

Forward on Moving Forward

Language about **identity, diversity, equity, and inclusion** evolves relatively quickly. The language and terms used throughout this course reflect contemporary best practice and guidance. To ensure continuous alignment with current best practice, terminology will be reviewed and updated as guidelines evolve. For example, when color is used regarding race, capital letters are used (e.g., Black, White, Brown), as recommended by the National Association of Black Journalists.

Participants throughout this course will use varying pronouns, such as she/her, he/him, and they/them, to reflect the range of gender identities that exist within our communities.

CME  **CAST**

Health Inequities in Inflammatory Bowel Disease Care

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Johnson & Johnson*





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Learning Objective

Analyze the influence of unconscious bias, health disparities, and health inequities on the care of patients with inflammatory bowel disease (IBD).

Previous Activities to Check Out:



**Equity and Health
Care Disparities:
The Role of Leaders
in Addressing the
Crisis**

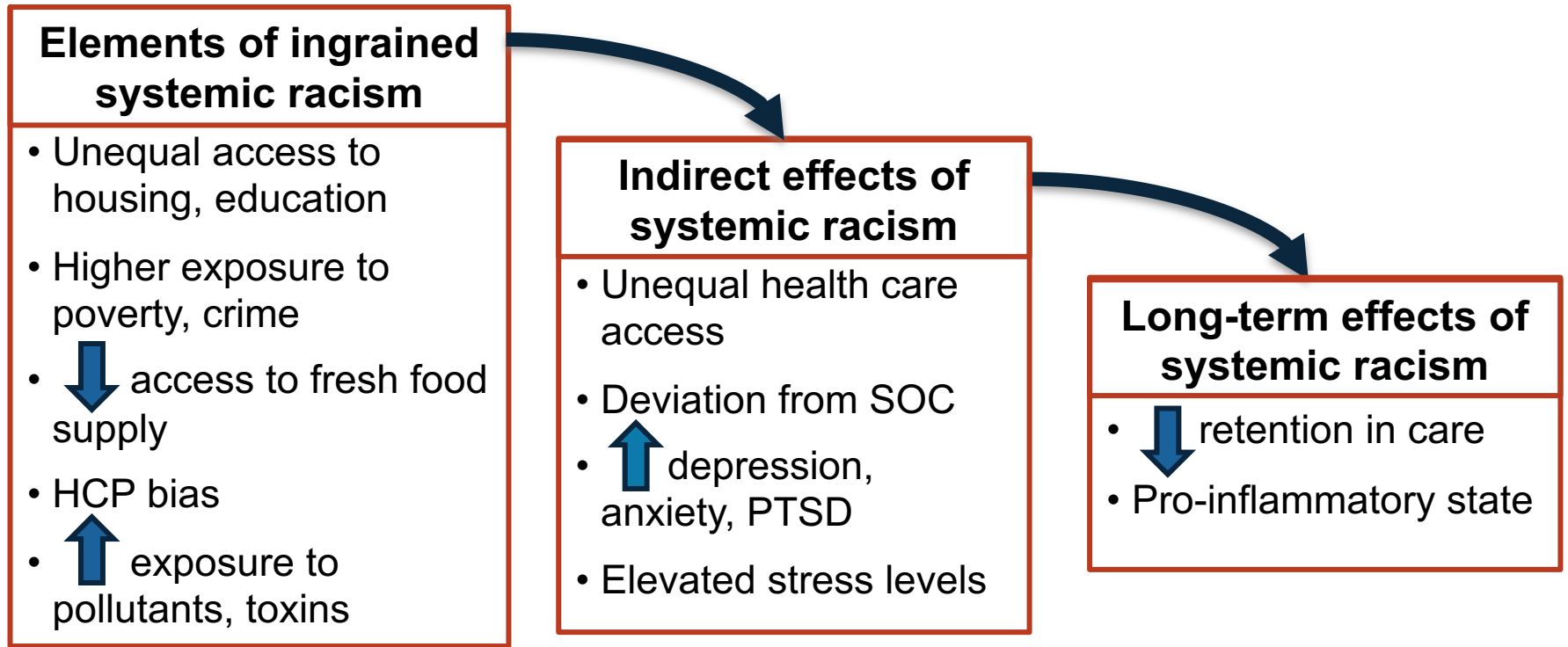


**Addressing
Unconscious Bias
and Disparities in
Health Care:
A Call to Action**



**Call to Action:
Racial Disparities
in Maternal Health**

Health Disparities: How We Got Here¹⁻⁵



HCP = health care professional; PTSD = post-traumatic stress disorder; SOC = standard of care

1. Hasan B, et al. *Clin Rheumatol*. 2022;31:1-13. 2. CME Outfitters, LLC. 2021. Equity and Health Care Disparities: The Role of Leaders in Addressing the Crisis. 3. CME Outfitters, LLC. 2021. Addressing Racial Disparities in Orthopedic Care. 4. CME Outfitters, LLC. 2021. Achieving Equity in the Management of Chronic Pain: Treating the Whole Patient. 5. CME Outfitters, LLC. 2021. Parameters of Pain Care: Mitigating Racial Disparities in Patients with Chronic Pain.

