FORUM PROCEEDINGS

Dialogue: multiple actors bringing diverse knowledge to improve health equity

Dare to Speak - Dare to Act

February 4th & 5th, 2015, Québec City

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Dialogue entre tenants de divers savoirs pour plus d'équité en santé
(Discussion between proponents of diverse knowledge to improve health equity)

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BACKGROUND

Cultural, environmental, financial and social conditions in which individuals live their daily life influence health results. These conditions accumulate and interact in multiple and various ways from early childhood through to older age. In any given society, the unequal distribution of circumstances of daily life in which people are born, grow, live, work and age lead to the construction and reproduction of "social inequities of health."

WHAT IS AN "OPEN SPACE" FORUM?

Facilitating, fostering, and orienting discussions

"Chaos has the power to open the door to new perspectives."

On February 5th, facilitators used the "open space" approach to tackle the full-day working session. This approach helps to give structure to discussions between many individuals that do not necessarily know each other but that are gathering to work together on an issue. The key feature of this open space approach is that it helps participants open up to new perspectives (i.e., content or format). In February, facilitators invited participants to explore together one complex overarching question: "What are the opportunities to reduce social inequities of health if we bring together knowledge gathered from experience, intervention, research, and decision-making?"

Four basic principles behind the open space forum

OBJECTIVE

The event's objective was to provide proponents of diverse knowledge gained through **research, intervention, experience, and management/decision-making** a forum to discuss and share on social inequities of health. During this two-day forum, participants had the opportunity to explore ways in which they could **work together** to improve health equity.

IDEAS COMING TOGETHER TO INSPIRE ACTION

Transferring and linking knowledge: create networks to facilitate action and reflection, a one-stop knowledge user interface, inventories of "best' practices.	Restoring meeting places where individuals can discuss with each other and learn from each other.	As catalysts for action, practitioners managing innovative projects need support from leaders in their work and local communities.	Develop competencies related to advocacy and public relations to better influence the media and decision-makers.	Anchoring the concept of reducing social inequities of health in every organization's processes, internal operations and structure.	Learning the different "languages" used by diverse knowledge holders.

DISCUSSED TOPICS

- What can be done to keep the stakeholders' and activists' flame alive?
- What could be done to mitigate conditions leading to social inequalities for children?
- Gaining a better understanding of the concepts of proportionate universality, intersectoriality, and structural determinants of health;
- How can a national support group successfully promote actions to improve health equity during the period of reform in Quebec?
- What could be done to include research stakeholders and establish a culture of cooperation with organizations?
- Prejudices and health inequalities;

- Early interventions in multiethnic settings;
- Promoting community-based research;
- Supporting the citizen's power to act and providing stakeholders with the tools they need to move forward, including in smaller communities;
- Challenges and issues related to social diversity, including in rural settings;
- Poverty in rural settings;
- Places where individuals can learn about pride, trust and hope;
- To avoid making matters worse, need to integrate social inequalities of health more often in public health planning processes related to interventions;
- What can be done to influence decision-makers and reach out to them to help them understand the importance of reducing social inequalities?

EVALUATION

- Participants appreciated the "open space technology" approach used for the second day of the forum. Overall, they found the approach conducive to the emergence of innovative solutions and a hub of collective intelligence.
- Many mentioned that a one-day even was not enough.
- They felt that experiential knowledge was not represented well enough. Participation of people living daily in deleterious conditions should be promoted to enrich discussions and possible solutions.
- They suggested to allow more time for informal discussions and networking activities, reducing the current of events accordingly.

ONE BIG QUESTION

One overarching question leading to the forum:

"What are the opportunities to reduce social inequities of health if we bring together knowledge gathered from experience, intervention, research, and decision-making?"

