



2021 NCSCG 18TH ANNUAL HYBRID 1 GI SYMPOSIUM

June 26-27, 2021



Promoting Health Equity in Gastroenterology and Beyond

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Disclosure Information

Folasade P. May MD PhD

I have the following financial relationships to disclose:

Consultant/Advisor for:

California Health Benefits Review Program; Seed Global Health; Owl Peak Labs; Bayer; Saint Supply; Nature Research; Kimberly-Clark; Freenome

Grant/Research support from:

NIH/NCI; Exact Sciences; TRDRP; Ablon's Scholar Program; Broad Institute

Employee of:

UCLA Health; Veterans Health Administration

I will not discuss off label use and/or investigational, device, product or medication use in my presentation.

Introduction

- ▶ There are many inequities in health care delivery and health care outcomes.
- ▶ In gastroenterology and hepatology, health disparities occur from the esophagus to the rectum and include differences in disease incidence, mortality, and management by race and ethnicity
- ▶ These instances represent the impact of adverse social determinants of health but also highlight numerous opportunities for us to improve health equity for our patient populations.
- ▶ My hope is to describe some of the challenges in health equity and discuss what is needed to reduce disparities.



Race, Equality, and Health



Equality



Assumption
that **everyone**
benefits from
the same
supports



@drfolamay

Robert Wood Johnson Foundation

Health Equity

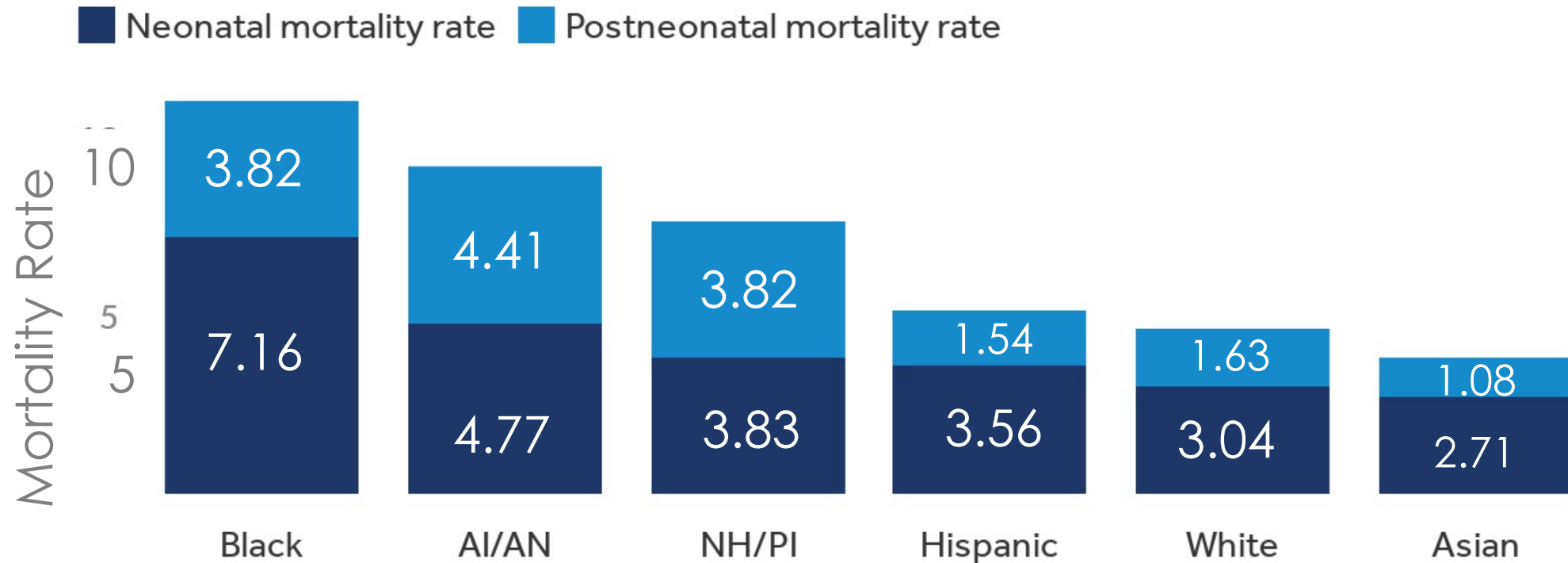
“Attainment of the highest level of health for all.”

Health Disparities

“Health difference that are closely linked with economic, social, or environmental disadvantage.”