Racial Disparities in IBD

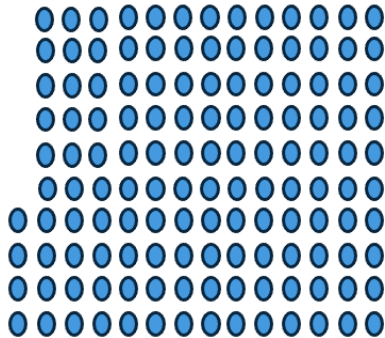
- Rates of IBD are increasing in all racial and ethnic groups, but the distribution of growth is unequal
- Delays in diagnosis and treatment occur due to under-recognition of IBD in underrepresented populations

- IBD incidence, U.S. population–based inception cohort from 1970 through 2010¹:

39% increase in
White patients



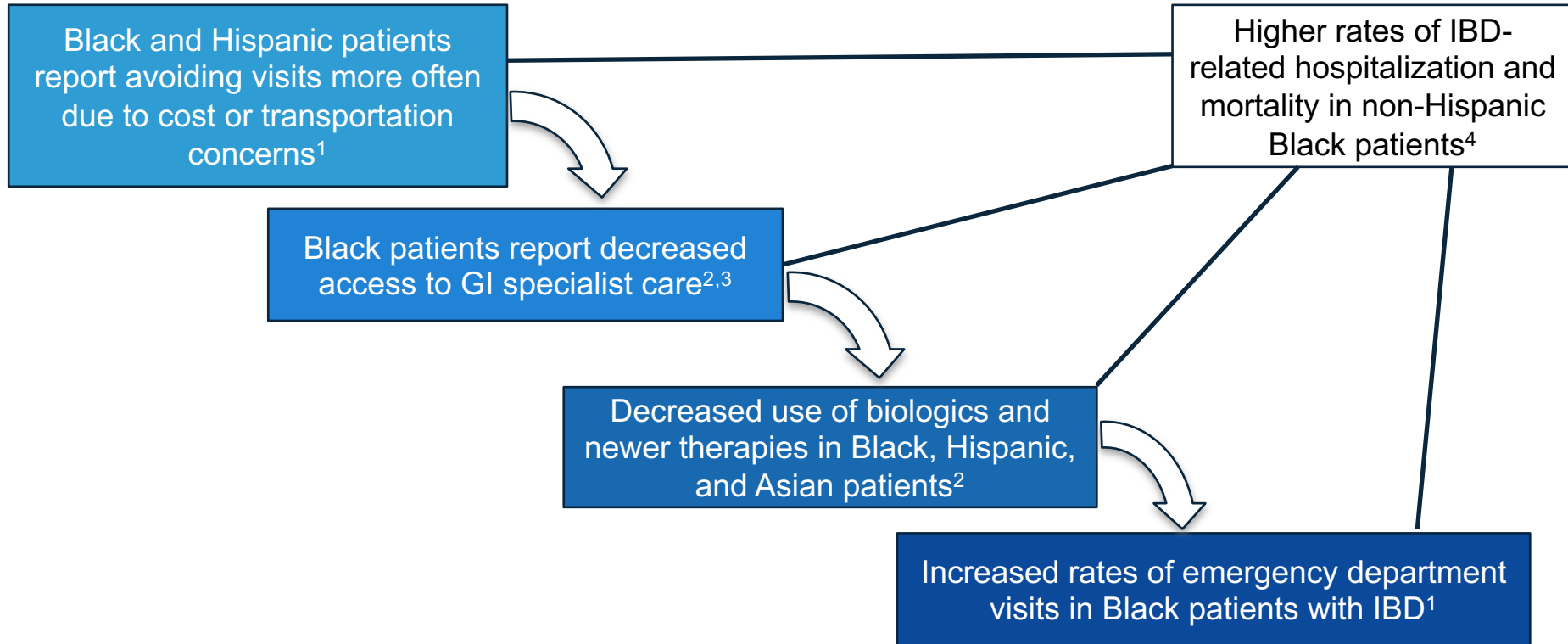
134% increase in
non-White patients



- Practicing gastroenterologists do not reflect the current U.S. population²:

| | U.S. GIs 2018 | U.S. Population 2020 |
|------------------------------------|---------------|----------------------|
| Underrepresented groups | 11.2% | 31% |
| Black/African American | 4.4% | 12.3% |
| Hispanic | 6.6% | 17.8% |
| American Indian/ Alaskan Native | 0.12% | 0.7% |
| Hawaiian/Pacific Islander | 0.07% | 0.2% |

