities



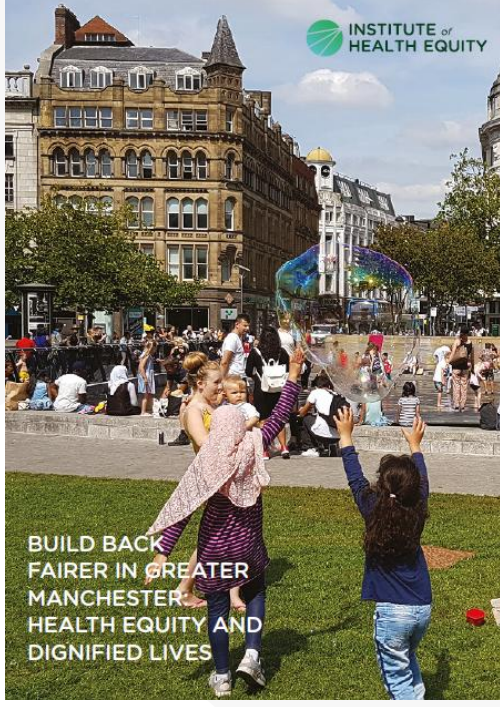
ALL TOGETHER FAIRER: HEALTH EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH IN CHESHIRE AND MERSEYSIDE



REDUCING HEALTH INEQUALITIES IN LUTON: A MARMOT TOWN

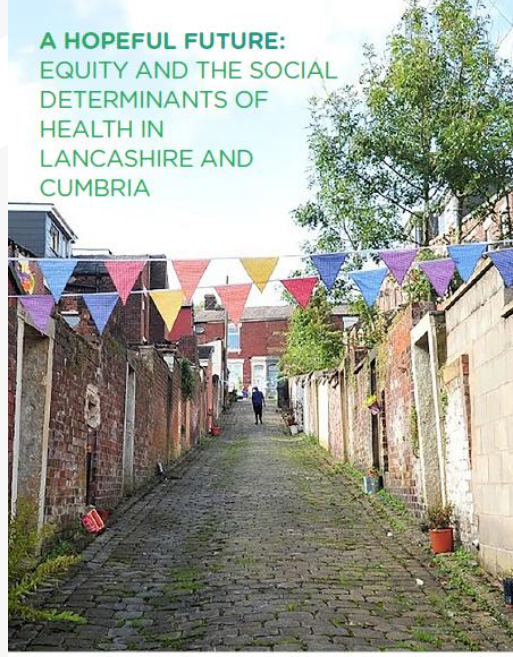


FAIRER, HEALTHIER LEEDS: REDUCING HEALTH INEQUALITIES

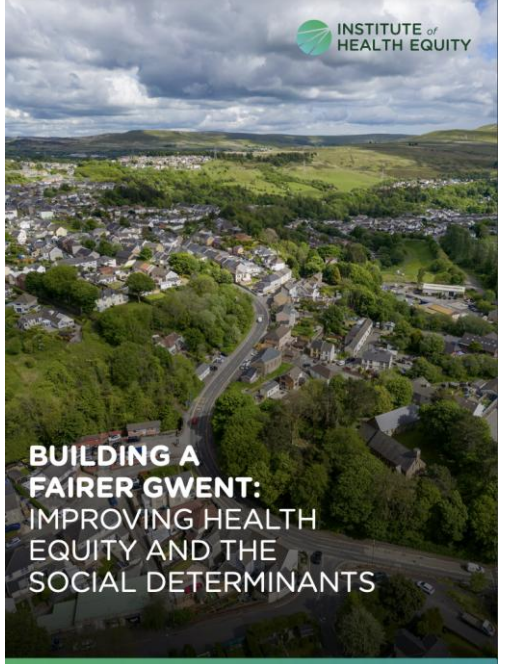


BUILD BACK FAIRER IN GREATER MANCHESTER: HEALTH EQUITY AND DIGNIFIED LIVES

A HOPEFUL FUTURE: EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH IN LANCASHIRE AND CUMBRIA



A FAIRER AND HEALTHIER WALTHAM FOREST: EQUITY AND THE SOCIAL DETERMINANTS IN WALTHAM FOREST



BUILDING A FAIRER GWENT: IMPROVING HEALTH EQUITY AND THE SOCIAL DETERMINANTS

Health Equity 'Marmot' Places – 60 + local authorities covering 43 percent of UK population

- Coventry
- Greater Manchester
- Cheshire and Merseyside
- Lancashire and Cumbria
- Luton
- Waltham Forest
- Gwent
- Leeds
- Southwest region
- Wokingham
- Medway
- Northumberland

2024

- Scotland national
 - Aberdeen City
 - North Ayrshire
 - South Lanarkshire
- Kent
- Oxfordshire

2025

- Newcastle
- Kings Lynn and West Norfolk
- Isle of Man
- East Suffolk

2026

- North East Lincs
- North Tyneside
- Birmingham
- Wales national and local areas.
- Mid West Ireland

Partnerships



Children and Young People's Health Equity Collaborative

A collage of four images: top-left shows two men in blue work clothes working with a large blue machine; top-right shows a person in a yellow high-visibility vest working; bottom-left shows a woman with a bicycle; bottom-right shows a woman in a green jacket working with equipment. Logos for 'INSTITUTE of HEALTH EQUITY' and 'Legal & General' are at the top.