KEY IDEAS

1. "Great ideas" matching program that will lead to more ideas everywhere in Quebec and Canada.
2. Create networks for participants, create a group in the community-of-practice style (research and community-based) so that researchers can support community organizers in planning their research activities.
3. Media campaign in which a public health expert or a committed star could participate and express their point of view in favour of health equity in a "primetime broadcast show or large-scale dissemination series".
4. Encourage stakeholders to implement a qualitative research project in rural settings. There is too much emphasis on statistics and quantitative evidence. Locally-based evidence is essential.
5. Explore the option of rural laboratories.
6. Challenging stereotypes as part of United Way's efforts to fight prejudices. The project is proving successful. It is suggested to disseminate project information to participants.
7. Beyond the media campaign: beyond public health. It is important to send out a clear message that everyone can understand, using plain language.
8. NCCDH: supports the creation of a Quebec Social Inequities of Health Network.
9. Ideas and solutions to submit to the Department of Health and Social Services etched in our collective memory.
10. Coordinated political actions to protest as one voice against the effects of political choices.
11. Hub where everyone can share and use tools to mitigate prejudices (Quebec anti-poverty Coalition).
12. Research question: "How can we reach and engage people experiencing poverty or vulnerable conditions?"
13. Policy group: "How can we, based on an idea (e.g., guaranteed minimum income), reach and mobilize populations and implement a pilot project?
14. Send a letter to Lyne Jobin (cc to André Dontigny and Horacio Arruda) asking her that the PNSP prioritize the reduction of social inequities of health and adding today's signed petition as enclosures (February 5th, 2015).

Introduction

The forum *Dialogue: multiple actors bringing diverse knowledge to improve health equity* was held in Quebec City on February 4th and 5th, 2015. More than 70 professionals gathered from nine different regions in Quebec and Canada to reflect on one overarching question: "What are the opportunities to reduce social inequities of health if we bring together knowledge gathered from experience, intervention, research, and decision-making?"

February 4, 2015

The forum began on February 4th with an evening of presentations at the Café-Rencontre du Centre-ville, a community organization located in the Saint-Roch neighbourhood in Quebec City.[1] Speakers drew from their experiences to talk about emerging opportunities to reduce social inequalities of health when knowledge from diverse background is brought together. Jean-Yves Desgagnés, Christiane Lapointe, Martine Turgeon, Suzanne Lemieux, Louise Potvin, and Claire Bolduc[2] shared their experience on:

- the co-construction of knowledge to build a better understanding and reduce poverty in rural settings;
- the innovative and inspiring practices developed by the Sudbury & District Health Unit (Ontario);
- the co-production of knowledge approach developed by the Chair on Community Approaches and Health Inequalities (CACIS) in Montreal;
- the need for a decision-making process in close proximity to people and communities to improve health conditions in rural settings.

February 5, 2015

After an evening of enlightening discussions, facilitators used an innovative event format called "open space technology" or "open space" for the full-day working session. This approach helps to address complex issues and to make recommendations on multiple potential solutions in a short time.

Building on their diverse backgrounds, knowledge and expertise, participants created their own agenda at the onset of the meeting. They submitted their topics in the plenary session. Breakout sessions were then facilitated on each of the following topics:

- What can be done to keep the stakeholders' and activists' flame alive?
- What could be done to mitigate conditions leading to social inequalities for children?
- Gaining a better understanding of the concepts of proportionate universality, intersectionality, and structural determinants of health;
- How can a national support group successfully promote actions to improve health equity during the period of health reform in Quebec?
- What can be done to include research stakeholders and establish a culture of cooperation with organizations?
- Prejudices and health inequalities;
- Early interventions in multiethnic settings;
- Promoting community-based research;

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[1] **http://caferencontre.org/en/our-mission/**

[2] For the speakers' home organizations, please refer to the program available online at http://www.inspq.qc.ca/dialogue-entre-tenants-de-divers-savoirs-pour-plus-d-equite-en-sante (in French).

- Supporting the citizen's power to act and providing stakeholders with the tools they need to move forward;
- Challenges and issues related to social diversity, including in smaller communities;
- Poverty in rural settings;
- Places where individuals can learn about pride, trust and hope;
- Integrating social inequalities of health in public health planning processes related to interventions to avoid increasing inequalities;
- What can be done to influence decision-makers and reach out to them to help them understand the importance of reducing social inequalities?

Marketplace

Topics were divided in three rounds of 45-minute discussions. After round number one and two, participants were invited to investigate more thoroughly the same topic or to initiate discussions on a new topic. At the end of each round, working groups wrote-up their proceedings, which were immediately posted on the "marketplace" bulletin board. This way, findings and comments were instantly available throughout the open space meeting.

After reviewing the 20 discussion reports, participants convened in a plenary session for debrief and wrap-up. They reflected on lessons learned and recommended potential measures they could act upon together. A summary of these recommendations can be found in the section "Key Ideas for Further Action" of this document.

