One year since the Newsletter for SIG: Health Equity has started, it has been great to see increasing interest to the group, which is free for anyone of all healthcare professions to join. For the coming year, we aim to gather more momentum and to stimulate more discussions to share knowledge, ideas and experiences related to our goals as family doctors.

We always welcome contributions from our members, if there is anything of interest that you would like to submit in the next Newsletter or have any interesting materials you would like to share with us and our members, feel free to direct your emails to: SIGhealthequity@wonca.net.

**GREATERS & NEWS**

**FOOD FOR THOUGHT - Gaps in Medical Education**

Education considered one of the most promising ways to tackle disparities in health training. Students to be competent in managing vulnerable patients and health equity should start early in their medical curriculum. Efforts have already been made to assess this such as at The Medical School in the University of Michigan1 and the School of Medicine at The University of New Mexico2. However these efforts are only the beginnings of much more need efforts to prepare medical students in addressing health disparities3 for the populations they will come to serve.

In the UK, Williamson et al3 to identify core learning areas which should be incorporated into medical curricular through the use of a Delphi poll consisting of 19 out of 32 universities in throughout the UK. These core areas as to guide those involved in medical education include: but also as Hussain et al4 points out the increasing evidence will ultimately help clarify necessary training elements to assist medical students to possess the right skills, competencies and experience to address health inequities.

**RESULTS:** 16 (5.4%) articles met study eligibility criteria and were selected for analysis. All 16 programs reported longitudinal training; seven (44%) reported block experiences, while one (6.25%) described a one time preparation to address health disparities. Programs required residents to develop and complete a research project, and six (37.5%) included community based clinical experiences.

**CONCLUSIONS:** There are few published reports of graduate medical education programs in the United States that focus on preparing residents to address health disparities. Reported programs are mostly from primary care specialties, programs vary in curricular elements, using a wide variety of teaching aids, learner compen- sation, learning activities, and evaluation methods. This review highlights the need for published reports of educational programs aimed at training residents in health disparities to include the evidence for effectiveness of various training models.

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**FOOD FOR THOUGHT - Changing trends and sustainability**

Health Equity is a broad concept incorporating many different aspects. Anwar et al1, (2015), assessed use-equity of maternal health care services in Bangladesh. They found increases in utilisation between 1991 and 2011. However, they noticed that challenges are increasing alarmingly, especially amongst wealthier, urban, and more educated women. Many of these are taking place in private facilities which are not only expensive but also unregulated and varying in terms of quality care.

In part, this is linked to changes to social determinants of health have impacted issues of equity. Increasing amount of mothers with education and programmes such as demand side financing schemes have altered the behavioural phenomenon displayed by mothers.

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**GREETINGS & NEWS**

**Highlights**

- Greetings & News
- Food for Thought
  - Gaps in Medical Education
  - Changing trends and sustainability
- Events, Conferences & Call for Abstracts

**Publication of Interest**

Health Disparities Training in Residency Program in the United States


**BACKGROUND AND OBJECTIVES:** Our objective was to review and summarize existing literature on US-based graduate medical education programs to guide the development of a health disparities curriculum.

**METHODS:** The authors searched Medline using PubMed, Web of Science and Embase for published literature about US-based graduate medical education programs focusing on training residents to address health disparities. Programs were reviewed and selected per study eligibility criteria and summarized per area of study evaluation questions.

**RESULTS:** Of 302 initially identified articles, 15 (4.9%) articles met study eligibility criteria. A majority, (95.4%), of reported programs were from primary care, one (2.9%) was from surgery. Eight (50%) programs utilized some form of evaluation to assess program impacts. All 16 programs utilized some form of evaluation to assess program impacts.

**CONCLUSIONS:** There are few published reports of graduate medical education programs in the United States that focus on preparing residents to address health disparities. Reported programs are mostly from primary care specialties, programs vary in curricular elements, using a wide variety of teaching aids, learner compen- sation, learning activities, and evaluation methods. This review highlights the need for published reports of educational programs aimed at training residents in health disparities to include the evidence for effectiveness of various training models.

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