

## Foreword 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

# CMEO BriefCase

## Take Action: Optimizing Equity in Gastroenterology Care

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# Foundational Activities

**Racial/Ethnic Disparities  
in Gastroenterology  
Care: Real-World  
Strategies to Address  
Inequities in Treatment  
and Outcomes**

**Gastroenterology Care:  
Real-World Tactics to  
Address Health  
Inequities**

**Health Inequities in  
Inflammatory Bowel  
Disease Care**

# Learning Objective

Identify health inequities in the diagnosis, treatment, and outcomes of patients with gastrointestinal disorders.

# Audience Response



**How confident are you in your ability to identify disparities in access to health care and other social and economic resources for patients with gastrointestinal disorders?**

- A. Not at all confident
- B. Somewhat confident
- C. Confident
- D. Extremely confident

# Patient Case: Dhanraj (he/him)



- 38-year-old South Asian male, immigrated from India 3 years ago
- LEP, speaks Gujarati
- Experiencing rectal bleeding, bowel urgency, and increased stool frequency, history of hemorrhoids
- Works at a well-known tech company and is “just thankful he wasn’t laid off” in the recent round of layoffs as his visa is tied to his work
- Worried about his job because he frequently has to call out due to diarrhea and he feels that his employer is already frustrated with his LEP



# Audience Response



**Which of the following statements regarding disparities in inflammatory bowel disease (IBD) is most accurate?**

- A. Immigration status does not impact diagnosis of IBD
- B. Patients born outside the U.S. are less likely to be diagnosed before age 16 than patients born in the U.S.
- C. South Asian patients living in Western countries are at a lower risk for all types of IBD
- D. Patients born outside the U.S. and all underserved racial and ethnic groups are more likely to experience milder disease
- E. I don't know

# Disparities in Diagnosis



- Patients born outside the U.S. are less likely to be diagnosed with IBD before age 16 than patients born in the U.S.
- Patients born outside the U.S. are more likely to be diagnosed with milder disease than with severe disease and are more likely to be diagnosed with UC compared to CD
- South Asian patients living in Western countries are at greater risk for all types of IBD
- Latine, Asian, and Indian individuals suffer more extensive inflammatory progression than patients of other backgrounds
- Patients of color are less likely to access IBD specialists than their White counterparts
- 40% of IBD patients are diagnosed with obesity

UC = ulcerative colitis; CD = Crohn's disease.

Misra R, et al. *World J Gastroenterol.* 2018;24(3):424-437. Khalessi A, et al. *Gastro Hep Advances.* 2024;3(3):326-332. Waqar M, et al. *Open J Gastroenterol.* 2023;13:67-79. Venkateswaran N, et al. *Transl Gastroenterol Hepatol.* 2024;9:28. Singh S, et al. *Nat Rev Gastroenterol Hepatol.* 2017;14(2):110-121. Bhardwaj B, et al. *Mo Med.* 2016; 113(5):395-400.

# Patient Case: Dhanraj (he/him)



- Vitals
  - Blood pressure: 135/92
  - Heart rate: 98 bpm
  - Height: 5'9"
  - Weight: 230 lbs
  - BMI: 34.0 kg/m<sup>2</sup>
- PCP has treated the patient with an anti-diarrheal, low FODMAP education, and hemorrhoidal treatment which have all been ineffective
- Patient ends up in the ED
- Patient reports fatigue, palpitations, abdominal pain, and cramping

BMI = body mass index; PCP = primary care practitioner; FODMAP = fermentable oligosaccharides, disaccharides, monosaccharides and polyols; ED = emergency department.

Sehgal P, et al. *Gastroenterology AGA Abstracts*. 2024;166(5 S-591). [https://www.gastrojournal.org/article/S0016-5085\(24\)01827-4/abstract](https://www.gastrojournal.org/article/S0016-5085(24)01827-4/abstract). Sehgal P, et al. *Gastroenterology AGA Abstracts*. 2024;166(5 S-173-S-174). [https://www.gastrojournal.org/article/S0016-5085\(24\)00890-4/abstract](https://www.gastrojournal.org/article/S0016-5085(24)00890-4/abstract). Brooks A. HCP Live Website. 2024. <https://www.hcplive.com/view/the-impact-of-glp-1-ra-use-in-patients-with-ibd-with-priya-sehgal-md-mph>.

