

REPORT OF THE GLOBAL SYMPOSIUM:

**The role of physicians and
national medical associations
in addressing the social
determinants of health
and health equity**

March 24–25, 2015 | BMA House, London, UK

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Report of the Symposium

MEETING OVERVIEW

On March 24 and 25th 2015, delegates from around the world came together to discuss the role of physicians and national medical associations (NMA) in addressing the social determinants of health (SDoH) and health equity. The event was supported by the Department of Health England and the British Medical Association, Canadian Medical Association, World Medical Association (WMA) and UCL Institute of Health Equity.

The objectives of the meeting were as follows:

1. To develop recommendations for the WMA and national medical associations on practical actions to improve health equity
2. To establish an international network and knowledge exchange platform for sharing policy innovations, clinical practices, and education and training programs for addressing the social determinants of health and health equity
3. To inform a report outlining actions that can be undertaken by physicians to address the health inequities of patients and communities
4. To inform the drafting of a WMA declaration on health equity and the social determinants — launch October 2016
5. To contribute to Michael Marmot's health equity agenda for his 2015–16 presidency of the WMA

Approximately 140 delegates attended the sessions. The symposium showcased more than 25 speakers from 17 different countries, including Canada, the United States, Australia, Zambia, Trinidad and Tobago, Finland, Myanmar and many others. A copy of the agenda is provided in Appendix A and the participant list is in Appendix B.

The symposium was successful; it was clear from the discussions that SDoH are matters of profound concern to many physicians and the NMAs who represent them. The two-day session was followed extensively on Twitter. Using the hashtag #Doctors4HealthEquity, delegates and participants from around the world shared feedback from the presentations and discussions. At one point, the symposium was trending in fourth place on Twitter in Canada, just behind #angelinajolie.

Analytics from the Twitter handle were not available; however, the data from sister hashtag #sdoh showed that during the two days of the conference there were:

Impressions	2,275,405
Tweets	1,042
Participants	533
Avg Tweets/Hour	22

Below is a word cloud created using the tweets from #Doctors4HealthEquity during the course of the two-day meeting.



Dr. Chris Simpson
@Dr_ChrisSimpson Mar 24
MD responsibility extends beyond individual patient care and into advocacy for healthy public policy – Dr. Mark Porter #Doctors4HealthEquity

André Bernard @andrebernard77 Mar 24
"Health is a human right: Do something. Do more. Do better."
@MichaelMarmot @CMA_Members @TheBMA #Doctors4HealthEquity

Katie Smith @drkatiecsmith Mar 24
.@XDeau sets out ambitions for WMA presidency – ethical issues should be key to all doctors #Doctors4HealthEquity

Luke Johnson @luke_a_johnson Mar 24
@TheMarmotReview @CMA_Docs we need to integrate not just medical RFs in treatment plans, but social & economic RFs too #Doctors4HealthEquity

DAY 1 SUMMARY – MARCH 24, 2015

The discussions from the first day of the conference are briefly summarized below. The full content of all of the Day 1 presentations can be found at: <https://www.instituteofhealthequity.org/>

The meeting was opened by Dr. Mark Porter from the British Medical Association. Dr. Porter welcomed delegates and highlighted the role of both national medical associations (NMAs) and individual physicians in addressing the question of health equity.

Following his presentation, Dr. Porter introduced Sir Michael Marmot, the conference keynote speaker. Sir Michael highlighted the evidence on the health consequences of inequities and profiled some successes from around the world. He also challenged all delegates to do more to address these important issues.

The final speaker in the opening session was Dr. Xavier Deau, the President of the WMA, who discussed the role that the WMA could play in facilitating the sharing of best practices. Dr. Deau emphasized the need for all physicians to prioritize ethical issues.

The conference then moved into discussing the first big topic of the two-day event: What can NMAs do to address SDoH and health equity?

During this session there were presentations by seven national medical associations as well as by representatives from two national governments. This session also featured a lunchtime panel discussion about SDoH in education and training, facilitated by Dr. André Bernard, the Canadian representative to the WMA. Highlights from Session 1 included the following:

- Dr. Chris Simpson presented the results of Canadian efforts to change the public conversation about what makes us healthy and to identify and implement clinical interventions for SDoH.
- Director Taru Koivisto from the Ministry of Social Affairs and Health in Finland highlighted

the importance of understanding the impact of actions in other sectors on reducing the costs of ill health.