Disparities in Care for Patients with IBD



1. Barnes EL, et al. *Gastroenterol Hepatol*. 2021;160(3):677-689. 2. Nguyen GC, et al. *Am J Gastroenterol*. 2010;105(10):2202-2208.
3. Sewell JL, Velayos FS. *Inflamm Bowel Dis*. 2013;19(3):627-643. 4. Nguyen GY, et al. *J Crohns Colitis*. 2014;8(4):288-295.

Drivers of Disparities in Treatment

Difficulty accessing IBD specialists for treatment

Difficulty with obtaining specialist referrals reported more by Black patients vs. White patients (12% vs. 5%)^{1,2}

Non-IBD physicians were 2.5x less likely to prescribe biologics³

Concerns over the cost of health care

Cost concerns reported more by Black patients vs. White patients with IBD (18% vs. 7%)²

Insurance-driven differences in outcomes exist

Patients with public insurance were 91% less likely to get an appropriate work-up for IBD when presenting with classic symptoms²

White and Asian patients were more likely to have private insurance than Black and Hispanic patients⁴

1. Nguyen GC, et al. *Am J Gastroenterol*. 2010;105(10):2202-2208. 2. Barnes EL, et al. *Gastroenterol Hepatol*. 2021;160(3):677-689.
3. Singh S, et al. *Gastroenterol Rep (Oxf)*. 2018;6(1):61-64. 4. Anyane-Yeboah A, et al. *Dig Dis Sci*. 2021;66(7):2200-2206.

Health Care Maintenance Disparities

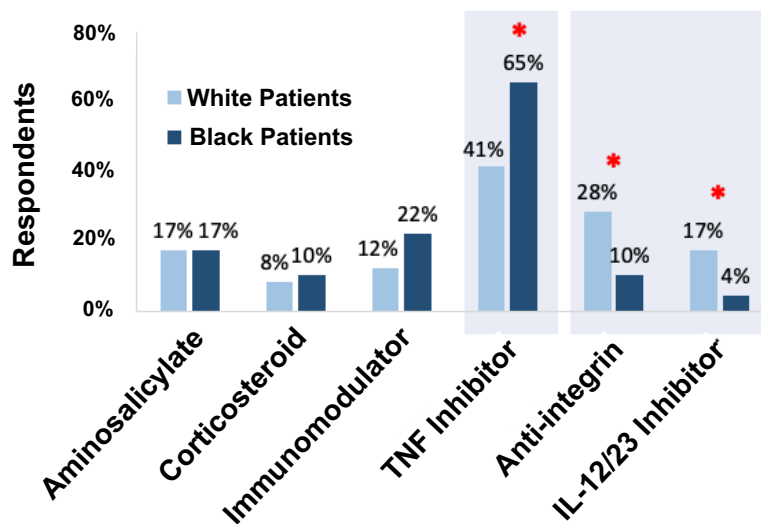
- Disparities in preventative health contribute to worse outcomes for underserved and historically disenfranchised patients with IBD¹
 - Cancer screening disparities²
 - Black Americans are 20% more likely to be diagnosed with colorectal cancer and 40% more likely to die from the disease than White American patients
 - Vaccination disparities³
 - Mental health care disparities¹

1. Mir FA, Kane SV. *Curr Gastroenterol Rep.* 2018;20(5):23. 2. Demb J, Gupta S. *Clin Gastroenterol Hepatol.* 2020;18(8):1691-1693.
3. Agency for Healthcare Research and Quality (AHRQ) Website. 2018. <https://effectivehealthcare.ahrq.gov/products/health-equity-preventive/protocol#ref-4>. Accessed September 17, 2022. 4. Damas OM, et al. *Therap Adv Gastroenterol.* 2022;15:17562848221079162.