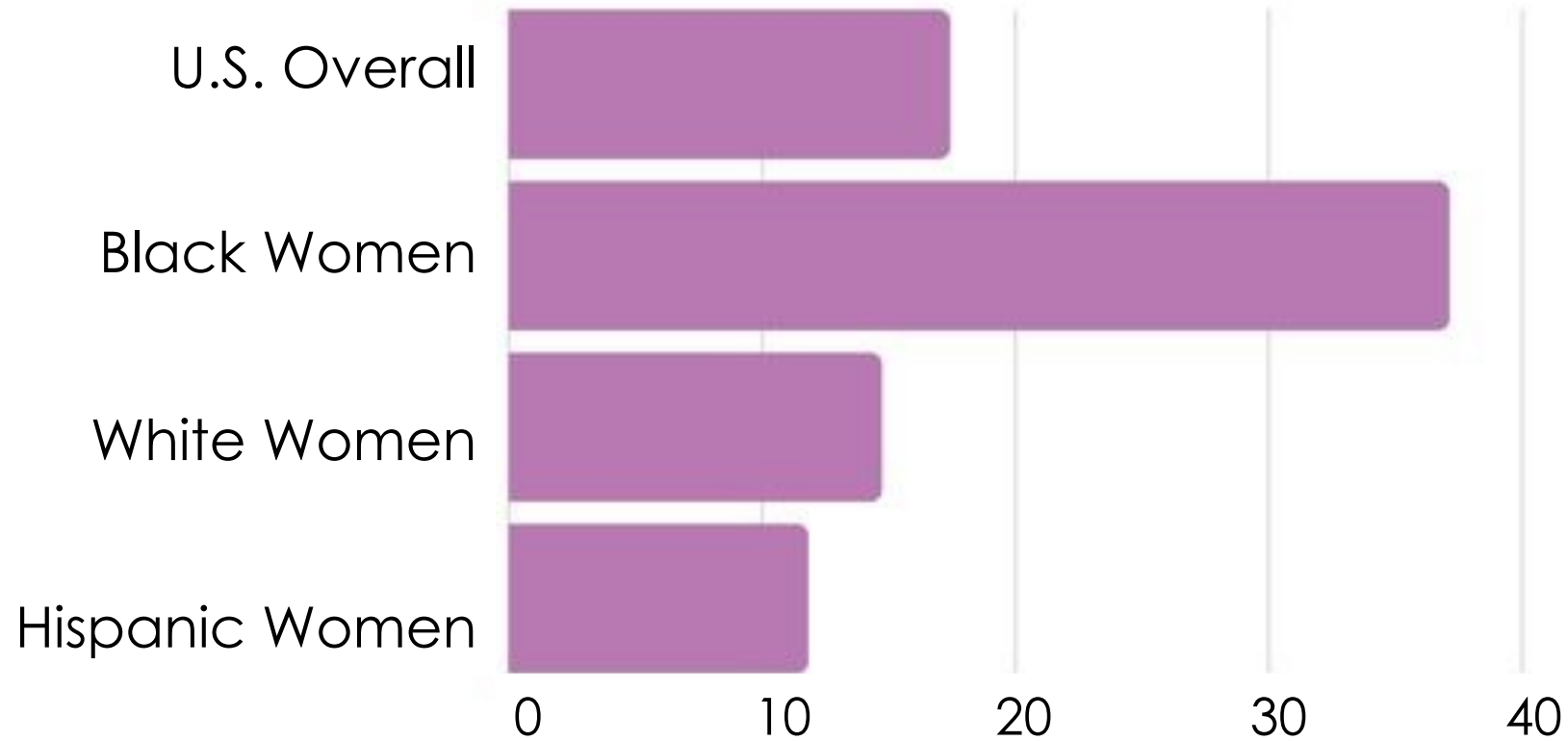


Infant Mortality by Race/Ethnicity



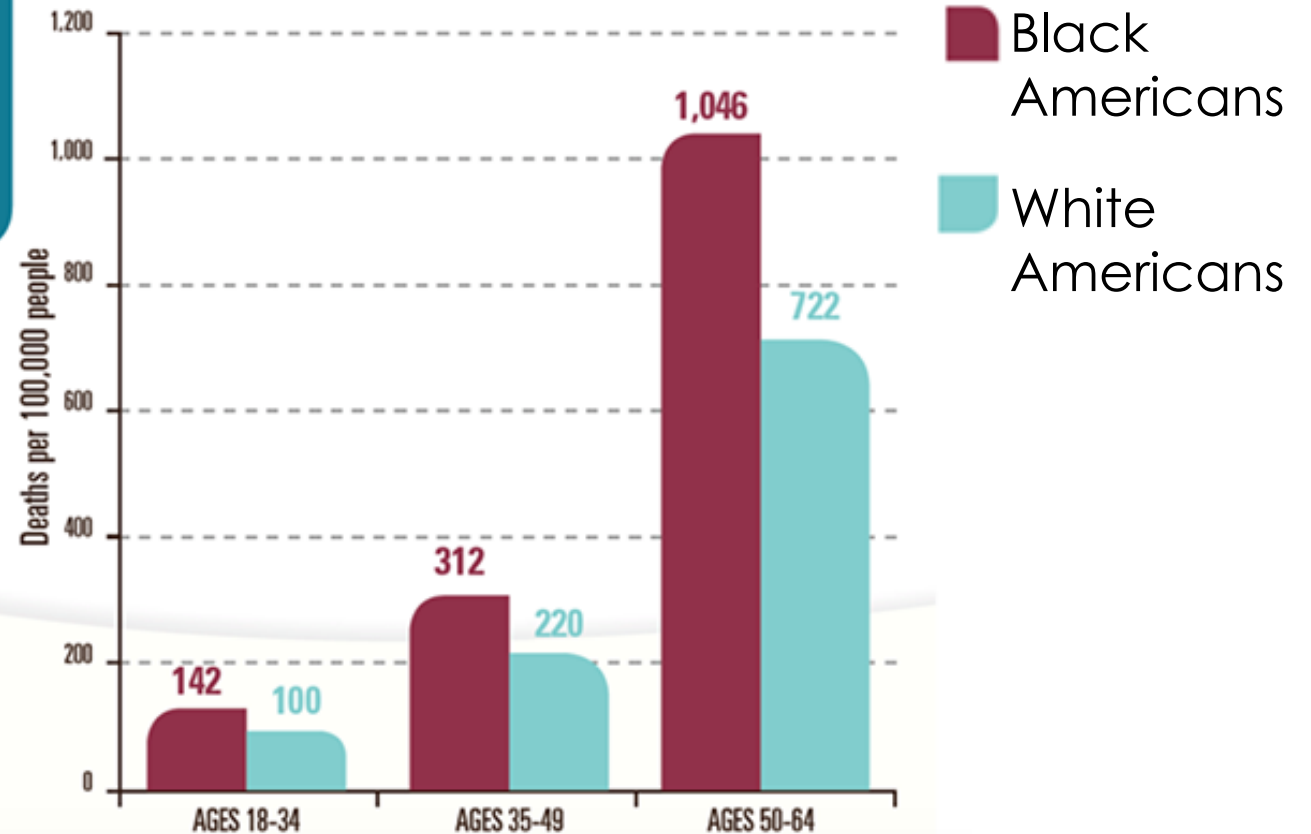
AI/AN = American Indian or Alaska Native; NH/PI = Native Hawaiian or Other Pacific Islander

Maternal Death Rates by Race

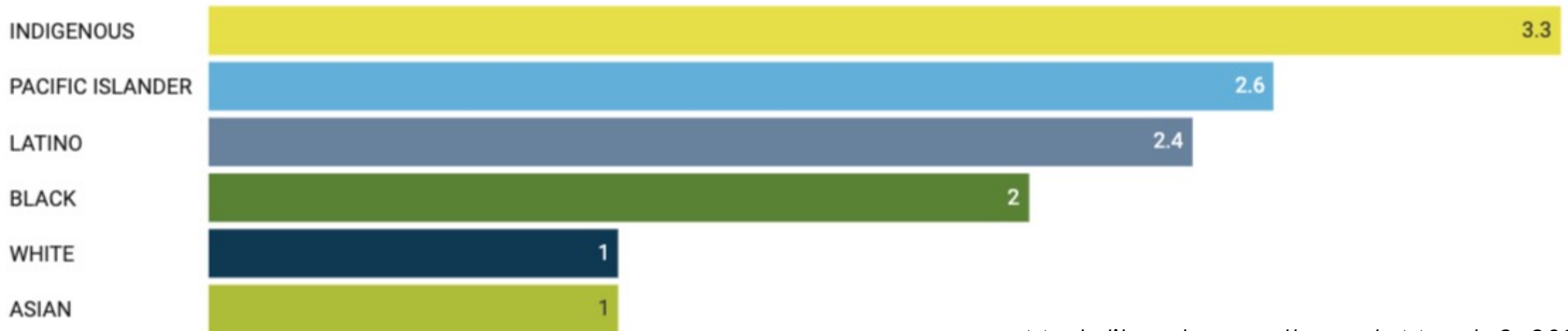


Life Expectancy in Black Americans

African Americans are more likely to die at early ages from all causes.



Race/Ethnicity and COVID-19 Deaths



Mortality rates are through March 2, 2021.

Adjusted for age, non-White Americans are many times more likely to die from COVID-19 than White American

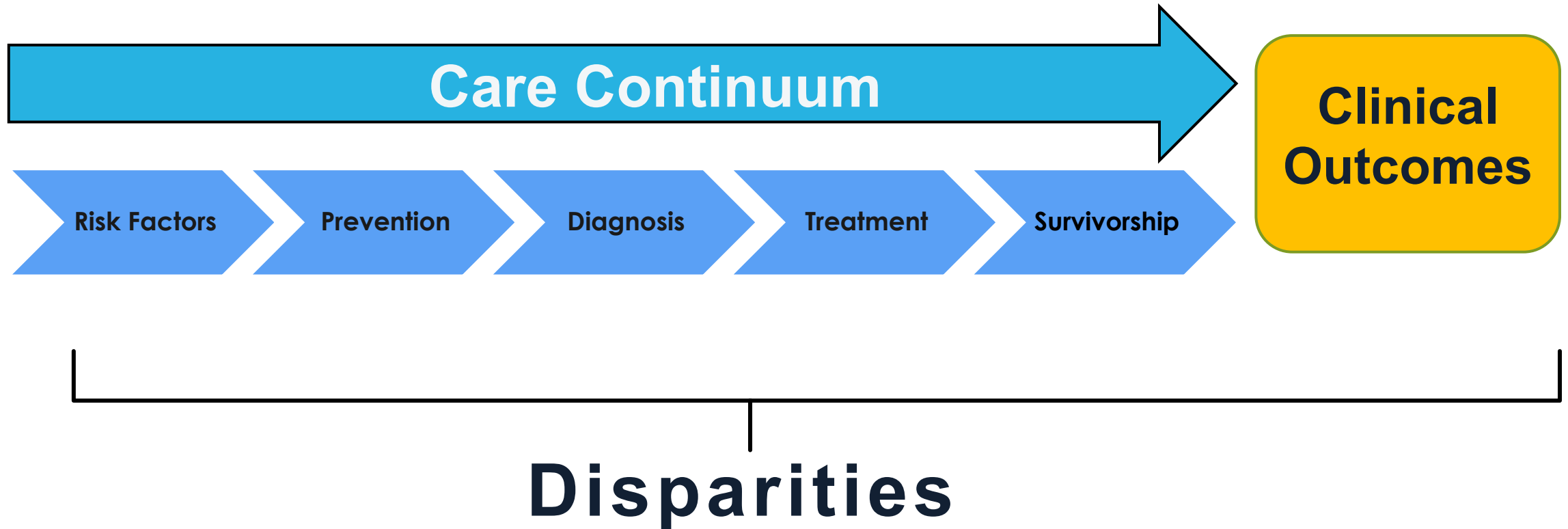
Digestive Conditions with Racial/Ethnic Disparities

- **Esophageal Conditions**
 - Squamous cell carcinoma
- **Gastric Conditions**
 - Gastric neoplasia
- **Small Bowel Conditions**
 - Small bowel cancer
- **Pancreatic Conditions**
 - Pancreatitis
 - Pancreatic cancer