- Dr. Patrick Bouet, President of the French Medical Council, emphasized the responsibility of doctors to their patients, patients' family and society.
- Dr. Rui Portugal, Executive Director, of the Portuguese National Health Plan, outlined the importance of data for measuring and taking action on health equity.
- During the lunch session, Ms. Maria Neira discussed a new e-book on SDoH training for young health professionals as well as a training manual on health in all policies. Dr. Elizabeth Wiley spoke about the need to better integrate SDoH into medical curricula and the role that junior doctors can play in advancing the agenda on SDoH. The final discussant was Dr. Miguel Jorge from the Brazilian Medical Association, who was also a strong advocate for SDoH training.
- Dr. Jette Dam-Hansen from the Danish Medical Association noted that physicians can take actions on SDoH at three levels: in the clinic, in hospital management and through research.
- The President of the Australian Medical Association, Associate Professor Brian Owler, spoke about efforts to improve the health status of Australia's Indigenous people and the importance of taking action early in life to see real changes in health outcomes.
- Dr. Asa Wetterqvist from the Swedish Medical Association spoke about the association's policy, "The healthy choice should be the easy choice," and about the need for all doctors to understand SDoH.
- Dr. Wunna Tun presented an overview of the challenges facing doctors and patients in Myanmar and noted that the majority of public health work is done by junior doctors.
- Dr. Joyce Gertrude Banda from the Zambia Medical Association provided an overview of SDoH and health care access issues facing Zambia and asked for support from members of the WMA in identifying solutions to some of these challenges.

BREAK-OUT DAY 1: THE ROLE OF NATIONAL MEDICAL ASSOCIATIONS

The final part of Day 1 was a break-out session in which delegates split into small groups to discuss questions related to the NMA role in SDoH. This workshop was designed to inform recommendations for the WMA and NMAs for practical action on SDoH and health equity (Objective 1). Participants had approximately one hour to discuss and then reported their findings back to the full group. Key themes that emerged were as follows:

What are the top actions for NMAs in moving this agenda forward?

- education of health professionals, including curriculum and accreditation standards
- advocacy for action on SDoH at the clinical level and for healthy public policy, including ensuring that doctors have the skills and support to be activists on an individual and population level
- focus on medical professionalism — responsibility to patients and society rather than bottom line
- partnership with health and non-health partners

Andrea E Williamson
@aewilliamson1 Mar 24
When govts don't consider the health impacts of policies we end up dealing with the costs. Good sense from Finland! #Doctors4HealthEquity

Sian Reece @SianReeceLoram
Mar 24
Camden Town, London Fantastic presentation @elizabeth_wiley highlighting and empowering students & junior docsat #Doctors4HealthEquity

Dr. Chris Simpson @Dr_Chris-Simpson Mar 24
.@ama_media prez Brian Owler discussing health inequities in indigenous Australians. Sounds familiar. #inuithealth #doctors4healthequity

Salman Waqar @salmanWaqar
Mar 24
Dr Asa Wetterqvist from Swedish Medical Association gets all delegates on their feet... literally! @lakarforbundet #Doctors4HealthEquity

Katie Smith @drkatiecsmith
Mar 24
Dr Wunna Tun described young dr workforce leading public health initiatives in Myanmar following Cyclone Nargis #Doctors4HealthEquity

- development and dissemination of best practices and clinical tools
- data collection and research on SDoH

What do you see as the barriers and facilitators to NMAs supporting further action on SDoH and health equity?

Barriers:

- lack of awareness of SDoH and what role physicians can play; belief that it is something for social workers, not doctors
- conflict between what is best for physicians and what is best for patients (e.g., more funding for housing vs. funding for health care)

Facilitators:

- individual champions in powerful positions
- growing examples of best practices that can be shared
- increasing support from policy-makers
- global networks to share innovations and move the agenda forward

What role could you or your organization play in supporting further action by NMAs and/or government?