Ideas to inspire action

Thoughts emerging from reviewing proceedings and analyzing ideas for further action:

→ *Importance of learning the different "language" used by diverse knowledge holders (e.g., language used in the context of interventions or decision-making), and opening up to knowledge held by other people and other sectors.*

→ *Need for stakeholders involved in interventions and research to develop competencies related to advocacy and public relations so they can influence news media, public opinion and, ultimately, policy decisions.*

→ *As catalysts for action, practitioners managing innovative projects need coaching from leaders in their field of work and environment.*

→ *Anchoring the concept of reducing social inequalities of health in every organization's processes, internal operations and structure.*

→ *Transferring and linking knowledge by 1) establishing networks to facilitate action and reflection, 2) creating a one-stop knowledge user interface, and 3) establishing inventories of "best" practices and ways of moving into action.*

→ *Restoring meeting places where individuals can discuss with each other and learn from each other.*
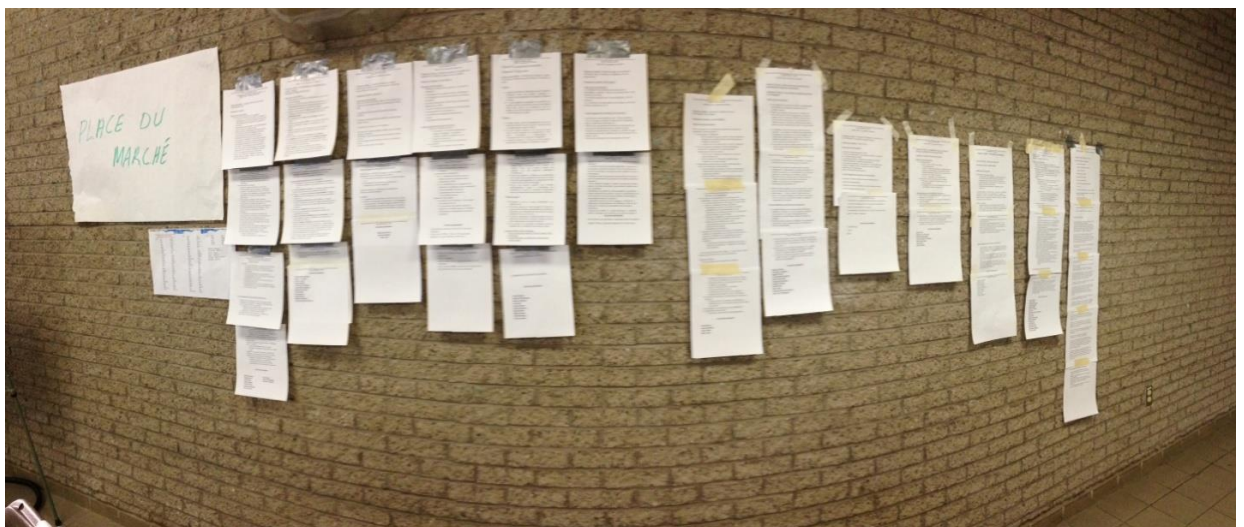
More Please!

Forum evaluations show that participants truly enjoyed the open space format and urged organizers to repeat the exercise. The meeting helped to get to know each other better, to share experiences and reflect on how to move forward towards more health equity by working together.

Enjoy reading the summary of the group discussions.

Key Ideas for Further Action

The following is a summary of key ideas that emerged from breakout sessions.

Keeping the stakeholders' and activists' flame alive

- In response to prevalent economic-centric discourses, need to develop and commit to a counter discourse;

- Lack of non-technical language educational resources that speak to diverse population groups on local issues;

- Importance of interrelated and innovative health and research institutions that have the capacity to transfer knowledge and connect with activists, supporting them in their advocacy actions and thinking out of the box:

  - Why not try social marketing strategies to inform citizens using non-technical language?

- Need for reinventing and democratizing access to decision-making:

  - Provides volunteers and activists with the space needed to efficiently contribute to interventions;

- Importance of developing competencies in advocacy.

Influencing decision-makers

- Merge emotional aspects and evidence into work processes. Work at the relationships level:

  - Elected representatives often lack the technical knowledge to make informed decisions;

  - Elected representatives usually have no intention of making bad decisions, so: What can be done to promote the benefits of sharing the power? To show the tyranny of unwise and uninformed decisions?

  - In the last five years, teams from the Eastern townships CSSS have had access to community development training. At the local level, public awareness is developing and could help populations navigate successfully through the paradigm shifts ahead. Community organizers have a leading role to play in the matter.