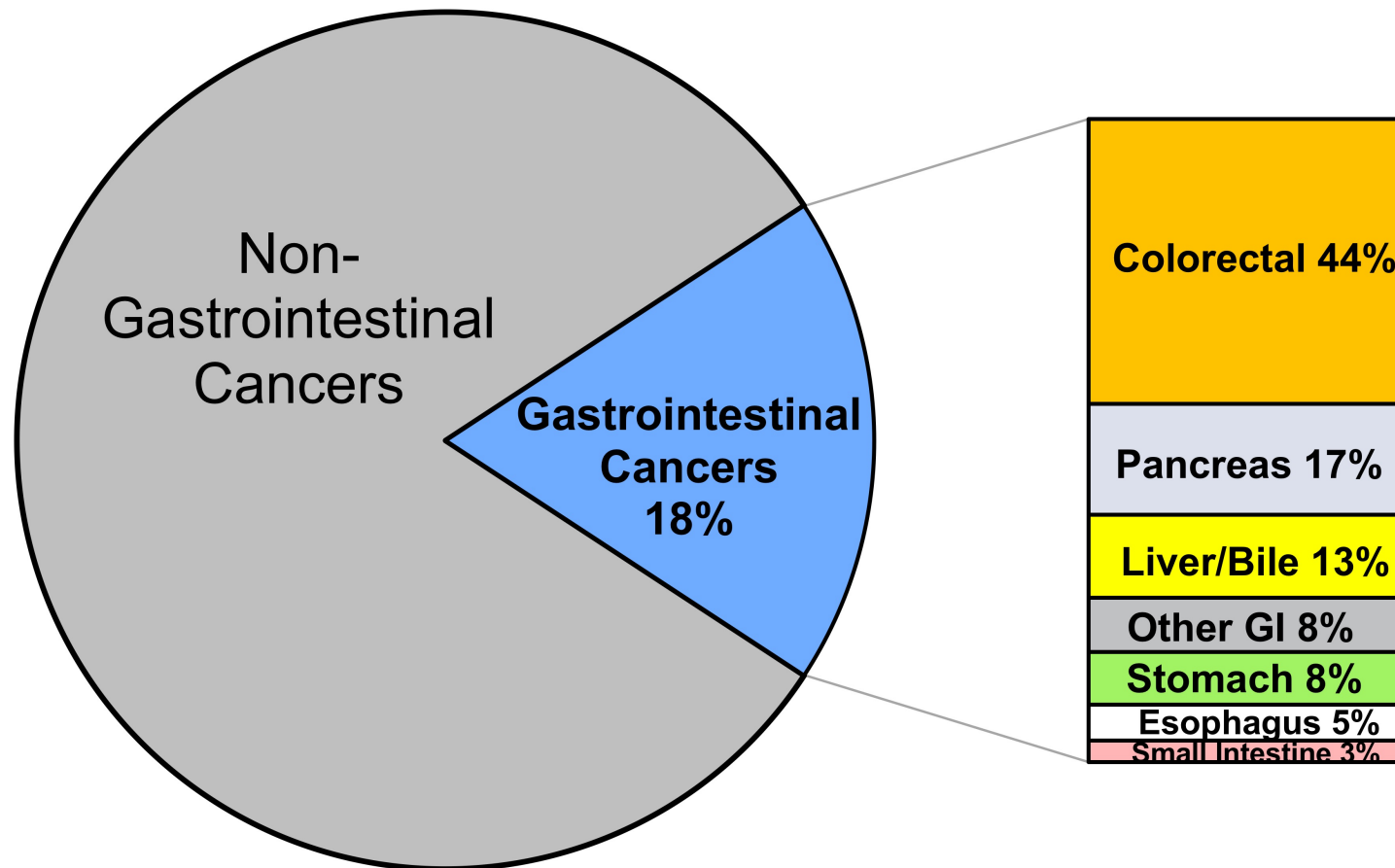


- **Liver Conditions**
 - Hepatitis B infection
 - Hepatitis C infection
 - Fatty liver disease
 - Liver transplantation
 - Liver cancer
- **Colon and Rectum Conditions**
 - Inflammatory bowel disease
 - Colorectal cancer

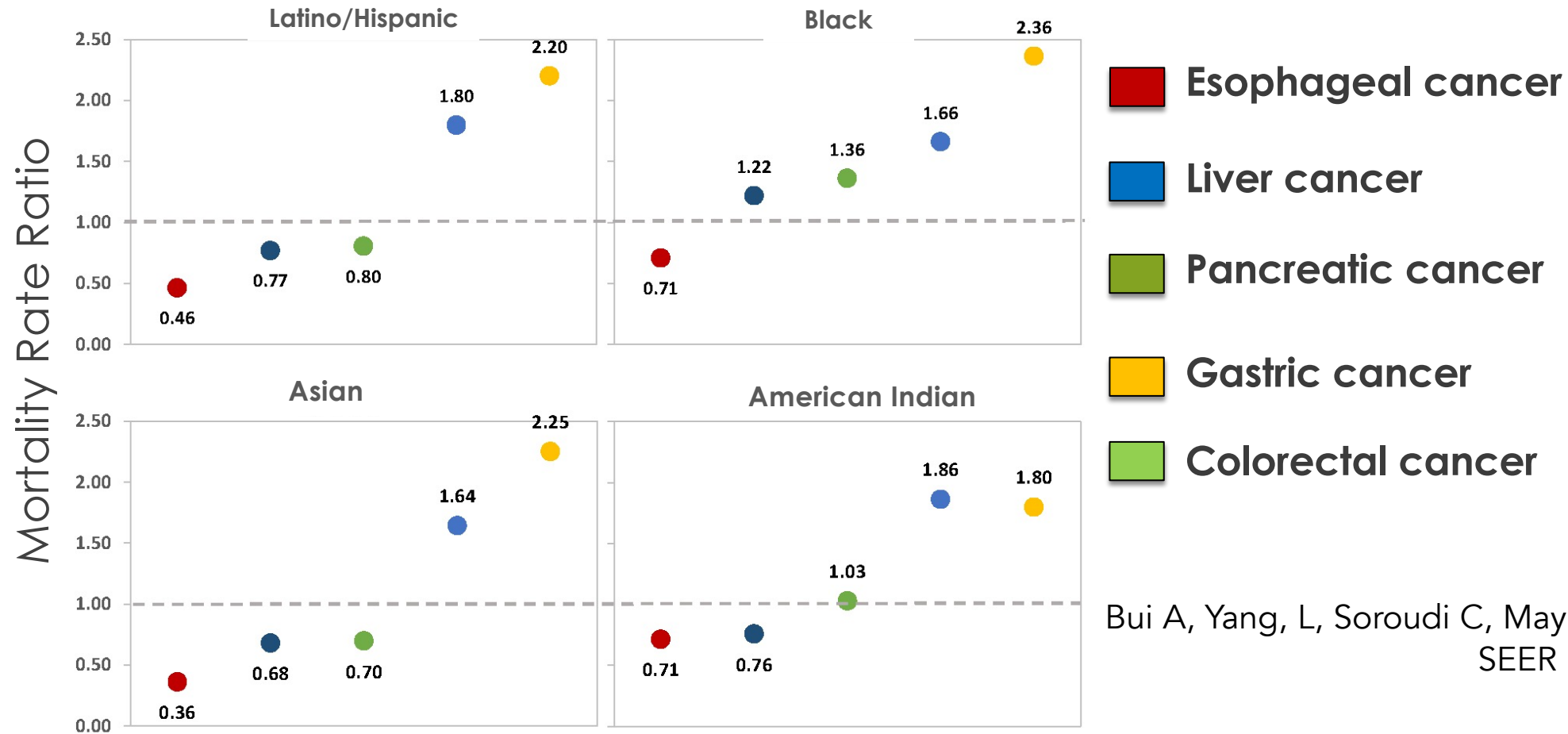
Inequities Across the Clinical Care Continuum