- collaborating with other groups at the national and international level
- providing evidence and sharing best practices
- being a voice for vulnerable groups
- empowering our members to take action on SDoH
- acting as a champion for health

DAY 2 SUMMARY – MARCH 25, 2015

The discussions from the second day of the conference are briefly summarized below. The full content of all of the Day 2 presentations can be found at: <https://www.instituteoftheequity.org/>

Day 2 started with a session examining the possibility of building a global network for action on SDoH and health equity (Objective 2 of the conference). Sir Michael Marmot started by providing a recap of Day 1. He highlighted his excitement about the conference and about the enthusiasm of all participants and the fact that momentum has built and has now reached a critical stage.

Sir Michael then provided an overview of his plans to put SDoH on the global agenda during his Presidency of the WMA (2015–16). His specific goals include the following:

1. Strengthening current networks and the establishment of a global network on SDoH and health equity

IFMSA @ifmsa Mar 25
#Medstudents & junior doctors are a source of undying optimism, says @MichaelMarmot at #Doctors4HealthEquity event. #SDoH #health

2. Building the evidence base by gathering case studies of best practice from physicians, NMAs and global partners and producing a report outlining the evidence. Adoption by the WMA of a declaration on SDoH which provides the evidence base and areas for action
3. Education and Training: Utilising online learning tools such as forums and e-learning courses as well as workshops and events the WMA aims to empower NMAs and doctors around the world to be leaders in tackling the social determinants of health.

Following Sir Michael's introduction, delegates participated in a facilitated discussion in which they were asked to think about the benefit of a global network and how it could be established. Feedback was also sought on the agenda for Sir Michael's WMA Presidency (Objectives 4 and 5). Key themes that emerged from the discussion were as follows:

- To build on the success of this meeting in starting the network; in particular, sharing the examples and best practices that have been presented with colleagues around the world.
- Facilitate the pairing of health equity leaders with physicians and others who were looking for ways to take more action on SDoH.
- Making sure that we include the voices/opinions of those we are trying to help- 'nothing about us without us.'
- Engaging and inspiring physicians to take action on SDoH.
- WMA reaching out and using its contacts and prestige to influence governments around the world. Challenge how the government applies policies that impact health.
- Finding ways to engage local communities and build capacity, change the conversation.
- Support those physicians who are already working in these areas — recognize the importance of the work that they are doing.

The final session of the conference examined the role of physicians and other health care providers in addressing SDoH and health equity. Participants were asked to think about their roles as commissioners, managers and employers, as well as their role as clinicians. This session featured presentations from the National Health Service and NMAs and two case studies from physicians who have incorporated issues of SDoH into clinical practices. This session also featured a lunch-time panel discussion about the challenges identified and lessons learned from addressing the needs of vulnerable populations, facilitated by Jenny Buckley, Medical Professionalism Directorate, Canadian Medical Association. Highlights from Session 3 included the following:

- Dr. Danica Rotar-Pavlič from the Slovenian Association of Family Doctors spoke about her association's efforts to address the health needs of vulnerable patients. She highlighted some pro-bono practices and the need for better integration of these efforts with community services.
- Dr. Gina Radford and Dr. David Pencheon spoke about the impact of health inequities on health care sustainability. Dr. Radford highlighted actions being taken in the UK and the role of providers, while Dr. Pencheon focused on the impact of climate change on health and highlighted some of the ways in which hospitals and health providers could increase the sustainability of the system through more ethical procurement.

IHE (Marmot Review) @TheMarmotReview Mar 25
Trin&Tob will take home discussion #sdoh & plan working group 2sensitize colleagues/wider public
#Doctors4HealthEquity

André Bernard @andrebernard77 Mar 25
.@MichaelMarmot A network should captivate MDs: #inspire #transform #Doctors4HealthEquity #sdoh #healthequity

Ryan Meili @ryanmeili Mar 25
Are hunger and homelessness the responsibility and concern of physicians? Yes, says @MichaelMarmot
#Doctors4HealthEquity #sdoh

Katie Smith @drkatiecsmith Mar 25
If no collaboration each dr addresses tiny part of the problem - Asst Prof Danica Rotar-Pavlič
#Doctors4HealthEquity

Anja Mitchell @anja_mitchell Mar 25
Use economic leverage in health services to improve employment and health, eg food provision services
#Doctors4HealthEquity #sundpol

Salman Waqar @salmanWaqar

Mar 25

Dr Hoven: "Minorities make up 35% of America, but only 6% of doctors" - great initiatives @AmerMedicalAssn to redress #Doctors4HealthEquity