- Need to expose deceit and provide facts; suggest innovative ideas and solutions; people fall into the trap of disinformation because they do not know what to believe anymore or are unable to tell true from false;

- Put emphasis on changing communication channels between citizens and government;

- Support actions for change and provide individuals with the means to achieve results.

What could be done to mitigate conditions leading to social inequalities for children?

- Many family events and activities are based on proportionate universality principles.

- It is important to legislate on healthy housing and to target elected representatives in order to make them understand the connections between health and healthy housing. Enact municipal laws based on proportionate universality principles.

- Remind elected representatives of their responsibilities and the importance of taking into account women and families.

- Family supportive policies are essential to attract families and revitalize aging neighbourhoods and communities. There is a need for multiple institution to share the responsibility for addressing family health.

Proportionate universality and intersectorality

- Today still, public health actors are responsible for defining their planning policies. Instead, they should be involving populations in the process using social inclusion and participatory approaches.

- It is important to show communities the causal relationships between what they do and what they get; this way, they have some form of control over their own development, building on their strengths and assets (John McKnight).

- Community stakeholders need to be at the forefront in establishing measures that are best suited to the context (identifying strengths and assets, etc.).

- There is a need to work hand-in-hand (intersectoral approach), reaping the fruits of joint, honest and collective efforts and taking into account different community perspectives.

How can a national support group successfully promote actions to improve health equity during these periods of reforms and paradigm shifts?

- Ask different communities in Quebec to share their success stories (including success stories related to public health);

- Build an inventory of responses and solutions to centralization.

What could be done to include research stakeholders and establish a culture of cooperation with organizations?

- Learn to use a variety of languages depending on the audience you wish to target, e.g.: research funding agencies and institutions, research environments, and recipients of messages (decision-makers).

- Involve all stakeholders early on in the research process, including decision-makers.

- Make sure to involve members of the community as project contributors, not only as research subjects.

- Reiterate the commitment to "work together" beyond the period of time covered by the project. Push the different points of view to other research decision-making levels.

Prejudices and health inequalities

- Sudbury Health Unit implemented a social marketing initiative and is investing money to fight against prejudices.

- Prejudices are conveyed through the media.

- United Way created a project to fight against prejudices at the local level. It involved identifying practices generally used to fight against prejudices, analyzing findings and, based on these findings, developing an action plan adapted to local realities.

- It is time to act, whatever the means, based on our knowledge and capacities and on what seems like realistic goals.

- Train and educate the next generation of professionals, raising their awareness, e.g.: physicians, urban planners (promoting diversity), social and community workers, etc.

- It is important to communicate with audiences other than the committed and the believers, reaching out to ordinary people to bring about change.

What could be done to improve the quality of life and mitigate social inequalities of health?

- There is a need to use cultural, social and local vehicles to improve healthy development for all.

- Do not assume that the socio-economic status (SES) always holds the same value in every circumstance. Remember to consider the actual context.

Early interventions in multiethnic settings

- Go to places where people from diverse ethnic backgrounds gather. Initiate conversations and relationships based on trust.

- Opt for personalized and individual interventions and home visits.

- Act upstream even before the design phase.

- Provide support in a personalized manner.

- Involve people who live in the particular community as well as high profile community leaders.

- Leverage relationships of trust built through time between members of different communities.

- Facilitate access to a variety of services (e.g., childcare). For instance, set aside a number of spots for a multiethnic clientele, while promoting diversity (to avoid stigmatization).

- Leverage the support older children can provide to the rest of their family (e.g., when learning a language quickly, they are in a position to help their parents learn it too).

- Encourage word-of-mouth for the promotion of services.

- Facilitate gathering opportunities (among members of the same ethnic community as well as between them and the welcoming community).

Promoting community-based research

- Help stakeholders break out of isolation (e.g., in the community or research environment).

- Community-University Research Alliances (CURA).

- New funding and infrastructure models – such as the Urban Aboriginal Knowledge Network (UAKN) – that foster and fund community-based research projects.

- Hubs where communities can have access to researchers willing to be involved in collaborative research projects.

- Reallocate a proportion of research funding to community centres so they can use it against salaries of employees participating in research activities.

- Encourage community-based evaluations to close the knowledge gap.

- Build alliances based on clearly defined agreements and positive attitudes between the local community and the research community, fostering mutual respect of each other's knowledge and capacities.