GI Cancers are 18% of U.S. Malignancies

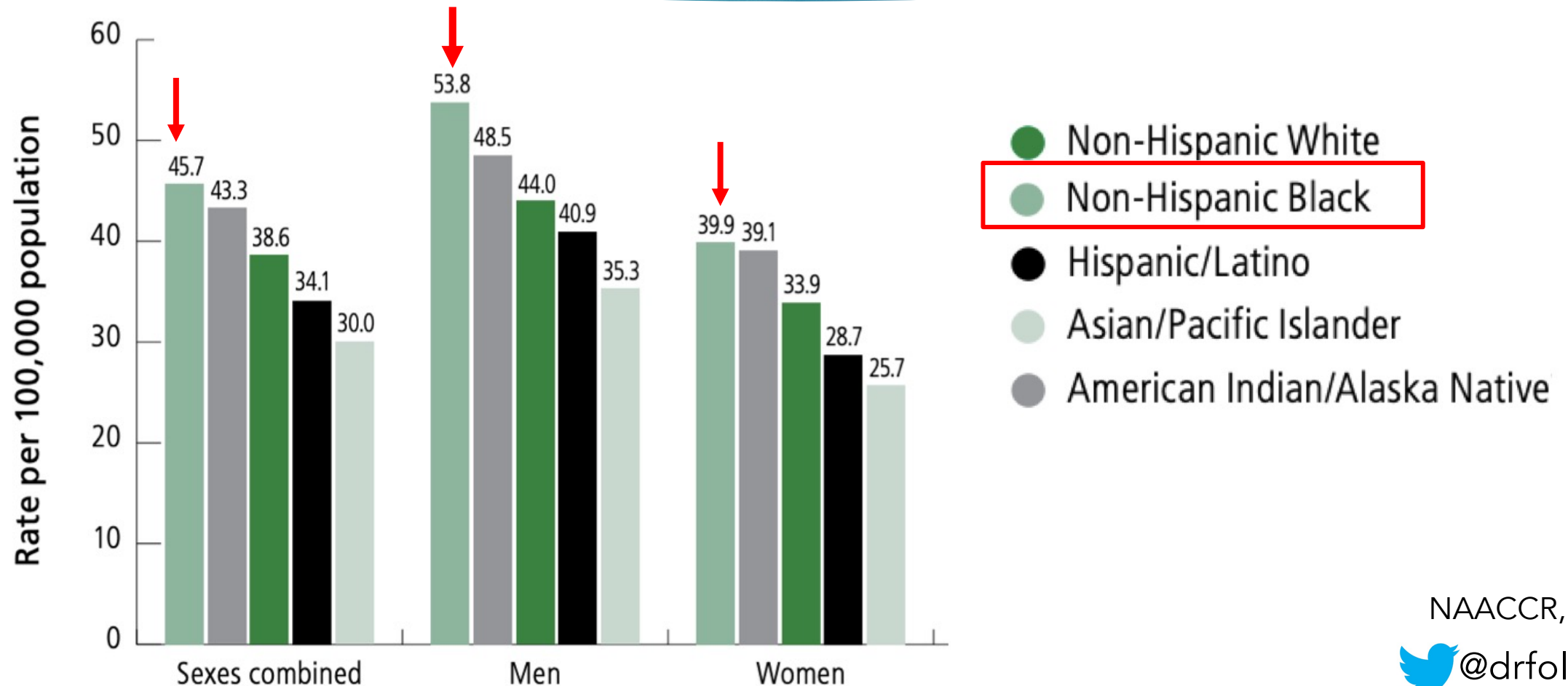


Mortality for Common GI Cancers by Race/Ethnicity



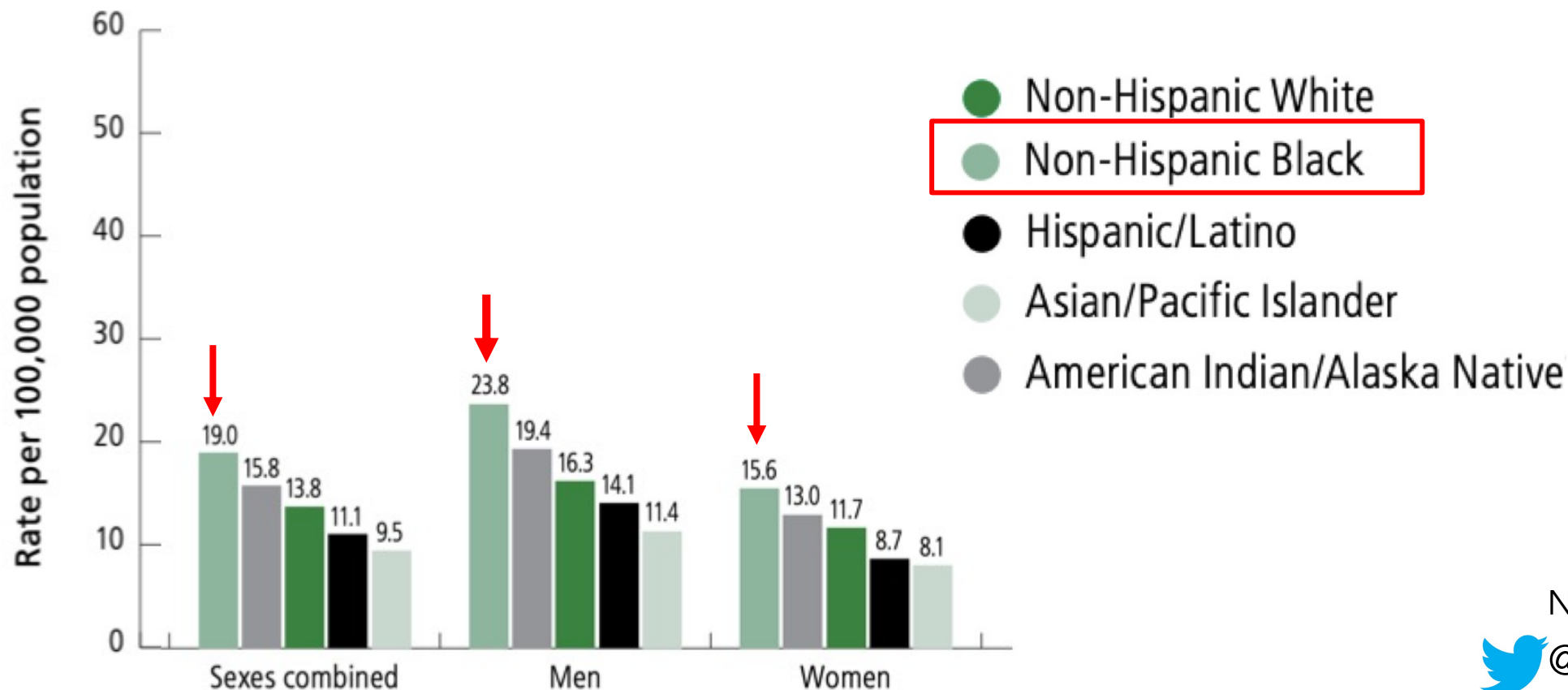
Bui A, Yang, L, Soroudi C, May FP et al. DDW 2021.
SEER Program, 2014-2018.

CRC Incidence by Race/Ethnicity and Sex (2012-2016)



NAACCR, 2019.

CRC Mortality by Race/Ethnicity & Sex (2013-2017)



NCHS, 2019.

100



Many Factors Contribute to Health Disparities



Employment



Our communities



Access to health services



Alcohol



Diet



Family income



Social support



Tobacco



Genetics



Exercise



Housing



Healthcare



Education



Childhood experiences



Quality of care

Social Determinants of Health

Upstream determinants of health

- Racism
- Discrimination
- Social policies

Upstream Factors

Midstream determinants of health


- Health literacy
- Employment status
- Poverty
- Safe living environment
- Food security and diet
- Exposure to toxins
- Medical mistrust
- Access to high-quality health care

Midstream Factors

Downstream health outcomes

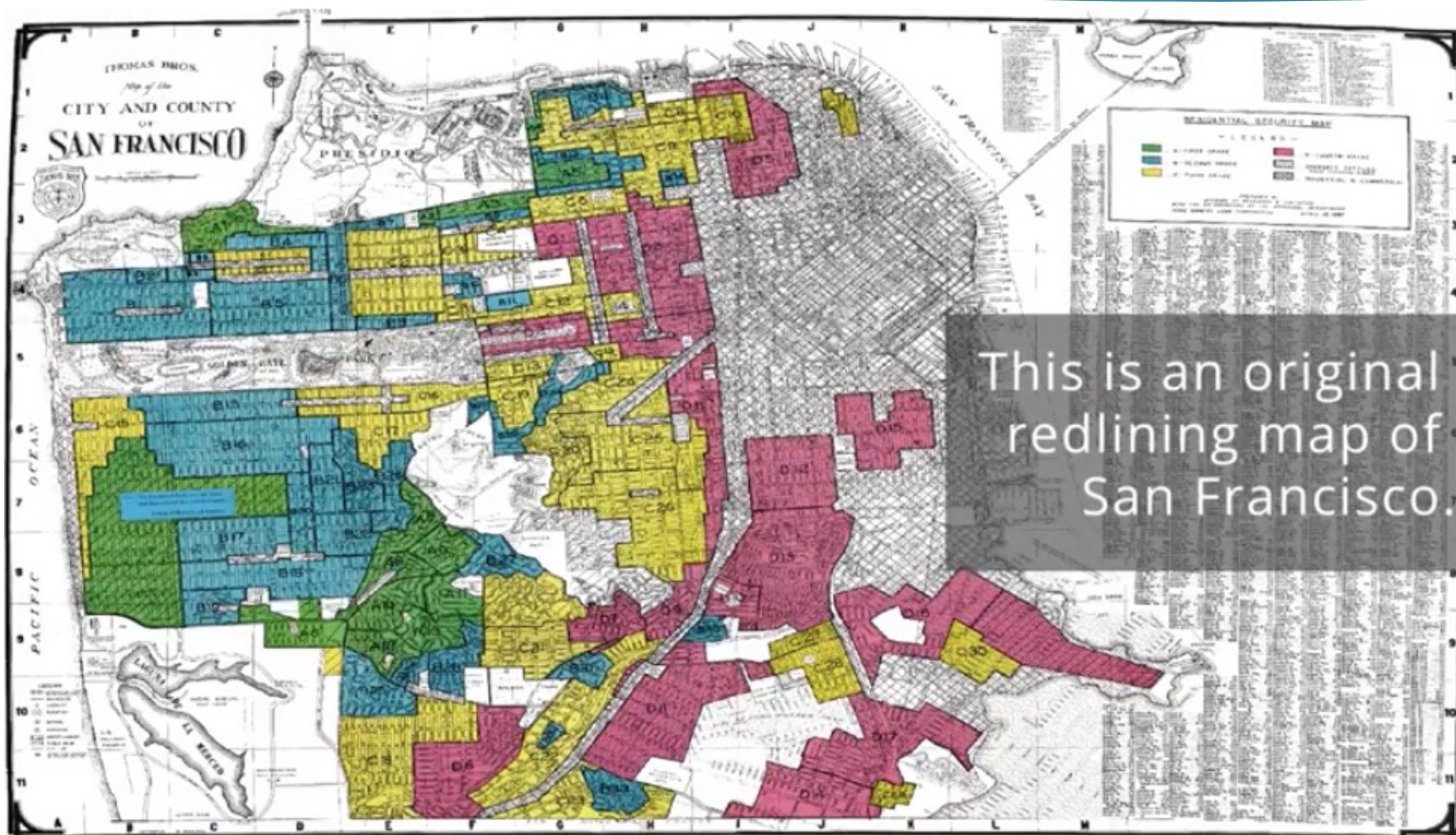
- Heart disease
- Cancer
- Obesity
- Covid19

Downstream Factors



Systemic/structural racism refers to racial inequities that occur as a product of institutional, historical, cultural and interpersonal practices within a society that put one social or ethnic group in a better position to succeed and disadvantages others.