Ryan Meili @ryanmeili Mar 25

To bring docs on board to address #sdoH need clear clinical guidelines from prof assns – Adv Leah Wapner #Doctors4HealthEquity @CMA_Docs

CathDea @CathDea Mar 25

@CMA_Docs Dr Anna Reid: "Health Inequities are socially engineered" #Doctors4HealthEquity

Frank Vanbiervliet @Frank_MdM

Mar 25

István Szilárd #Doctors4HealthEquity: doctors' negative attitudes towards ethnic minorities... are also a social determinant of health #Roma

Salman Waqar @salmanWaqar

Mar 25

Mesmerising talk from Prof Aiden, key message is make the invisible, visible #Doctors4HealthEquity

Margaret Greenfields @MGreenfields Mar 25

Ontario family health team prescribe benefits/legal advice, housing, employment info via their team Excellent! #Doctors4HealthEquity #sdoH

- Dr. Ardis D. Hoven, Past President of the American Medical Association (AMA), noted the striking inequities in the world's richest country and how they closely mirror race and socioeconomic status. She highlighted some of the efforts that the AMA is taking to try and address these inequities.
- Dr. Miguel Jorge from the Brazilian Medical Association provided an overview of the inequities in Brazil and discussed some of the programs implemented by government to increase access to health care and decrease early childhood disadvantages.
- Dr. Liane Conyette from the Trinidad & Tobago Medical Association highlighted the challenges of obesity facing her country and discussed how the medical association has been working closely with policy-makers and the public to improve health promotion efforts.
- Advocate Leah Wapner from the Israeli Medical Association spoke about the challenges in convincing physicians to take responsibility for SDoH as well as the role of medical associations in encouraging action.
- During the lunch session, Australian Medical Association President Dr. Brian Owler, Dr. Mark Peterson from the New Zealand Medical Association, and a past CMA President, Dr. Anna Reid, reviewed how their countries' colonial histories have inflicted upon Aboriginal, First Nations and Maori Peoples a multi-generational trauma that very much persists to this day. They highlighted efforts to counter this trauma and reduce the major differences in health status between these groups and the rest of the population.

Hungary's Dr. Istvan Szilard described persistent systematic racism against the Roma People and the negative impact this has had on their health.

- Professor Aidan Halligan provided the first of the case studies, sharing his experiences in working with Well North, a program to improve the health of the underprivileged across the north of England. He spoke about the initiative and gave an impassioned plea for doctors to recognize their role in giving a voice to those at the margins.
- The final speaker was Dr. Gary Bloch, a family physician from Toronto, Canada. He shared the innovative approaches that the family health team at St. Michael's Hospital is implementing to address SDoH in practice including medico-legal partnerships, data collection, a community health worker to address income security and employment programs.

BREAK-OUT DAY 2: THE ROLE OF PHYSICIANS AND OTHER HEALTH PROFESSIONALS

After the presentations there were breakout sessions to identify key areas for action in clinical practice. These discussions were to outline actions that can be undertaken by physicians and other health care providers to address SDoH and health equity (Objective 3). Participants had approximately one hour to discuss and then reported their findings back to the full group. Key themes that emerged were as follows:

What are the top actions that health care providers can play in tackling inequalities through their role as employers, managers and commissioners?

- Arrange for co-location of services.
- Provide a healthy living wage to employees of the health service.
- Do better planning of services: look to identify the needs of the local population and provide services accordingly.

- Recruit people from different backgrounds to train as health professionals and encourage them to return and practise in their communities.
- Provide dedicated time/resources to tackle inequities in the clinical setting.
- Use the power of commissioning and purchasing to increase action on inequities.

At the clinical front-line level, what are the top actions for physicians and other health care providers?

- Look at data and strive to understand it in the socio-economic and broader social determinant context of patients.
- Use knowledge of local area to identify areas of disadvantage and multiple SDoH risk factors and advocate for change.
- Ensure that clinical practice guidance incorporates issues related to SDoH.
- Work with community partners to refer patients to supportive services as necessary.
- Develop and use more tools to intervene and support patients.

How can your organization provide support for action on SDoH and health equity at the clinical level?

- Collect and share examples of best practices.
- Find and encourage clinical champions.
- Provide training and research to support clinical interventions.
- Involve non-clinical partners (lawyers, local faith communities, etc.) in supporting patients and advocating for upstream changes.
- Put SDoH and health equity into the medical curriculum.
- Close the gap between what is taught in medical school and what physicians actually do once they get into clinical practice.