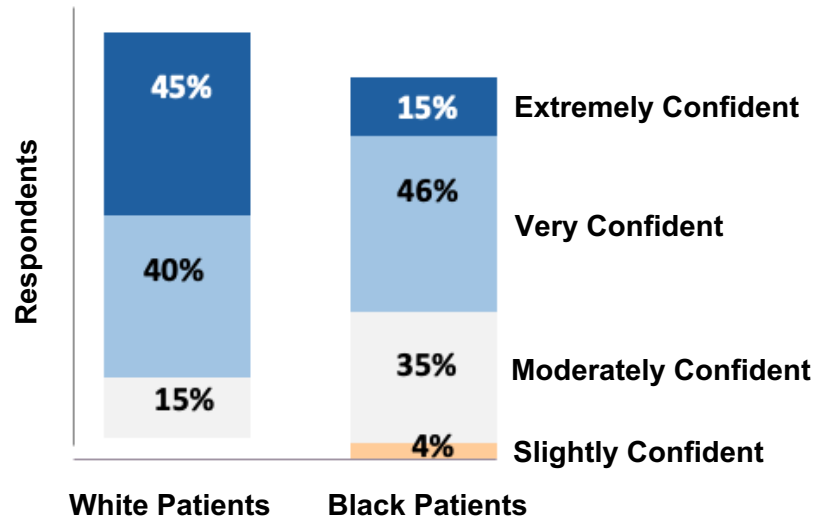
Differences in Prescribing and Patient Education

Survey of Patients from Two Community GI Practices

Current Therapy Taken for IBD



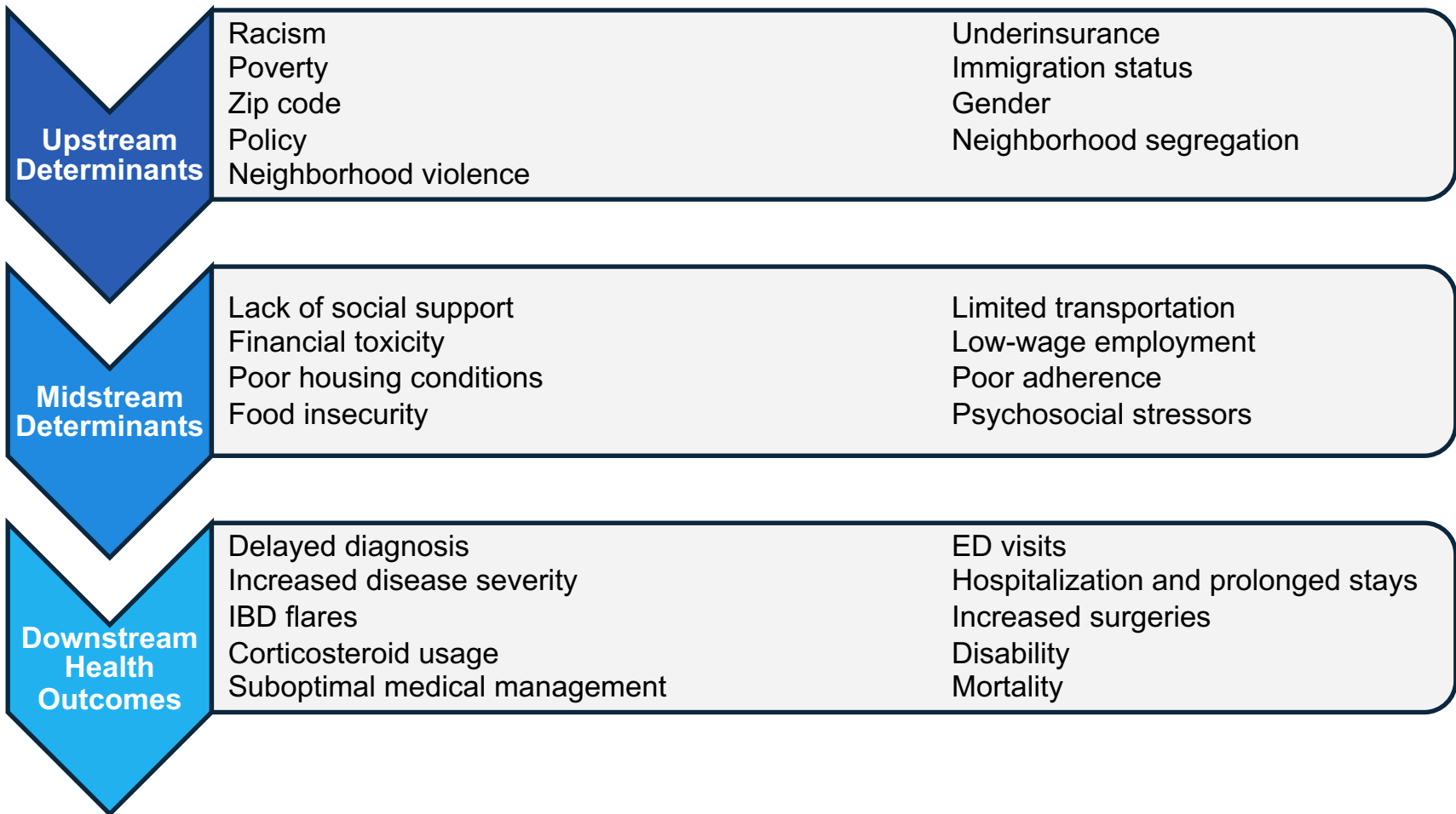
Confidence in Understanding Treatment Plan



* $p < .05$; no patients reported current use of Janus kinase (JAK) inhibitors or sphingosine-1-phosphate (S1P) receptor modulators for IBD

TNF = tumor necrosis factor

Anyane-Yeboah A, et al. *Gastroenterology*. 2022;162(7):S-108.