- Consider other community-based research methods.

- Promising practices and initiatives that promote research activities that are beneficial to the local community:

  - Arima (partnership between researchers, community organizations and users);
  - Réseau interuniversitaire sur la persévérance scolaire (university network for the promotion of persistence in school).

- Create a network (community of practice?) of people carrying out research in the local community to promote networking, knowledge transfer and sharing, etc.

- Create a doorway (physical or virtual) to help community organizations who wish to be involved in research connect with the research community; and promote existing interventions (e.g., UQAM model, access to knowledge approach at Laval University).

Supporting the citizen's power to act and providing stakeholders with the tools required

- Promote guiding principles (e.g., the "six thinking hats" tool).

- Value and recognize mutual help, swapping and buddy system practices.

- Find solutions to connect people to resources (e.g., key support or coaching).

- Open communication channels between leaders and people experiencing poverty as well as community stakeholders and development agents.

- People know what needs to be accomplished. Why not help them get organized and interact with decision-makers.

- Break populations out of isolation to establish communities able to share and support each other, and give neighbourhoods a life of their own.

Challenges and issues of social diversity, including in smaller communities

- One of the challenges of diversity is avoiding stigmatization without ignoring the very people we are trying to reach out to.

- Sometimes, putting labels on poverty and population groups results in stigmatization and uneasiness. Defining poverty (and indirectly "poor people") is not an easy task. Other people's perception and being labelled as "poor", particularly in smaller communities, is discomforting.

- Decision-makers have a tendency to deny the existence of poverty. People usually compensate their inferiority complex with an oversized sense of pride (i.e., ego). They have a hard time admitting that their actual living conditions are not always pleasant.

- In the past, smaller communities were level-playing fields. Things have changed dramatically. The development of wealthier neighbourhoods resulted in separation. Economically disadvantaged populations are now concentrated in older downtown areas and the economically advantaged, in newer developments. What forms of community development will this result in?

- People need to be heard, not only by the committed and the believers, but also by the other stakeholders such as the decision-makers and the advantaged. To do so, we ourselves need to conquer our own fears, prejudices, and resistance to reach out to them, meeting them on their own grounds and understanding where they come from.

- Find a joint project that brings people together. Identify points of view that are common to stakeholders, taking the time to do so and finding what brings everyone together, "rich" and "poor" alike.

- Create spaces to share experiences with more flexible access and registration conditions, focusing on informal and less prescriptive models.

- Adapt meeting and public spaces, such as church squares that are still used as gathering places.

Poverty in rural settings

One of the problems in rural settings is that revitalization depends on population engagement. Because of the small number of citizens, mobilization is an issue and often seen as a burden. Nonetheless, many villages have successfully gone through a revitalization exercise. Power has been often centralized in the last few years, particularly since 2003. Government offices have been merged and located closer to regional capitals or even the national capital, far from rural settings. Today, public servants have little access to the everyday realities of people living on the outskirts of towns.

Come up with solutions collectively in terms of health services (e.g., health co-op) or outreach services (e.g., convenience store, cultural centres, etc.).

Re-establish meeting places where discussions can be held, listening to each other's point of view, but also seeing non-verbal communication signs. Arguing, increasing our awareness and knowledge, mobilizing…

Places where individuals can learn about pride, trust and hope

- We need to seek opportunities to recreate a sense of community with physical spaces and also with opportunities to gather together to support each other (e.g., ice storms, snow storms, St. Jean-Baptiste Day).

- It is important to strengthen our sense of belonging, to use spaces that already exist but that have been weakened through time. Many have disappeared because of government decisions, but we cannot give up. We need (we must?) inhabit some of those places even though we might not feel comfortable to do so (e.g., church, school, etc.).

- Places and events reflect every generation's reality, but this does not mean that values such as mutual support, spontaneity and respect should be left behind.

> *Create opportunities, organize gatherings, events and discussions, starting with non-confrontational topics, to develop relationships in a spirit of sharing and friendship.*
>
> *Use every opportunity that comes up.*
>
> *Occupy existing places, strengthen them or create new ones, exchanging services, using invisible local competencies or working on well-known issues.*

Intersectionality and structural determinants

- Intersectionality enables individuals to say out loud what is wrong and where oppression is experienced, instead of simply being at the receiving end of program services (usually addressing one aspect only).

- It is important to focus on structural determinants (e.g., structures of power) and "causes of causes", not so much on consequences and clientele-based approaches.