NEXT STEPS

Sir Michael Marmot closed the conference by thanking everyone for participating in the conference and for encouraging him as he is about to begin his tenure as WMA President. He noted that a meeting like this would not have happened three or four years ago and that everyone who came to the meeting needed to carry the passion back to their colleagues and their medical associations. He confirmed that this meeting will form the basis for further action on building a global network. It will also inform his work on this agenda during his Presidency year. Additionally, best practices and resources will be collected and showcased on the website of the UCL Institute of Health Equity, including all of the presentations from the conference as well as reports, resources and tools submitted by conference participants and others with an interest in this issue. Sir Michael concluded by reminding delegates that doctors have a natural interest in health and that extending this interest to the conditions that cause ill health should be a logical next step.

Bryce Durafourt @durafourt
 Mar 25
 @MichaelMarmot and
 @Dr_ChrisSimpson bringing
 #Doctors4HealthEquity to a
 close — let's #domore to tackle
 #sdoH

CONCLUSION

The conference brought together more than 140 delegates from over 20 countries. It was an important step in building a global network for action and provided an overview of both the successes that have been achieved and the challenges that remain in addressing SDoH. During Sir Michael Marmot's Presidency of the WMA there will be further action on this network, a Declaration on SDoH will be adopted, and tools will be built and learning will be encouraged to support the development of practical actions. Finally, efforts will be made to better integrate SDoH and health equity into training for health care providers around the world. While there is still a great deal of work to be done, this two-day session was a significant step in establishing physicians and NMs as true leaders on SDoH and health equity.

APPENDIX A: MEETING AGENDA

THE ROLE OF PHYSICIANS AND NATIONAL MEDICAL ASSOCIATIONS IN ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY BMA HOUSE LONDON UK GREAT HALL MARCH 24–25, 2015

Meeting objectives:

- To develop recommendations for the WMA and national medical associations on practical actions for health equity
- To establish an international network and knowledge exchange platform for sharing policy innovations, clinical practices, and education and training programs for addressing the social determinants of health and health equity
- To inform a report outlining actions that can be undertaken by physicians to address the health inequities of patients and communities
- To inform the drafting of a WMA declaration on health equity and the social determinants — launch October 2016
- To contribute to Michael Marmot's health equity agenda for his 2015–16 presidency of WMA

DAY 1

- 9:30-10:00 Registration
- 10:00- 10:15 Welcome and introductions (Dr. Mark Porter, British Medical Association)
- 10:15- 10:45 Keynote Lecture- taking forward action on social determinants for health equity – (Professor Sir Michael Marmot; Director, Institute of Health Equity University College London)
- 10:45-11:10 The role of WMA and the need for global action (Dr Xavier Deau; WMA President)
- 11:10- 11:40 Coffee and tea Break, Lutyens Suite, Provided by the British Medical Association
- 11:40-12:50 SESSION 1: WHAT NATIONAL MEDICAL ASSOCIATIONS CAN DO TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY (moderated by Dr. Xavier Deau, President, World Medical Association)
- How can NMAs act as advocates for local and national populations?
 - What other actions should be taking place at a national level to improve health and reduce inequalities?
 - How can NMAs influence international organisations and processes, such as trade agreements?
 - Who must NMAs work with to achieve change globally?
- 11:45-12:10 Physicians and Health Equity Lessons from Canada (Dr. Chris Simpson; President, Canadian Medical Association)
- 12:10-12:30 Health in All Policies approach in addressing the Social Determinants of Health and Health Equity - Experiences from Finland. (Director Taru Koivisto, Ministry of Social Affairs and Health, Finland)
- 12:30-12:50 The Role of the French Medical Council in addressing the social determinants of health (Dr Patrick Bouet, French Medical Council)
- 12:50-1:10 Developments on measuring equity at the Portuguese National Health Plan (Dr. Rui Portugal, Portuguese National Health Plan)
- 1:10 - 2:25 Lunch and Lunchtime
- Session: Social Determinants of Health in Education and Training (Moderated by Dr. Andre Bernard, Assistant Professor, Dalhousie University — CMA Representative to the WMA Council) Session starts promptly at 1:40
- Lunch provided by the UCL Institute of Health Equity
- In order to ensure that future health professionals are equipped to tackle the Social Determinants of Health, it is important that undergraduate and postgraduate education is designed to increase knowledge and understanding of this issue. This session will explore

current initiatives in this area, and discuss potential future actions to ensure that the health-workforce is able to improve the conditions in which people are born, grow, live, work and age.