Social Barriers and IBD Outcomes

Social barriers score (SBS)

- +1 point for a negative social barrier identified via survey
- 0 points added if social barrier not present
- Score range 0-10 points

| Domain | Reference Answer | Presence of SDoH Risk |
|--|---------------------------------|--|
| Nativity | Born in the United States | Foreign born |
| Education level | Some college or more | High school or less |
| Housing | Has a home | Has no home or is at risk of losing home |
| Confidently completes forms | Quite and extremely comfortable | Not at all, little, or somewhat |
| Financial strain | Not hard paying for basics | Somewhat and very hard |
| Talking on the phone with relatives or friends | Once or more a week | Less than once a week |
| Getting together | Once or more a week | Less than once a week |
| Attending church | Four or more times a year | Less than four times a year |
| Attending meetings | Four or more times a year | Less than four times a year |
| Delaying medical care in the past 12 months | No | Yes |

SDoH = social determinants of health

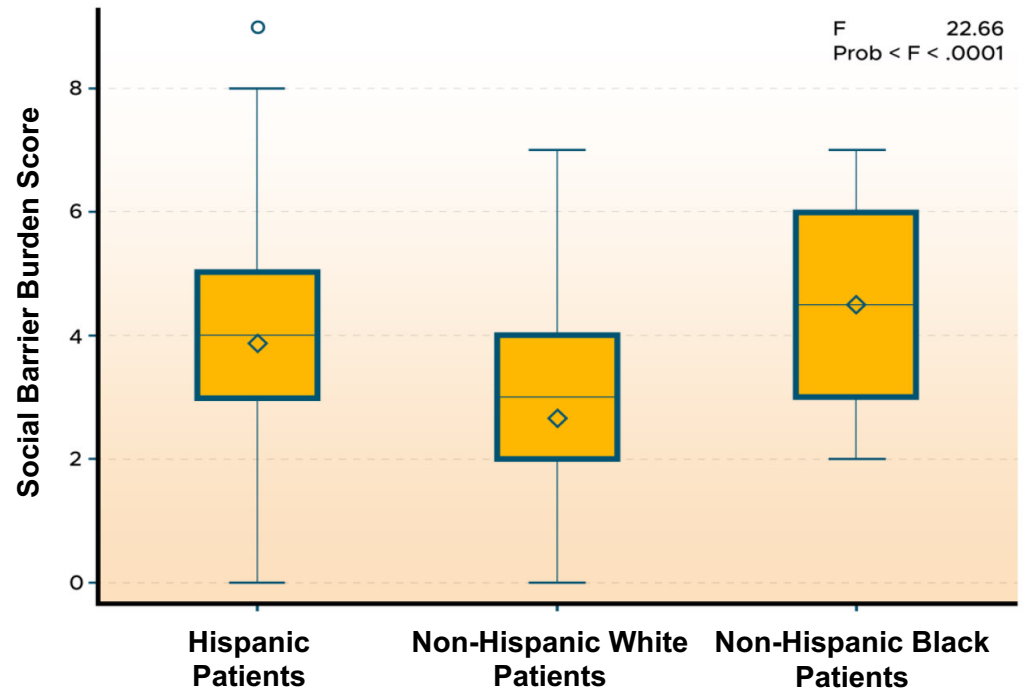
Damas OM, et al. *Therap Adv Gastroenterol.* 2022;15:17562848221079162.