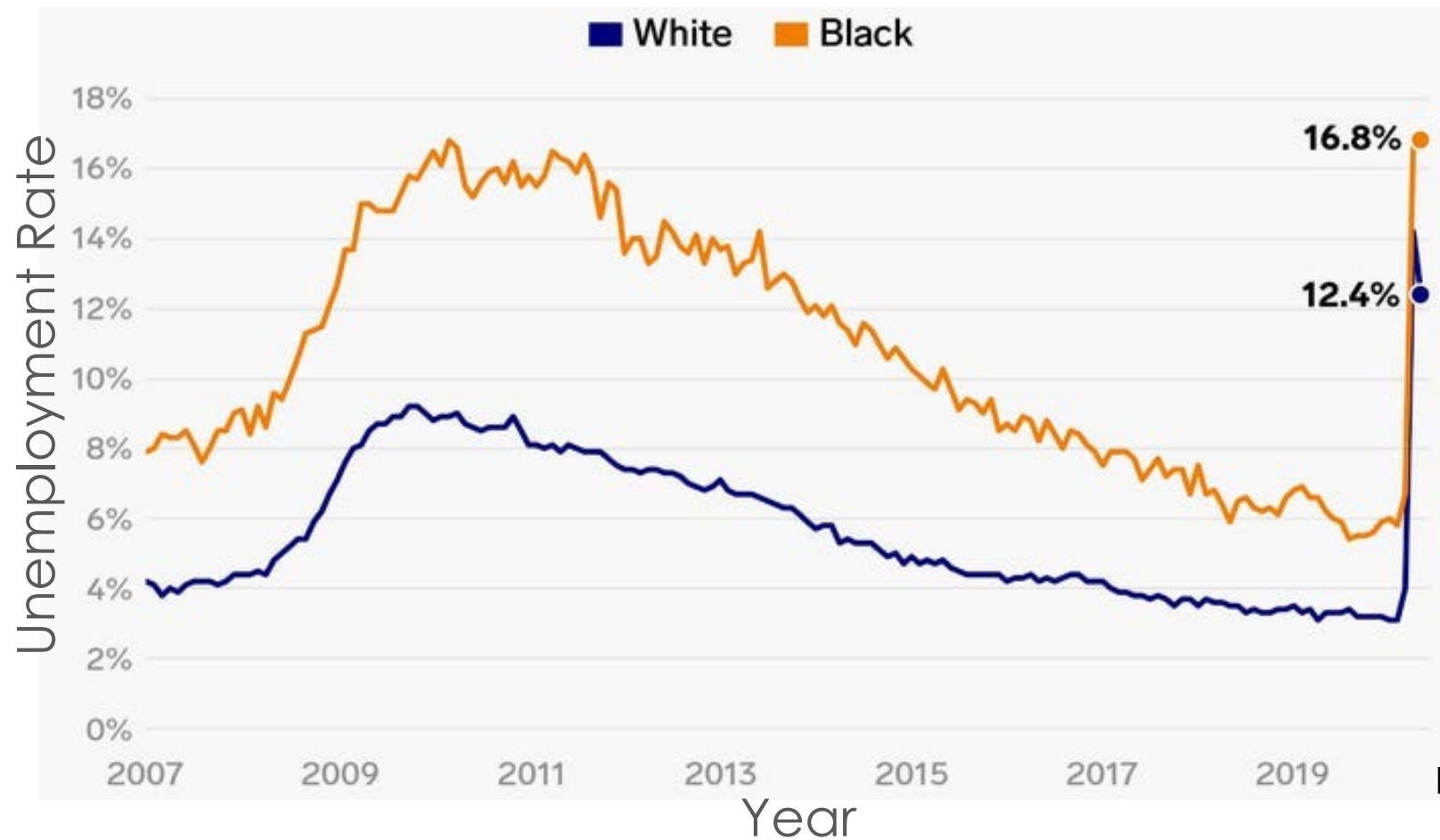
“Redlining” San Francisco



The size of each circle represents the area in that city that HOLC graded, with each color representing the proportion of the city graded and colored.

- A "Best"
- B "Still Desirable"
- C "Definitely Declining"
- D "Hazardous"

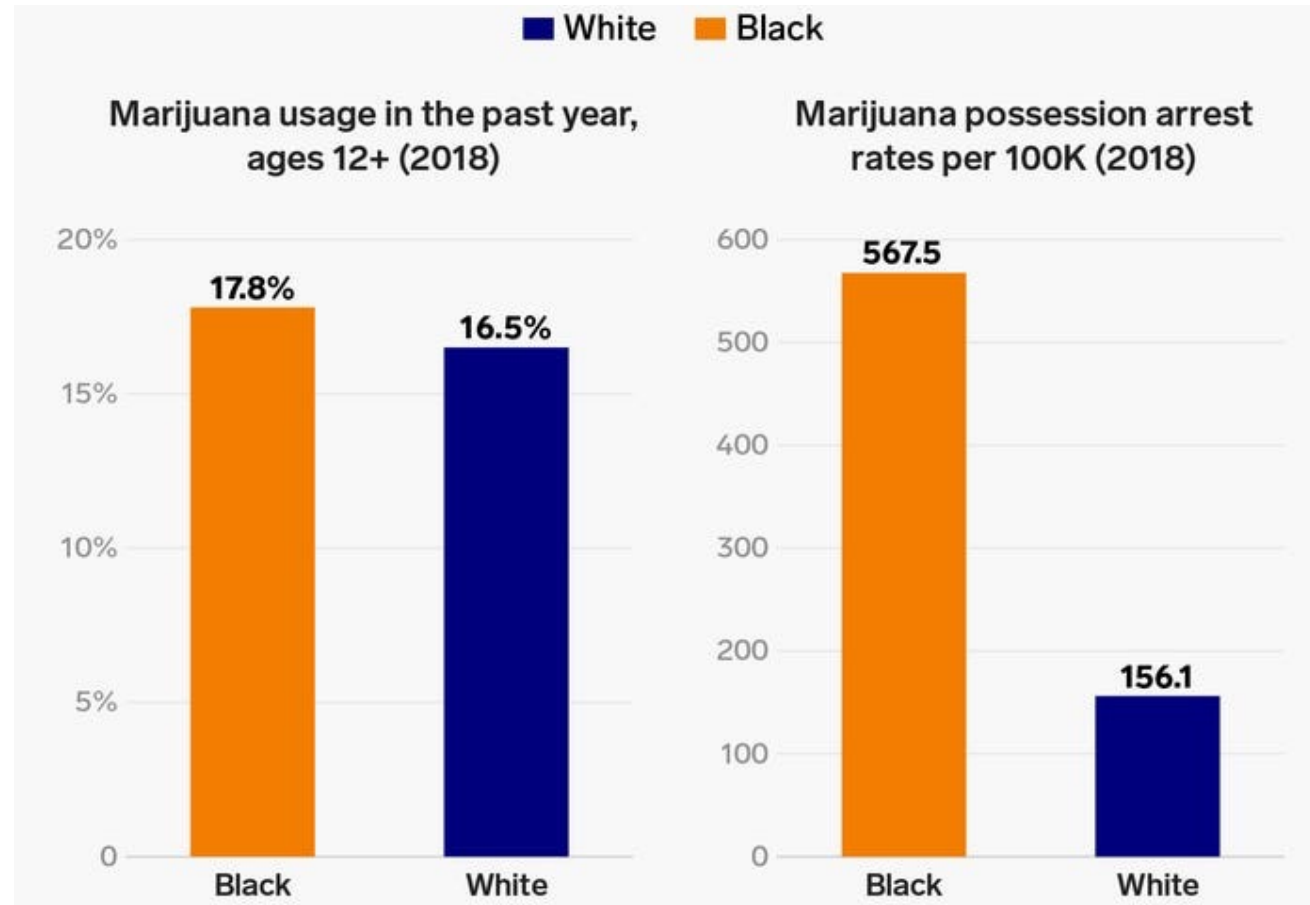
Unemployment Rates of Black and White Americans