# Audience Response



## Which of the following statements regarding disparities in the treatment of IBD is most accurate?

- A. Patients born outside the U.S. are more likely to be prescribed immunosuppressants and biologics
- B. South Asians with UC are less likely to show a trend toward steroid dependence
- C. Religion, cultural traditions, racial and caste discrimination, and socioeconomic status do not affect health care access or outcomes in patients with IBD
- D. Patients from underserved racial and ethnic populations experience more difficulty accessing specialists for IBD
- E. I don't know

# Disparities in Treatment



## Patients from underserved racial and ethnic populations report:

- More difficulties accessing specialists
- Poor symptom control
- Lower mean HRQoL
- Greater negative impact on employment
- Worse financial stability
- Less social/emotional support for IBD
- More worry about medication harm

Patients born outside the U.S. are less likely to be given intestinal resections or receive immunosuppressants or biologics

Inadequate access to GIs and the substantial number of patients per primary care office exacerbate critical disparities related to IBD care

South Asian patients with UC trend towards higher rates of steroid dependence and higher incidence of *C. difficile* infection

Individuals may experience discrimination in treatment due to immigration status, gender, or religion

HRQoL = health-related quality of life; GI = gastroenterologist.

Khalessi A, et al. *Gastro Hep Advances*. 2024;3(3):326-332. Omprakash TA. IBDVisible Blog. 2021. <https://www.crohnscolitisfoundation.org/blog/being-south-asian-american-living-with-ibd>. Deepak P, et al. *Gastroenterol*. 2023;165(1):11-15. Adams SM, et al. *Am Fam Physician*. 2022;105(4):406-411. Shah S, et al. *Inflamm Bowel Dis*. 2023;izad194. Bodiwala V, et al. *Inflamm Bowel Dis*. 2020;26(12):1869-1877. Murrar S, et al. *J Racial Ethn Health Disparities*. 2024;11(1):150-156. Martin MB, et al. *J. Muslim Ment Health*. 2015;9(2). <https://quod.lib.umich.edu/j/jmmh/10381607.0009.203>.

# Patient Case: Dhanraj (he/him)



- Labs
  - Calprotectin: 400  $\mu\text{g/g}$
  - MCV: 72
  - Iron saturation: 7%
  - Ferritin: 12 ng/mL
  - RBC count:  $3.2 \times 10^{12}/\text{L}$
  - Hb: 8 gm/dL
  - HCT: 32%
- CT demonstrates circumferential, symmetrical wall thickening with fold enlargement
- Colonoscopy finds confluent, circumferential erythema throughout the rectum and sigmoid, friability, loss of vascular markings, and thickening with fold enlargement (Mayo 2)
- GI diagnoses moderate ulcerative proctosigmoiditis and discusses therapeutic options with patient, including appropriate biologic therapies or small molecule agents

MCV = mean corpuscular volume; RBC = red blood cell; Hb = hemoglobin; HCT = hematocrit.

Kucharzik T, et al. *Dtsch Arztebl Int.* 2020;117(33-34):564-574. Feuerstein JD, et al. *Gastroenterol.* 2020;158(5):1450-1461. Hochman J. Guts and Growth Pediatric Gastroenterology Blog. 2020. <https://gutsandgrowth.com/2020/04/30/aga-guidelines-moderate-to-severe-ulcerative-colitis/>.

# Audience Response



**Given Dhanraj's laboratory values and GI assessment, what treatment option would be most appropriate for this patient?**

- A. Mesalamine and long-term glucocorticoids
- B. Oral mesalamine therapy (not topical)
- C. Thiopurine monotherapy
- D. Early treatment using biologic agents or small molecule agents
- E. I don't know

# Disparities in Outcomes



South Asian people are underrepresented in research studies and are more likely to report poor self-rated health than White people

Cultural and traditional dietary practices for various racial and ethnic groups may contribute to worsening UC symptoms

Poor disease awareness of IBD negatively impacts acceptance of diagnosis, long-term therapy adherence, and ostomy surgery uptake

Interventions are often unaffordable and unattainable for the average South Asian patient with IBD



# Learning Objective

Implement actionable strategies to improve health equity in your own practice.