Social Barriers and IBD Outcomes

Higher SBS significantly associated with:

- Patient-reported “poor overall health”
- Higher stress levels
- Depressive symptoms
- More active UC disease

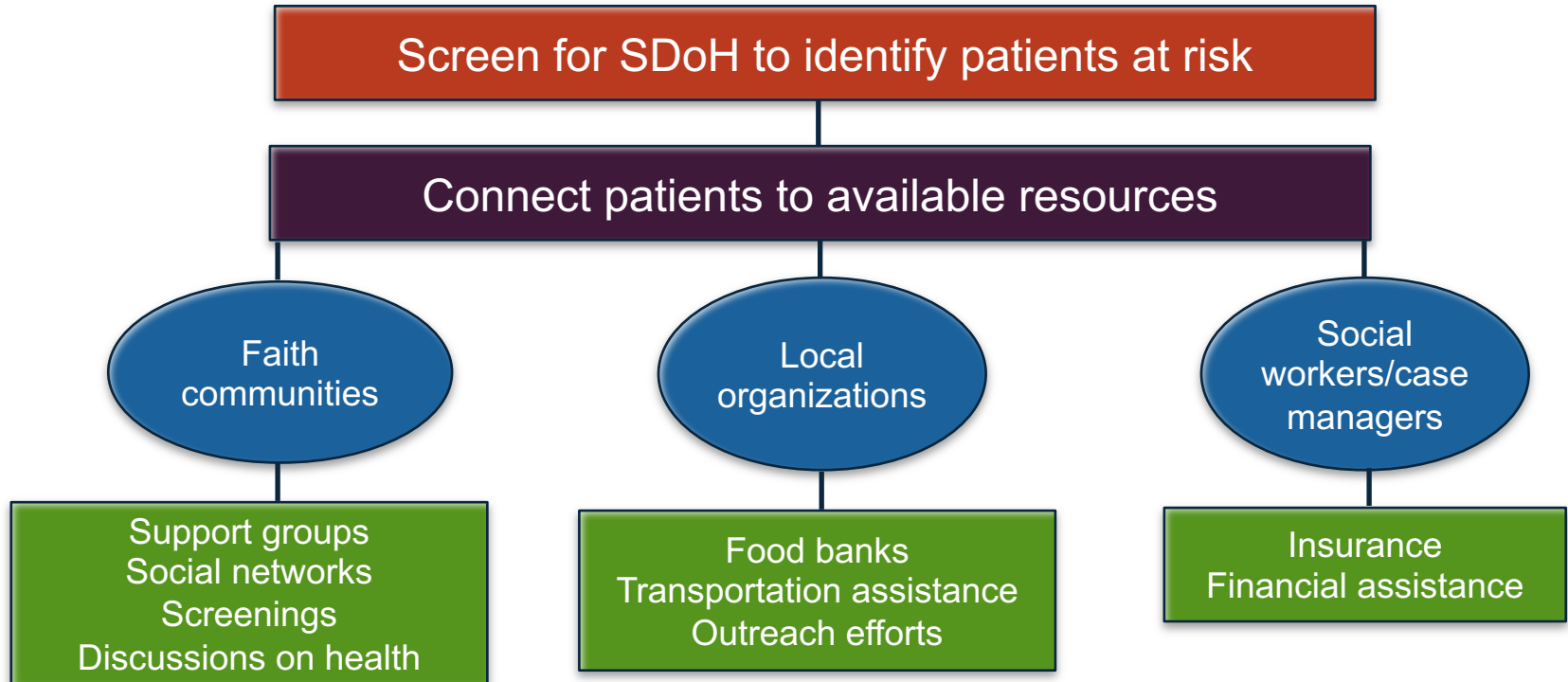
Distribution of Social Burden Barrier Score by Ethnicity and Race



SBS = social burden barrier

Damas OM, et al. *Therap Adv Gastroenterol.* 2022;15:17562848221079162.

Achieving Equitable IBD Care



Do Outcomes Improve When We Improve Access?

- Comparison of medication use among Medicaid-insured Black and White patients with IBD, given uniform access to gastroenterologists and therapies

| | Black Patients | White Patients |
|------------------------------|----------------|----------------|
| Anti-TNF in patients with CD | 25% | 20% |
| Anti-TNF in patients with UC | 20% | 15% |

Education for the Whole Team

- Patients spend a significant amount of time with non-clinician staff: all staff interactions build or erode trust in the medical team
- Patients can experience acts that range from outright discrimination to simply avoiding or ignoring patients of a certain race or ethnicity
- Screening has identified significant rates of pro-White implicit and explicit bias in both non-clinician and clinician/RN staff¹
- Training in recognizing and addressing bias, discrimination, and racial disparities in health care and efforts to change culture should include all staff within an organization²

Improving Diversity in GI Physician Practices

Underrepresented in medicine: those racial and ethnic populations who are underrepresented in the medical profession relative to their numbers in the general population¹

Bring a different point of view to workplace and scholarly activities

More likely to work in underserved communities or areas where access to health care is limited

Can help exchange cultural customs/values, which improves patient experience and helps in patient adherence to treatment recommendations