Wage Gap Between Black and White Americans

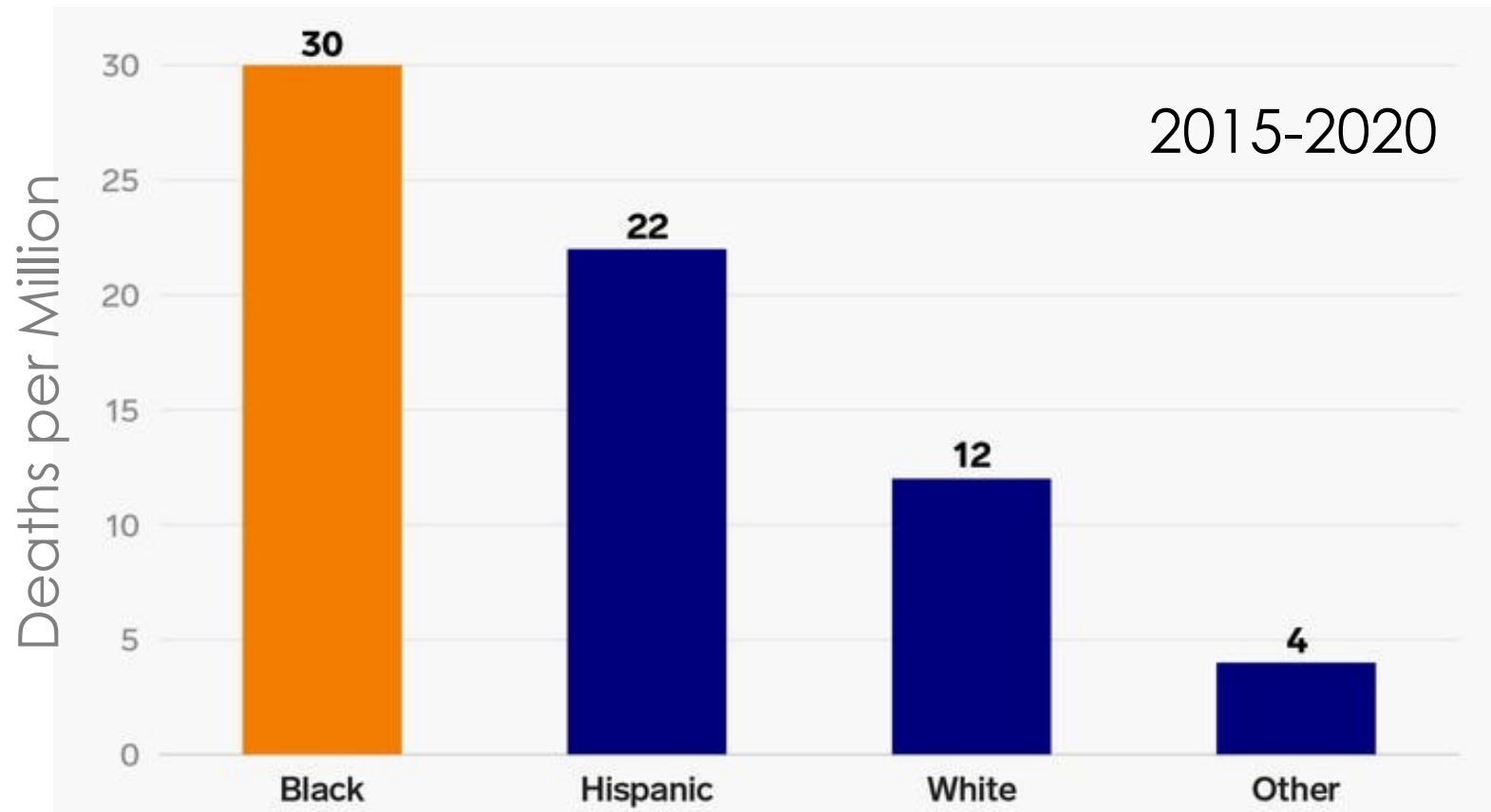


Marijuana Usage and Possession Arrests by Race



SAMHSA; US Department of Health and Human Services; FBI/Uniform Crime Reporting Program; US Census; Business Insider.

Fatal Police Shootings by Race/Ethnicity (per million)



Are we measuring race?

Or racism?

100



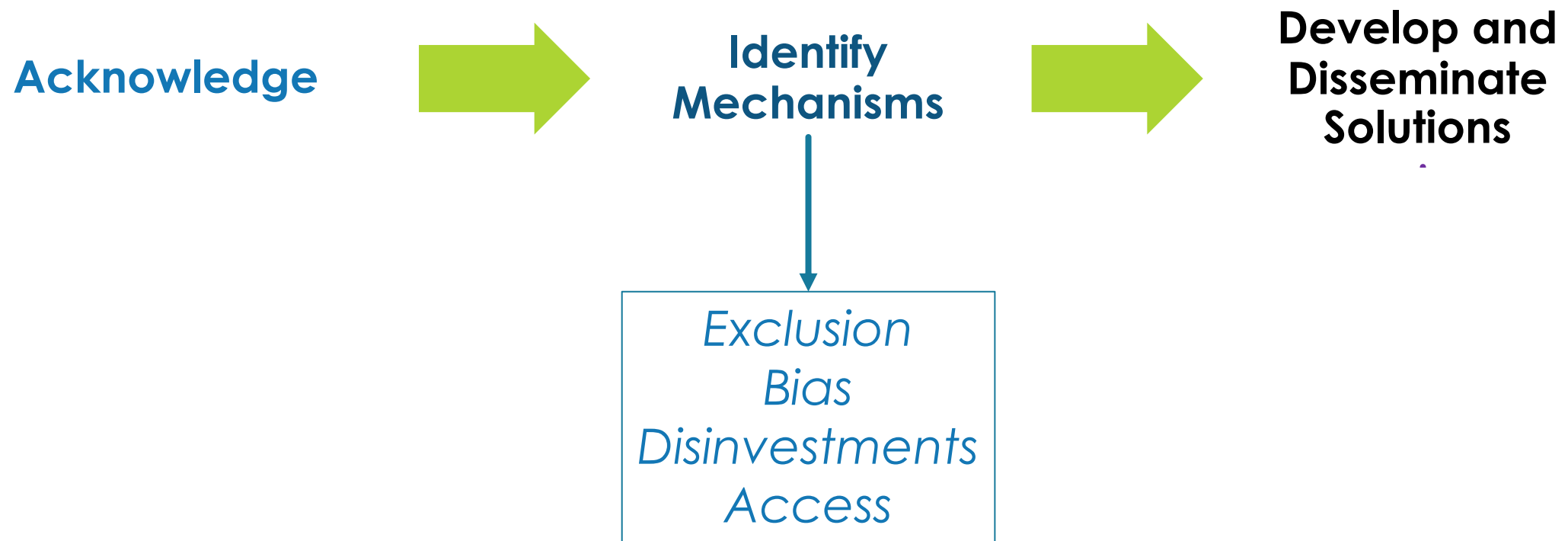
Addressing Inequities

Solutions:

- ✓ Increase **awareness** of racial and ethnic disparities.
- ✓ Identify and **stamp out implicit and explicit racism** in healthcare through implicit bias curriculum development and implementation.
- ✓ **Support (federal and beyond) for research** to address in racial/ethnic disparities and adverse social determinants of health.
- ✓ **Increase representation** of under-represented doctors and researchers to reflect the diversity of the country.
- ✓ **Increase access** to high-quality healthcare for all.



Pathway to Address Disparities in GI Health



Gastrointestinal Conditions with Racial/Ethnic Disparities

- **Esophageal Conditions**
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Mechanisms: Implicit and Explicit Bias

Implicit Bias refers to the unconscious, unintentional assumptions we make about others due to unconscious associations about different social groups.

Explicit Bias refers to the conscious, intentional opinions we form about others (e.g. frank racism).



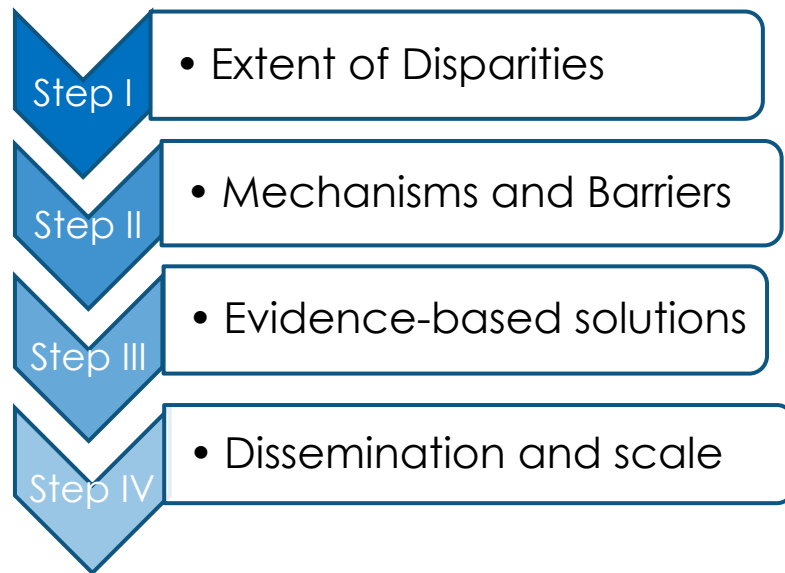
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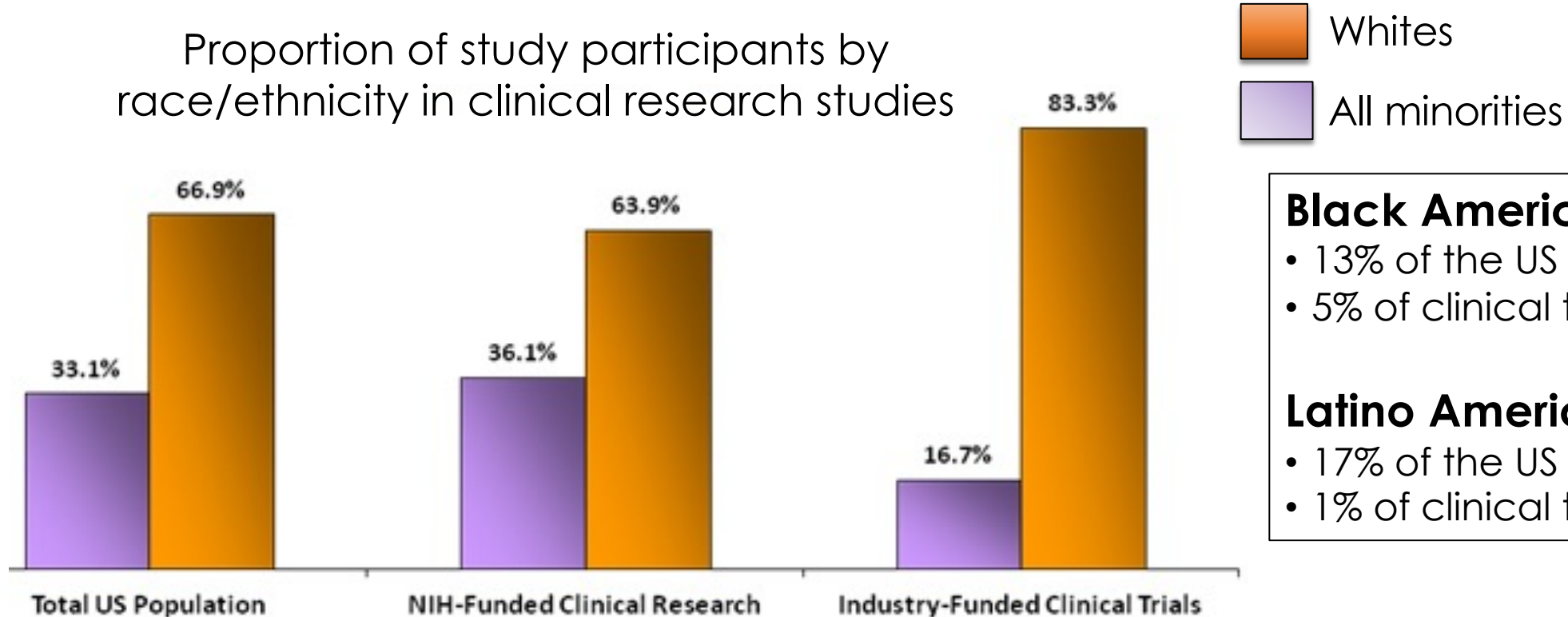
Develop and Disseminate Effective Interventions