- Institutions should have the capacity to concentrate on structural determinants of social inequalities of health and intersecting forms of systemic oppression.

To avoid making matters worse, need to integrate social inequalities of health more often in public health planning processes related to interventions

- Medical associations (preventive medicine physicians, community health specialists/physicians, Jeunes médecins pour la santé publique, Association des médecins spécialistes en santé communautaire du Québec, etc.?) and Facebook pages could be used as tools to relay messages pertaining to social inequalities of health, and mobilize members and citizens.

- With the support of the NCCDH, create a social inequalities of health network in Quebec that would bring together academics, practitioners from PH units, community organizations, and citizens (in a nutshell: every level of intervention).

- Take advantage of any public forum (e.g., the *Tout le monde en parle* television series) to raise awareness and mobilize citizens around the current health reform Bill 10, social inequalities of health, etc.

  - Public Health experts trained to deal with news media and political party

speakers (e.g., Alain Poirier, and Yv Bonnier-Viger);

- Superstars such as Dan Bigras.

- Send an email to Lyne Jobin and to the next National Public Health Program (PNSP) strategic committee through the science committee of the February 4th and 5th Forum (including signatories) with the following statement:
    - In the PNSP 2015-2025, reiterate that interventions aim to improve population health results and mitigate social inequalities of health;
    - Put pressure so that local directors of public health embed the mitigation of social inequalities of health into their local public health plans and programs;
    - Include social inequalities of health into future Centres intégrés de santé et de services sociaux (CISSS) organizational standards.


What can be done to influence decision-makers and reach out to them to help them understand the importance of reducing social inequalities?

- There are two methods to consider when approaching decision-makers:
    - One based on people experiencing inequalities (providing numbers, statistics, real life stories);
    - One based on values (such as those that lead them to the political arena).

- It is difficult to establish accountability mechanisms in terms of social inequalities (in comparison with more tangible and immediate actions).

- It would be best to provide education, training and coaching to decision-makers

so they can be in a position to better interpret evidence.

- We need to adapt our language to that of decision-makers and to have a good understanding of their issues and concerns.

- Take advantage of trends to defend ideas that may be connected to popular thinking.

- News media tend to profile right-wing positions, so left and centre should take advantage of any opportunity to defend their ideas and make them more visible.

- Networking is crucial: decision-makers should be active in the bodies they are members of.

- Understand that writing reports is not the optimal way to get decision-makers to listen. We need to devise our actions based on consistency, efficiency, and structure if we want to influence and reach the appropriate political base:
    - It is important to come up with solutions, not only point out problems.

- Importance of making the stories of people experiencing inequalities known to decision-makers, supporting those stories with numbers, and statistics.

- Researchers should use every possible means to get involved in their community, participate to outreach activities, and build bridges so that stakeholders can have a say in research and vice versa. Maintain open communications as much as possible.

- Engage elected representatives in community-based research to help them develop their knowledge and gain an

understanding of research findings and evidence.

- Researchers need to focus on the dissemination of knowledge and public speaking. They have a major social role to play.

- Take advantage of every opportunity given by the media, including new media.

- Using social marketing can prove very effective and relevant to change attitudes among members of the population.

  - Succeed in changing the population's perception of poverty and social inequalities to apply pressure on government representatives and decision-makers.

  - Every stakeholder seeking to influence decision-makers needs to understand that social problems are political as well. The population should understand that every political decision has an impact, positive or negative, on social issues and inequalities.

  - It is important to embrace the challenge and overcome our shyness, unwillingness and inertia: political action at every level has to become part of our daily tasks.