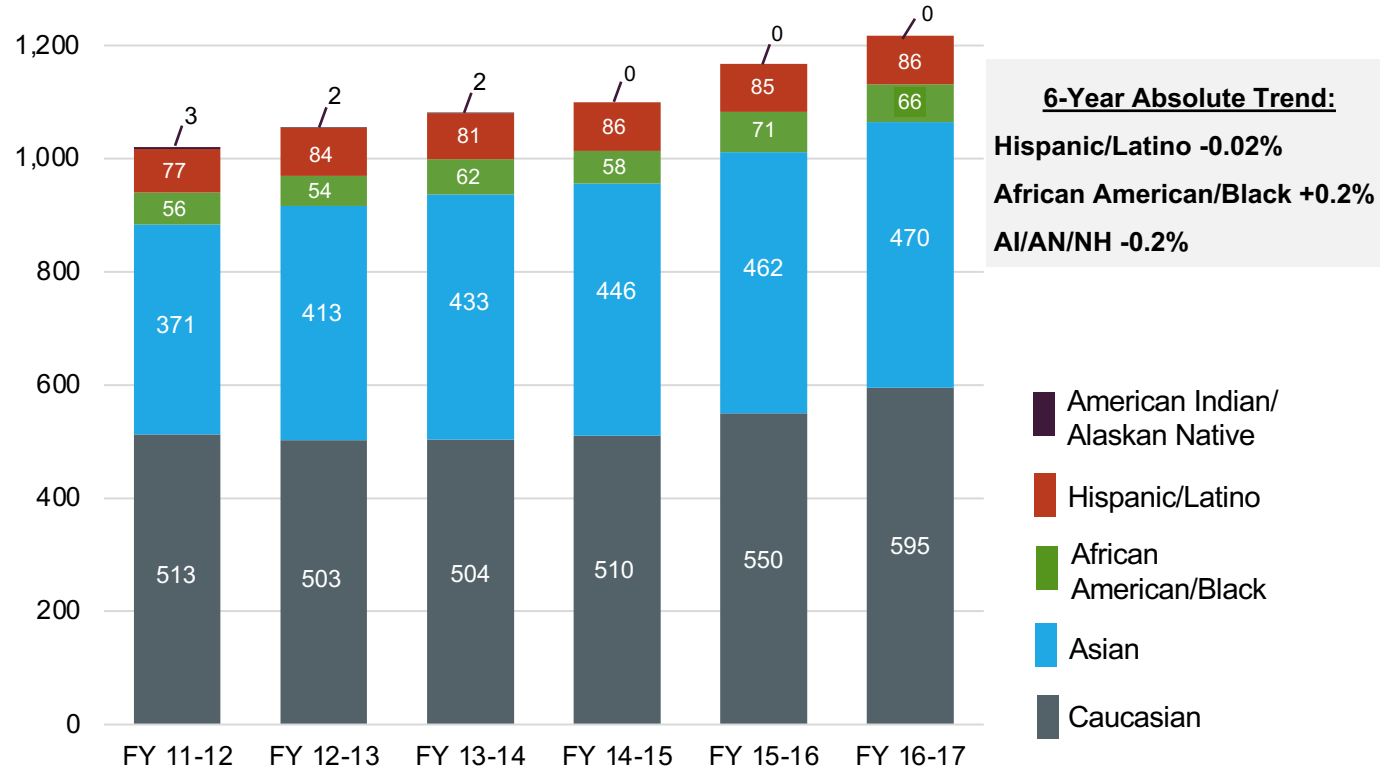
Teams composed of diverse individuals, promoting cross-cultural competence and operating with increased creativity

More likely to perform research that addresses disparities and serve as mentors to younger physicians and students

1. Carethers JM, et al. *Gastroenterology*. 2019;156(4):829-833.

The State of Diversity in GI Physician Practices

Racial Representation of GI Fellows Among U.S. Programs, 2011-2017



- Little change in UIM med school attendees between 1980 and 2016
- Decline in UIM internal medicine residents, with the exception of Hispanic residents
- Steady decline in UIM applicants to GI fellowship programs