- Targeted and culturally tailored interventions for racial/ethnic minorities
- Patient, provider, health system, and policy efforts
- Community-academic partnerships
- Community-embedded research
- Patient and stakeholder engagement

Representation in Clinical Trials

Proportion of study participants by race/ethnicity in clinical research studies



Black Americans:

- 13% of the US population
- 5% of clinical trial participants

Latino Americans:

- 17% of the US population
- 1% of clinical trial participants

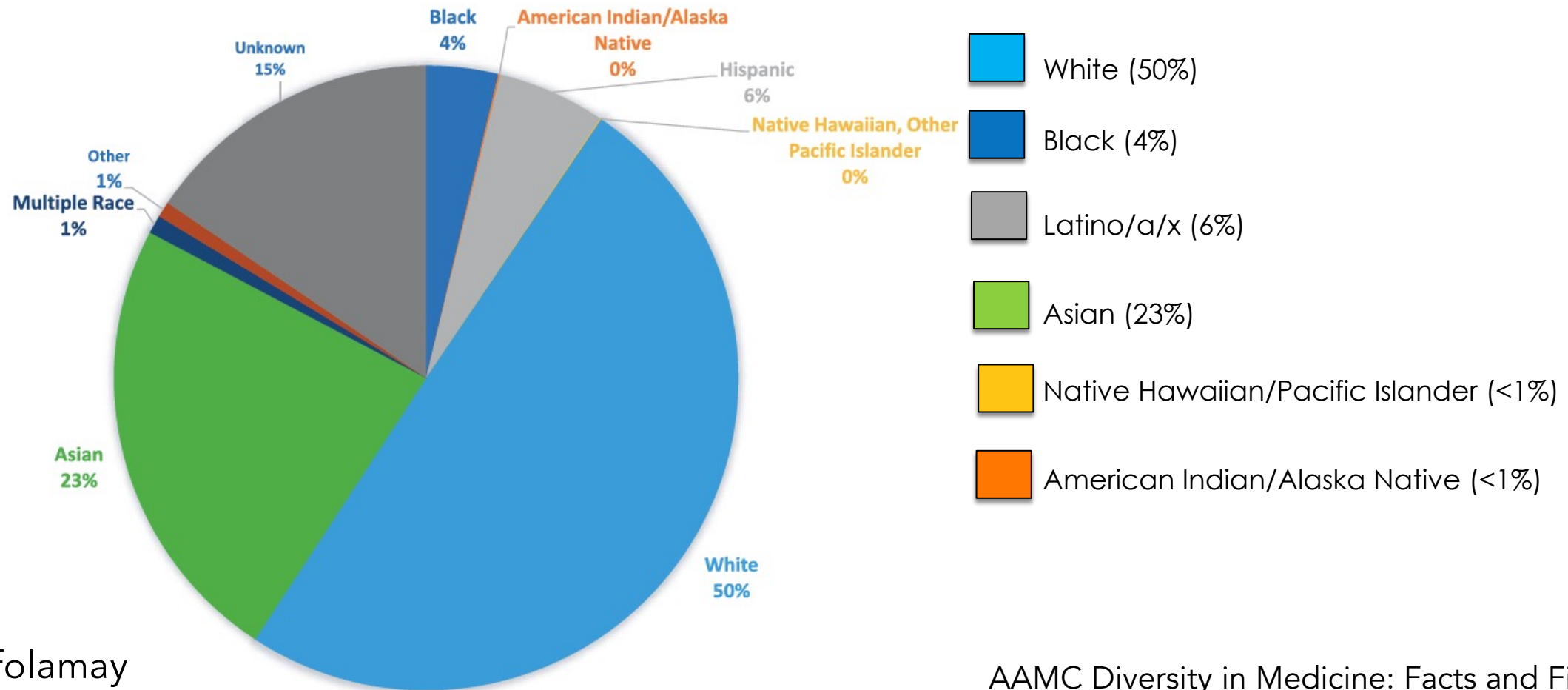
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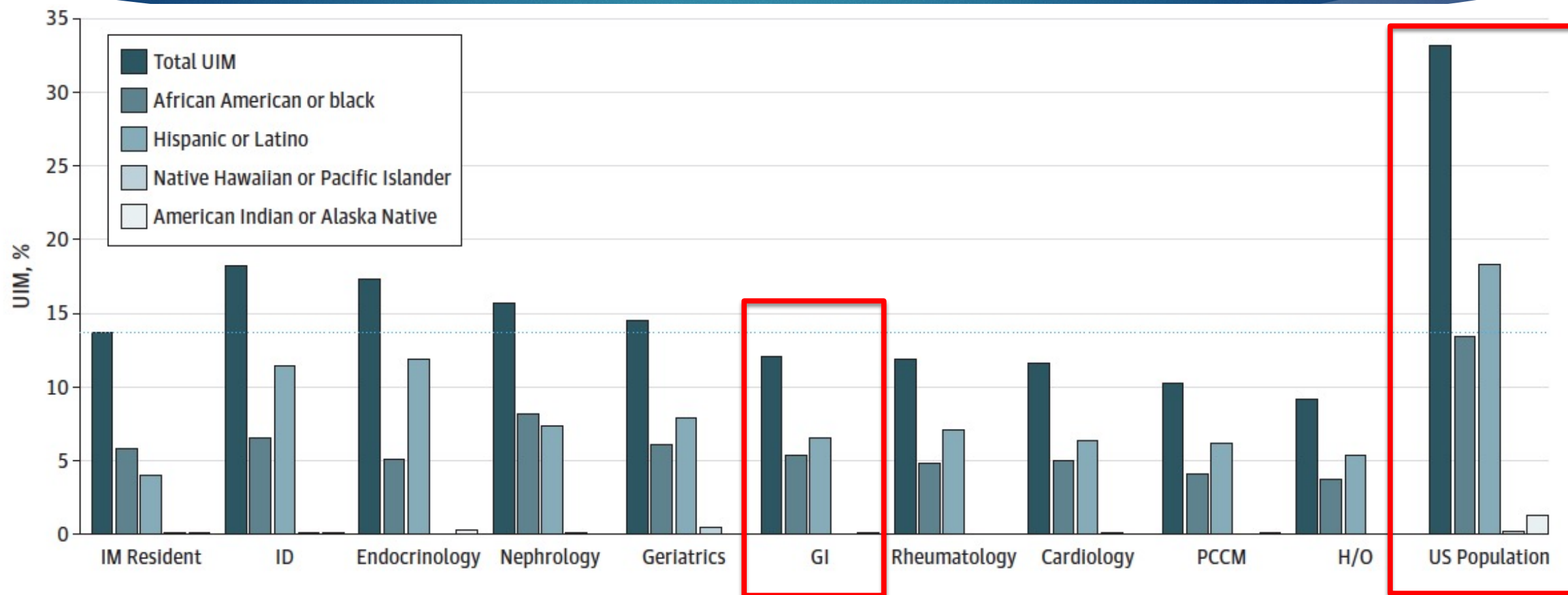
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GI Physicians by Race/Ethnicity, 2018



UIM IM Subspecialty Fellows by Race/Ethnicity, 2018



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Summary

- ▶ Health equity strives for the **highest level of health for all**, recognizing that subgroups require different supports to achieve this goal.
- ▶ Health disparities are common and are the result of adverse **social determinants of health**, including systemic racism.
- ▶ In order to **reduce disparities**, we must acknowledge, understand, and address the role of race in health and health outcomes.
- ▶ Research must go beyond highlighting disparities to providing **evidence-based interventions** to address disparities in prevalence, treatment, and outcomes.
- ▶ Diversity allows us to provide the best care for all of our patients and optimize science, but **achieving workforce diversity** in GI will require specific action.