Speakers:

Maria Neira, WHO: Current activities within WHO on education and training, including the development of a SDH e-book (10 mins)

Elizabeth Wiley, Junior Doctor's Network: A perspective on education and training from a junior doctor's position (10 mins)

Panel session – 25 minutes, including:

- Dr Miguel Jorge, Associate Professor, Federal University of São Paulo — Brazilian Medical Association Representative to the WMA Council
- Dr Maria Neira, WHO
- Elizabeth Wiley, Junior Doctor's Network
- Dr Andre Bernard - Assistant Professor, Dalhousie University — CMA Representative to the WMA Council

2:25 - 5:25	Session 1 Continued:
2:25 - 2:45	Actions of the Danish Medical Association in addressing social determinants and health equity — what doctors can do in their daily work. (Dr Jette Dam-Hansen, Danish Medical Association)
2:45 - 3:05	The Australian Medical Association's action and impact on the social determinants of health (Associate Prof. Brian Owler, Australian Medical Association)
3:05 - 3:25	The healthy choice should be the easy choice — The Swedish Medical Association's policy for promoting health and preventing disease in Sweden (Dr. Åsa Wetterqvist, Swedish Medical Association)
3:25 - 3:45	Myanmar Medical Association- actions on the social determinants of health (Dr. Wunna Tun, Myanmar Medical Association)
3:45 - 4:05	The Role of Physicians and National Medical Associations — Zambia Medical Association (Dr. Joyce Banda, Zambia Medical Association)
4:05 - 5:00	Breakout session (tea and coffee break included) — discussion of NMA actions to address barriers and capitalize on opportunities, as well as supporting clinicians. Develop a top list of actions NMAs can do to support physicians in practice and address the larger advocacy/policy requirements to move the health equity agenda forward.
5:00-5:25	Feedback to larger group from each breakout group (Dr. Xavier Deau to facilitate)
5:25-5:30	Wrap-up of Day 1 (Professor Sir Michael Marmot)
5:45- 6:45	Cocktail Reception, Garden room, Provided by the Canadian Medical Association

DAY 2

SESSION 2: BUILDING A GLOBAL NETWORK FOR HEALTH EQUITY TO MAKE DISCUSSIONS A REALITY (moderated by Professor Sir Michael Marmot)

9:00-9:30	Recap from Day 1, plans for WMA presidency and how the outcomes of this conference will be used (Professor Sir Michael Marmot)
9:30-10:30	Global network — actions: Whole group facilitated discussion (Professor Sir Michael Marmot)
10:30-11:00	Coffee and tea break, Lutyens Suite, Provided by the British Medical Association

11:00-1:20 SESSION 3: WHAT PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS CAN DO (moderated by Dr. Chris Simpson, President, Canadian Medical Association)

Health professionals as commissioners, managers and employers

- How can health professionals tackle inequities through their role as employers, managers and commissioners, and
- what role do healthcare organisations (e.g., hospitals) have to play in prevention and improve population health?
- How can NMAs support this?

The Clinical Encounter

What actions can health professionals take during interactions with patients in order to tackle inequities and take action on the Social Determinants of Health? How can NMAs support this?

- 11:05-11:25 Clinical interventions on the social determinants of health — experiences in Slovenia (Asst. Prof. Danica Rotar-Pavlič, Slovenian Medical Association)
- 11:25-11:45 The sustainability and health equity agenda - UK and wider policy context (Gina Radford — Department of Health) (David Pencheon — NHS England)
- 11:45-12:05 Israeli Medical Association- What physicians can do to address SDOH in their role as commissioners, managers and employers (Adv Leah Wapner, Secretary General, Israeli Medical Association)
- 12:05-12:25 US Physicians — actions on clinical interventions to address the social determinants of health and health equity (Dr. Ardis D. Hoven, Past-President, American Medical Association)
- 12:25-12:45 Clinical interventions in the Brazilian context (Dr. Miguel Jorge, Brazilian Medical Association)
- 12:45-1:05 Clinical interventions on the social determinants of health- experiences in Trinidad and Tobago (Dr. Liane Conyette, Trinidad and Tobago Medical Association)
- 1:05-2:40 LUNCH and Lunch time panel discussion on lessons learned from working with vulnerable populations (moderated by Jenny Buckley, Canadian Medical Association)