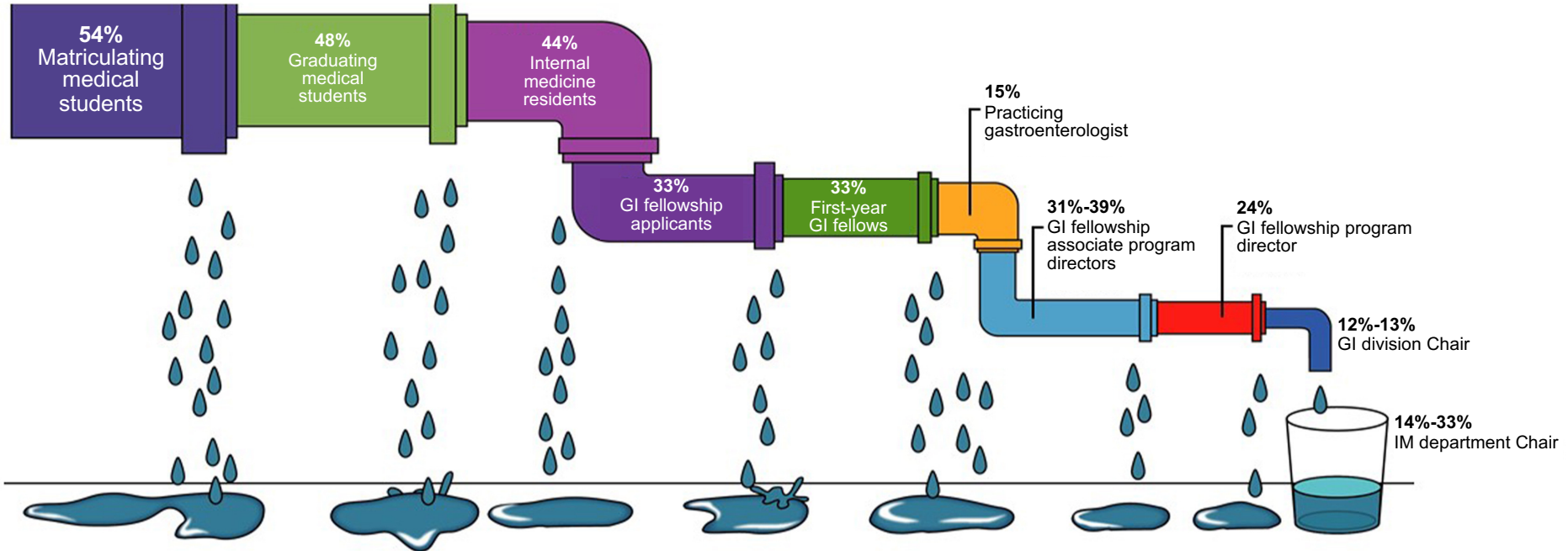
UIM = underrepresented in medicine

Carethers JM, et al. *Gastroenterology*. 2019;156(4):829-833.

Gender Bias in Gastroenterology

- Gender bias in gastroenterology training: underrepresentation of women in gastroenterology
 - Women hold fewer leadership roles at institutions
 - Women historically hold fewer society leadership roles

A Leaky Pipeline: Female Gastroenterology Trainees and Leadership



IM = internal medicine

Adams MA. *Gastrointest Endosc.* 2021;93(5):1057-1059.

Efforts in the Diversity and Inclusion Initiative

- Association of Black Gastroenterologists and Hepatologists (ABGH)
 - Improve gastroenterology health outcomes in Black communities
 - Foster networking and sponsorship among Black students, trainees, GIs, and hepatologists
 - Develop the pipeline and promote the scholarship of Black gastroenterologists and hepatologists
 - Activities: public service announcement on colorectal cancer screening awareness, B.I.G. event at DDW 2022
- AGA equity 3-year project launched in August 2020; maps out clear, strategic action items for achieving equity and eradicating disparities in digestive diseases¹
 - Building the next generation of clinicians: research fundraising for underrepresented gastroenterology physicians and scientists, including pre-med and undergraduates
 - Hosted congressional briefings, fundraising for GI health disparities research
 - Supported AGA members to participate in Advocacy Day events to raise awareness regarding SDoH and health disparities
- Patient advocacy groups
 - Color of Crohn's & Chronic Illness
- NASPGHAN and ACG partnership: Intersociety Group on Diversity
 - Support students and trainees from underrepresented groups who are interested in gastroenterology



SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

- Recognize that disparities exist for patients of color with IBD, such as delayed diagnosis due to social determinants of health (SDoH), medical mistrust, and limited access to newer therapies
- Identify social barriers that can lead to increases in burden of disease
- Screen patients for SDoH
- Develop a team approach to address SDoH and provide more holistic IBD care
- Implement training for all health care team members regarding diversity, inclusion, and unconscious bias
- Create a diverse team of health care practitioners



Visit the
Diversity and Inclusion Hub

Free resources and education for
health care professionals and patients

<https://www.cmeoutfitters.com/diversity-and-inclusion-hub/>

Check out the entire series for additional activities, resources, and more.

Cardiology

Maternal Health

Pain Management

Gastroenterology

Mental Health

Vaccination

Joint Health

Obesity

Vision Care

www.CMEOutfitters.com/diversity-and-inclusion-hub/

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