  - Should we create a social Greenpeace?
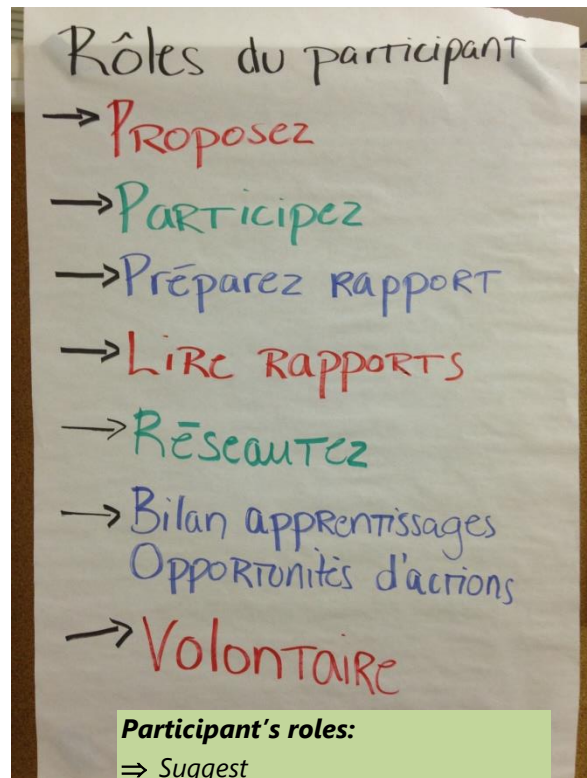
Participant's roles:
⇒ *Suggest*
⇒ *Participate*
⇒ *Write report*
⇒ *Read reports*
⇒ *Network*
⇒ *Summary of learnings and
   potential actions*
⇒ *Volunteer*

Summary of Suggested Key Ideas

The key ideas that emerged from the forum are answers to the big question presented to participants at the beginning of the event: "What are the opportunities to reduce social inequities of health if we bring together knowledge gathered from experience, intervention, research, and decision-making?"

- *"Great ideas" matching program that will lead to more ideas everywhere in Quebec and Canada.*
- *Create networks for participants, create a group in the community-of-practice style (research and community-based) so that researchers can support community organizers in planning their research activities.*
- *Media campaign in which a public health expert or a committed star could participate and express their point of view in favour of health equity in a "primetime broadcast show or large-scale dissemination series".*
- *Encourage stakeholders to implement a qualitative research project in rural settings. There is too much emphasis on statistics and quantitative evidence. Locally-based evidence is essential.*
- *Explore the option of rural laboratories.*
- *Challenging stereotypes as part of United Way's efforts to fight prejudices. The project is proving successful. It is suggested to disseminate project information to participants.*
- *Beyond the media campaign: beyond public health. It is important to send out a clear message that everyone can understand, using plain language.*
- *NCCDH: supports the creation of a Quebec Social Inequities of Health Network.*
- *Note: similar to the one created by Wilkinson in Great Britain?*
- *Ideas and solutions to submit to the Department of Health and Social Services etched in our collective memory.*
- *Coordinated political actions to protest as one voice against the effects of political choices.*
- *Hub where everyone can share and use tools to mitigate prejudices (Quebec anti-poverty Coalition).*
- *Research question: "How can we reach and engage people experiencing poverty or vulnerable conditions?"*
- *Policy group: "How can we, based on an idea (e.g., guaranteed minimum income), reach and mobilize populations and implement a pilot project?*
- *Send a letter to Lyne Jobin (cc to André Dontigny and Horacio Arruda) asking her that the PNSP prioritize the reduction of social inequities of health and adding today's signed petition as enclosures (February 5th, 2015).*

Appendices
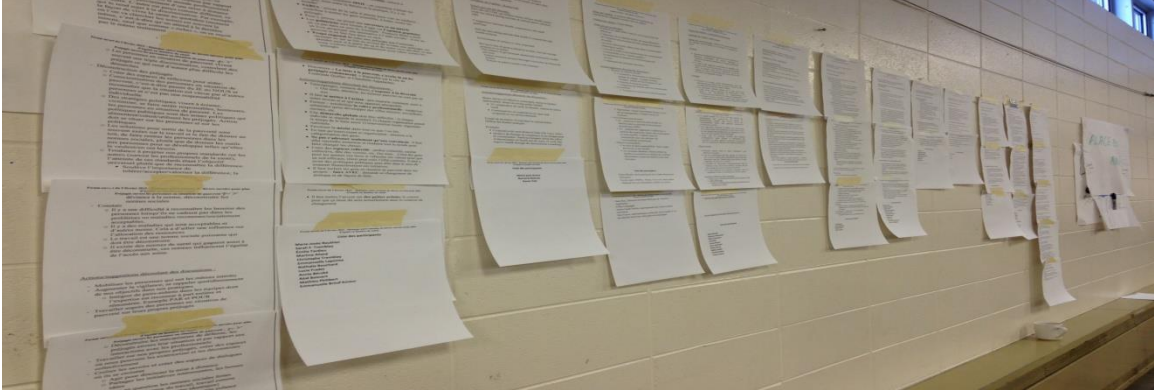
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