# Audience Response



**How confident are you in your ability to utilize an appropriate social drivers of health (SDoH) screening that considers cultural traditions, religious preferences, and other drivers of health when caring for patients with IBD?**

- A. Not at all confident
- B. Somewhat confident
- C. Confident
- D. Extremely confident

# The Impact of IBD Through a Racial and Ethnic Lens



“  
Or even at home if my mum’s made something and I find it, if I tell her I find it quite spicy, she just thinks that, you know, it’s just me being funny...”



“  
I think the biggest problem will be some people will not be able to differentiate from their religion to medicine. They just can’t seem to see why this food is breathtakingly bad for me.”



“  
We clean ourselves in a different way, because of our religion...I was suffering from diarrhea and it put a lot of fear on me...it would probably prevent me going out for long periods of time.”



“  
I can’t speak English with the White doctors. Sometimes an interpreter is at the appointment but for the past 3 or 4 appointments no one was booked...”

# Actionable Strategies: Screening SDoH in IBD

## Upstream Drivers

- Racism and casteism
- Low socioeconomic status
- Insurance status
- Immigration status
- Gender
- Lived environment
- Transportation
- Systemic barriers

## Midstream Drivers

- Lack of social support
- Lack of access to specialist care
- Patient dietary barriers or considerations
- Health literacy and language proficiency

## Downstream Health Outcomes

- Delayed diagnosis
- Increased disease severity
- IBD flares
- Corticosteroid usage
- ED visits, hospitalizations, prolonged stays
- Increased surgeries, disability, mortality