**THE BUSINESS OF HEALTH EQUITY:
THE MARMOT REVIEW FOR
INDUSTRY**

A photograph of a woman with red hair, wearing a dark blue shirt, looking thoughtful with her hand on her forehead. The background is blurred.

TAVISTOCK RELATIONSHIPS
Improving Lives for Generations

Working well:
Delivering better health outcomes for hidden workers

Community and Voluntary Sector

Business – economic sector

Healthcare and other public services

Places – international, national and local

A Health Equity 'Marmot' Place...

Recognises:

Health and health inequalities are mostly shaped by **the social determinants of health**

Assesses:

Inequalities in health and the social determinants of health
Actions already happening

Identifies:

Gaps in existing approaches
Action to go further to reduce inequalities

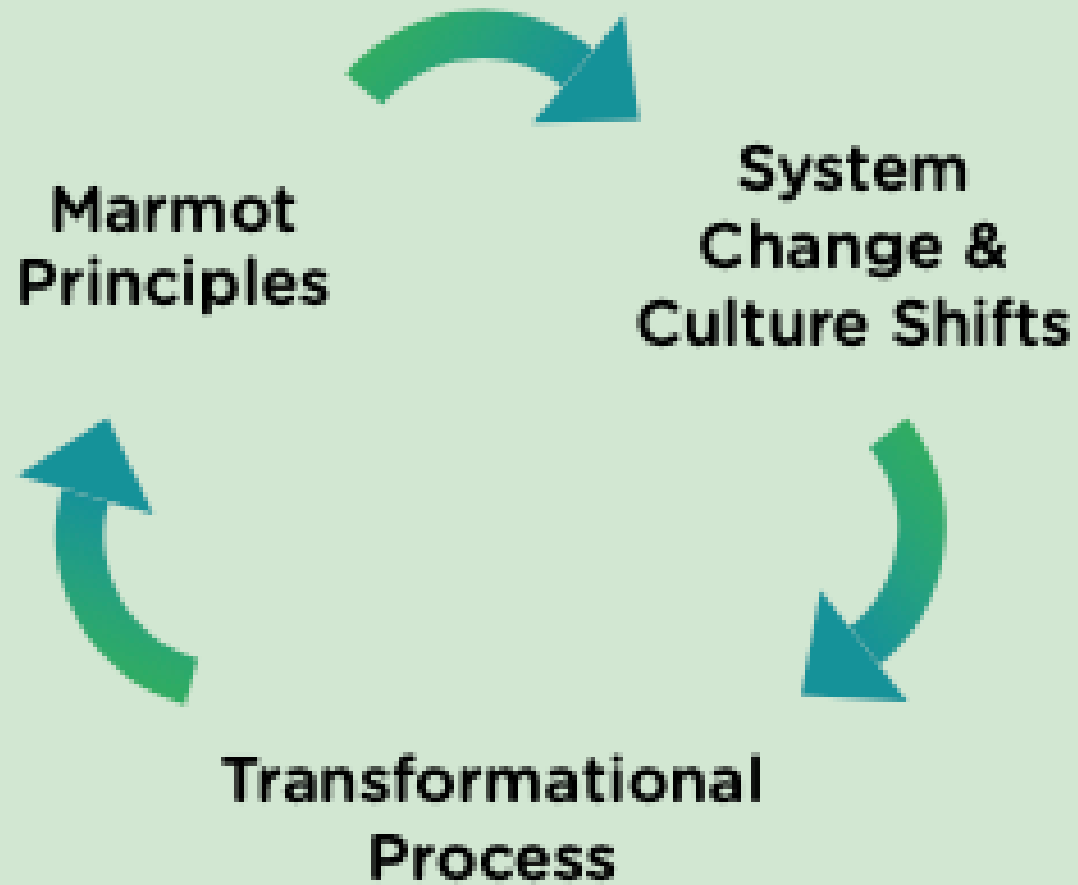
Evaluates:

How partners within a place can work together more effectively

Strengthens the health equity system in a place and collaborations with the national system

Develops and delivers approaches to tackle health inequalities

Marmot approach - Impacts on places





Monitoring social determinants of health

Marmot monitoring tool

[Home](#) | [Adult social care and health](#) | [Health and wellbeing](#) | [Public Health strategies, policies and plans](#) | [Policy](#) | Marmot monitoring tool



→ [Introduction](#)

→ [Headline statistics](#)

→ [Coventry: a Marmot City - the story so far](#)

→ [How we will measure how well we are doing](#)

INSTITUTE of
HEALTH EQUITY

Marmot principles

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To be truly radical is
to make hope
possible rather than
despair convincing

Raymond Williams
Welsh novelist & critic, 1921-88