Session starts promptly at 1:35

Lunch provided by the World Medical Association

Discussion of key challenges and lessons learned from addressing the needs of vulnerable populations: Different country experiences-

- A/Professor Brian Owler- Australian Medical Association — Australia's Aboriginal Peoples (10 mins)
- Dr. Anna Reid — Canadian Medical Association — Canada's Aboriginal Peoples (10 mins)
- Dr. Mark Peterson — New Zealand Medical Association- Experiences with the Maori people (10 mins)
- Prof. Istvan Szilard (10 mins) — Hungary and Roma experiences

Panel discussion (A/Prof Brian Owler, Dr. Anna Reid, Dr. Mark Peterson, Professor Istvan Szilard): (25 mins)

- 2:40-4:45 Session 3 continues
- 2:40-3:00 Improving the health of the poorest fastest: a case study (Professor Aidan Halligan)
- 3:00-3:20 Treating Social Disease: Tackling SDOH on the Frontlines of Family Medicine — a Family Physician case study (Dr. Gary Bloch, St. Michael's Family Health Team, Toronto, Ontario, Canada)
- 3:20-4:20 Break-out group Session (includes coffee/tea break)
- Discuss barriers, facilitators and opportunities to physicians work on health equity. (Have break-out groups review interventions that were highlighted across countries and case studies and come up with a top list of actions physicians can do to address health equity in practice).
- 4:20-4:50 Feedback from each group to main group, and facilitated discussion to finalise top actions physicians can take in clinical practice and through healthcare organisations (moderated by Dr. Chris Simpson)
- 4:50- 5:00 Wrap up and close — including summary of Day 2 and future actions/plans. (Professor Sir Michael Marmot)

APPENDIX B: PARTICIPANT LIST

Speakers

Family Name	First Name	Organization
Banda	Joyce	Zambia Medical Association
Bernard	Andre	CMA representative to the WMA
Bloch	Gary	St. Michael's Family Health Team
Bouet	Patrick	French Medical Council
Conyette	Liane	Trinidad and Tobago Medical Association
Dam-Hansen	Jette	Danish Medical Association
Deau	Xavier	World Medical Association
Halligan	Aidan	Well North
Hoven	Ardis	American Medical Association
Jorge	Miguel Roberto	Brazilian Medical Association
Koivisto	Taru	Finish Medical Association
Marks	Abbey	Israeli Medical Association
Marmot	Michael	UCL Institute of Health Equity
Neira	Maria	WHO Geneva Associate
Owler	Brian	Australian Medical Association
Pencheon	David	Sustainable Development Unit NHS England and Public Health England
Peterson	Mark	New Zealand Medical Association
Porter	Mark	British Medical Association
Portugal	Rui	Portuguese National Health Plan
Radford	Gina	Department of Health
Reid	Anna	Canadian Medical Association, Stanton Territorial Hospital in Yellowknife
Rotar-Pavlič	Danica	Slovenian Medical Association
Simpson	Chris	Canadian Medical Association
Szilard	Istvan	University of Pecs
Tun	Wunna	Junior Doctors Network, World Medical Association, Myanmar Medical Association, Young Doctor Society
Wapner	Leah	Israeli Medical Association
Wetterqvist	Åsa	Swedish Medical Association
Wiley	Elizabeth	American Medical Student Association (AMSA), Junior Doctors Network

Organisers and Staff

Allen	Matilda	UCL Institute of Health Equity
Allen	Jessica	UCL Institute of Health Equity
Beswick	Luke	UCL Institute of Health Equity
Blackmer	Jeff	Canadian Medical Association
Buckley	Jenny	Canadian Medical Association
Clark	Karen	Canadian Medical Association
Goldblatt	Peter	UCL Institute of Health Equity
Hallam	Patricia	UCL Institute of Health Equity