# Patient Case: Dhanraj (he/him)

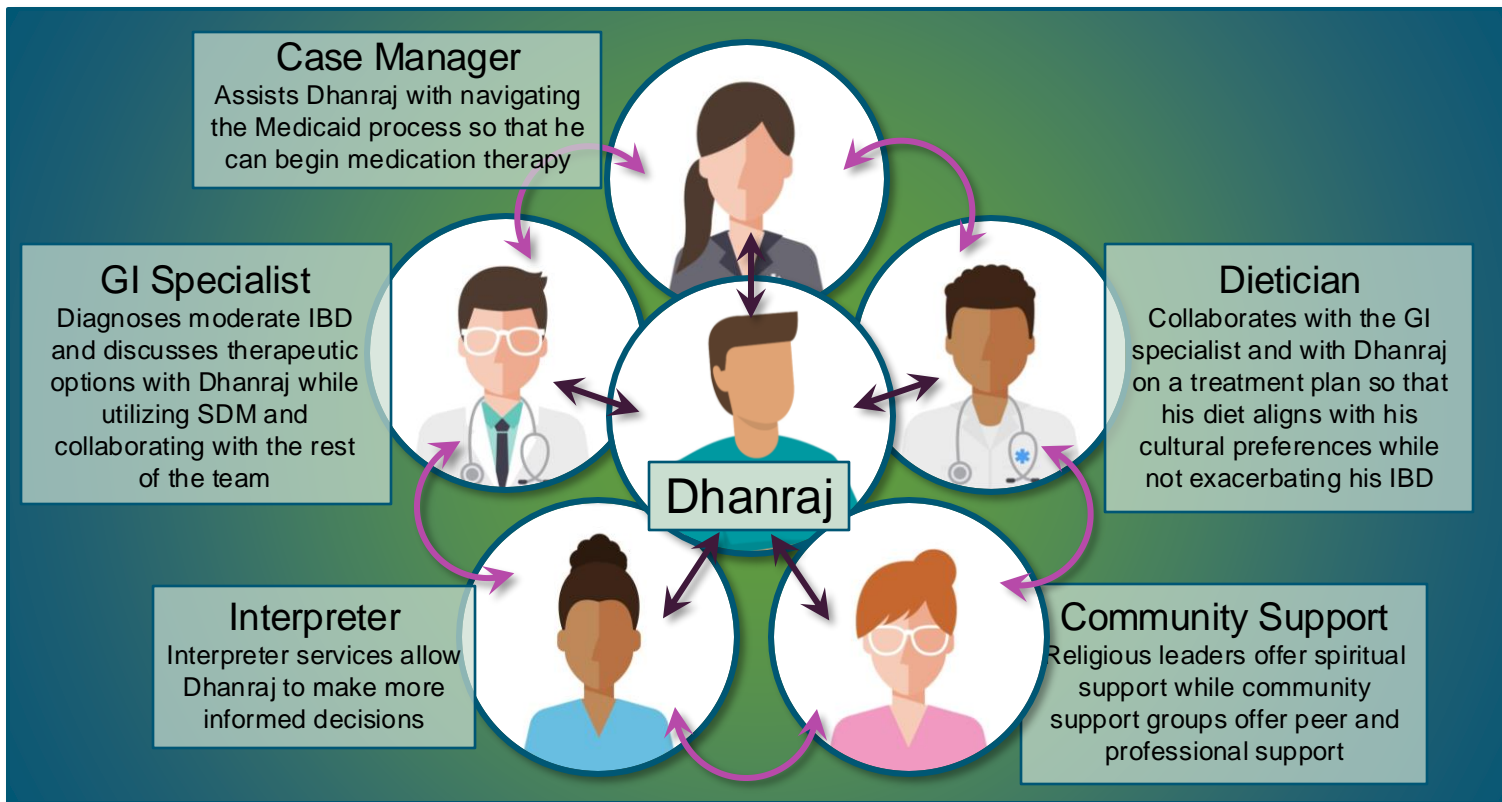


- Patient undergoes SDoH screening from GI to elicit more patient-specific factors
- Patient identifies as Muslim, observes Ramadan, and keeps halal
- Patient discusses cultural food choices and preferences that limited his engagement with FODMAP recommendations given by the PCP
- Patient identifies financial barriers: he currently qualifies for Medicaid but has had difficulty navigating the paperwork and application process

# Actionable Strategies: Addressing SDoH in IBD+

- Obtain case manager to assist the patient with the Medicaid process
- Ensure interpreter services are acquired for patient visits to facilitate interactions and assess the patient's health literacy skills
- Consider referrals or consult with culturally aligned dietician and/or GI
- Assist the patient with obtaining a community support worker/patient navigator to fill gaps (especially given difficulties with ensuring interpreter services) and help the patient to stay engaged in care
- Consider engaging the patient with an online or nonprofit support organization, spiritual leaders, and family members for support

# Team-Based Approach for the Management of IBD



# To Receive Credit

To receive CME/CE credit for this activity, participants must complete the post-test and evaluation online.

Participants will be able to download and print their certificate immediately upon completion.



# Patient Case: Dhanraj (he/him)



- Case manager assists Dhanraj with navigating the Medicaid process so that he can begin medication therapy
- Care team and Dhanraj utilize an interpreter to engage in shared decision-making (SDM), as interpreter services allow Dhanraj to make more informed decisions
- Dieticians and GI team collaborate with Dhanraj on a treatment plan so that his diet aligns with his cultural preferences while not exacerbating his IBD
- Dhanraj is treated with a biologic and reports symptom improvement at 12-week follow-up; endoscopic improvement is noted as well

# Audience Response



**Now, how confident are you in your ability to identify disparities in access to health care and other social and economic resources for patients with gastrointestinal disorders?**

- A. Not at all confident
- B. Somewhat confident
- C. Confident
- D. Extremely confident

# Audience Response



**Now, how confident are you in your ability to utilize an appropriate SDoH screening that considers cultural traditions, religious preferences, and other drivers of health when caring for patients with IBD?**

- A. Not at all confident
- B. Somewhat confident
- C. Confident
- D. Extremely confident

# SMART Goals

Specific, Measurable, Attainable, Relevant, Timely



- Identify disparities in the diagnosis and treatment of IBD
- Identify the impact of disparities related to immigration status, race and ethnicity, and cultural traditions in IBD
- Integrate holistic treatment strategies, including SDoH screening, into the care of patients with IBD to improve equity in treatment outcomes
- Consider team-based strategies in the care of patients with IBD to address inequities in treatment outcomes

Engage in all of the activities in this series:

**Take Action:  
Optimizing Equity in  
Cardiology Care**

**Take Action:  
Optimizing Equity in  
Mental Health Care**

**Take Action:  
Optimizing Equity in  
Bariatric Surgery  
Care**

# Diversity & Inclusion Hub



A robust hub of resources for continued education on diversity, equity, and inclusion in health care.

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