Johnson	Luke	UCL Institute of Health Equity
Porritt	Felicity	UCL Institute of Health Equity
Thomas	Sara	UCL Institute of Health Equity
General		
Addlington	Kate	National Medical Director's Clinical Fellow Scheme
Alonso Bastos	Luiza	Student of Public Health, Spain
Anderson-De-Cuevas	Rachel	Liverpool University
Anja	Ulrike Mitchell	Danish Medical Association
Aronsson	Jennie	Plymouth University
Bailey	Sue	Academy of Medical Royal Colleges
Benyon	Kay	Keele University
Berlin	Anita	UCL Epidemiology and Public Health
Bernard	Maillet	Belgian Medical Association
Bird	William	Intelligent Health
Bollan	Karen	Health Equalities Alliance
Borow	Malke	Israeli Medical Association
Bostock	Nick	GP Online
Bragman	Keith	AoMRC Members
Bruno	Melgaard Jensen	Danish Medical Association
Buck	Dave	King's Fund
Burman	Andy	British Dietetic Association
Caan	Woody	HEA
Cerdas	Sara	European Public Health Alliance
Colegrave-Juge	Marie	French Medical Council
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Daly	Fiona	Barts Health NHS Trust
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Delorme	Clarisse	World Medical Association Advocacy Advisor
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Dougall	Anita	RCOG
Downing	Rachel	RCP London
Duggan	Norah	Shea Height's Community Health Centre- Faculty of Medicine, Memorial University
Duncan	F.	Doctors of the World
Durafour	Bryce	CFMS
Earwicker	Ray	Department of Health
Eidelman	Leonid	Israeli Medical Association
Fagan	Lucy	All Party Parliamentary Health Group
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Findlay	Gail	Institute for Health and Human Development, University of East London
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Goldie	Isabella	Mental Health Foundation
Goodburn	Elizabeth	Royal College of GPs
Greenfields	Margaret	Buckinghamshire New University
Greszczuk	Claire	Association of British Healthcare Industries
Gully	Karen	Welsh Government
Haslam	David	Obesity Review Group
Hebron	Crispin	South West Learning Disability Health Network
Heikki	Pälve	Finish Medical Association
Hepburn	Mary	World Health Organisation Associate and UNICEF
Hewett	Nigel	University College London Hospitals
Hiam	Lucinda	Doctor
Hussein	Amran	NHS England
Hutt	Patrick	NHS City and Hackney CCG
Jaroslava	Vesela	Czech Medical Association
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Jemmott	Anthony	Camden and Islington NHS FT
John	Terry	BMA International Dept
Jones	Helen	Leeds Gypsy and Traveller Exchange
Jones	Lucy	Doctors of the World
José	Manuel Silva	Portuguese Medical Association
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Lightbourn	Alison	International Alliance of Patients' Organizations (IAPO)
Man	Sue	Royal College of Obstetricians and Gynaecologists — Faculty of Sexual and Reproductive Health
Balzan	Martin	Malta Medical Association
Mawle	Angela	UKPHA
Medcalf	Pippa	Royal College of Physicians
Meili	Ryan	Westside Community Clinic, Division of Social Accountability, College of Medicine, University of Saskatchewan
Melgaard Jensen	Bruno	Danish Medical Association
Mervi	Kattelus	Finish Medical Association
Glekin	Michelle	Israeli Medical Association
Millington	Lou	University of Sheffield
Moitinho de Almeida	Maria	ACES Almada-Seixal
Moore	Stephen	Luther Street Medical Centre
Moser	Claire	RCSLT
Needle	Clive	Eurohealthnet
Neudorf	Cory	Saskatoon Health Region, College of Medicine-Community Health and Epidemiology, University of Saskatchewan
Parish	Richard	RSPH
Patel	Raj	Essex University
Peasey	Anne	UCL
Phipps	Emily	CQC
Rankin	Elizabeth	University Hospitals Birmingham — NHS

Reece-Loram	Sian	PHE
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Richmond	David	RCOG
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Robjent	Gary	Roche Diagnostics
Rudkjøbing	Andreas	Danish Medical Association
Sanders	Ronald	USA Harvard
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Shulman	Caroline	Kings Health Partnership Pathway
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Waqar	Salman	Health Education England
Weil	Leonora	Department of Health — Health Inequalities Unit
Williams	Jude	HEA
Williamson	Andrea	Glasgow Local Authority