Thank You!

Acknowledgements



UCLA FIELDING
SCHOOL OF PUBLIC HEALTH



Northeast Valley Health Corporation
a californihealth⁺ center



Funding Sources:

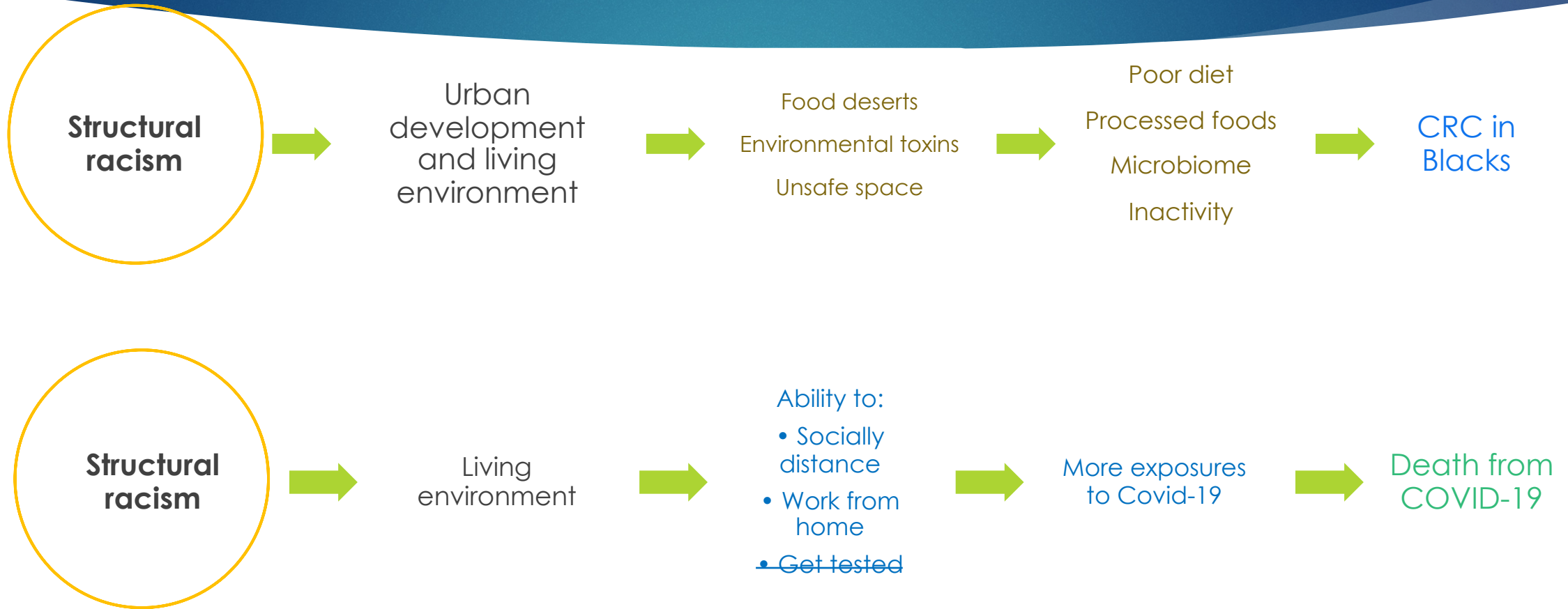
Jonsson Comprehensive Cancer Center
Charles Drew University
National Institute of Health-NCI
Tobacco Related Disease Research Program
CDC-California Department of Public Health

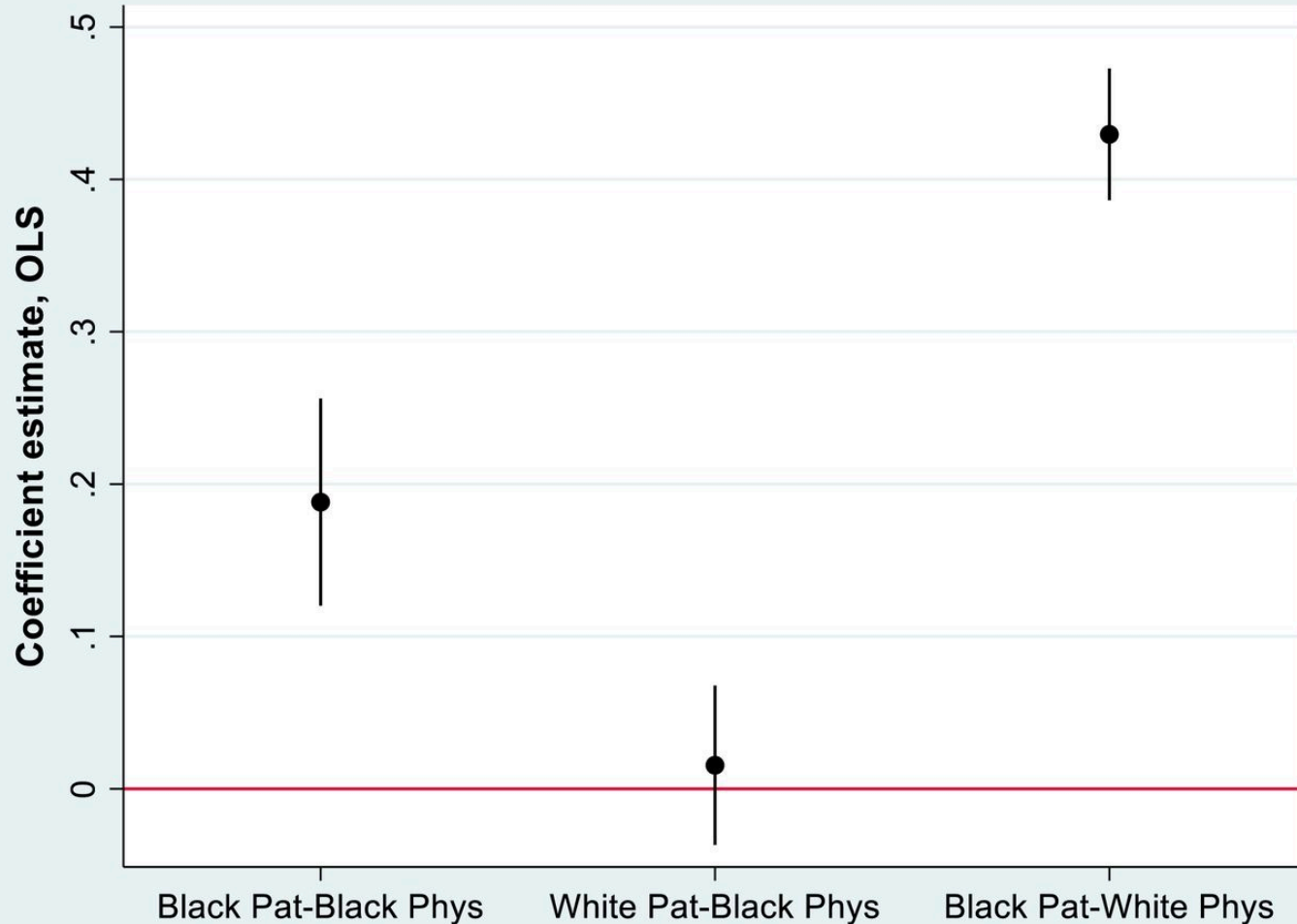
<https://www.uclahealth.org/gastro/may-lab>





Adverse Social Determinants Lead to Disparities





Under the care of **White** physicians, Black newborns experience triple the in-hospital mortality rate of White infants.

Under the care of **White** physicians, Black newborns experience 430 more fatalities per 100,000 births than White newborns.

There was no significant difference in mortality among White newborns cared for by Black vs. White physicians.

Add twitter logos

Change up from DDW appearance

We would like you to present in-person the keynote address on:
Promoting Health Equity in Gastroenterology and Beyond on Saturday, June 26, 2021 at 8:40 am.

The talk is scheduled for 35 minutes and followed by 10 minutes for questions and answers with the audience.

- ▶ 1. Multiple choice question #1
- ▶ Please list the following racial and ethnic groups from lowest to highest mortality from colorectal cancer in the United States (men and women combined): a) Whites, Asians, Hispanics, American Indians, Blacks b) Blacks, American Indians, Whites, Asians, Hispanics c) Hispanics, Asians, Whites, American Indians, Blacks d) Asians, Hispanics, Whites, American Indians, Blacks
- ▶ Correct Answer: D. Based on known epidemiologic trends in national colorectal cancer mortality, Blacks in the US have the highest mortality from colorectal cancer. Mortality from colorectal cancer is 40% higher in Blacks than in Whites.
- ▶ 2. Multiple choice question #2
- ▶ The most effective evidence-based interventions to reduce racial and ethnic disparities in health and healthcare are (choose one best answer): a) Patient-directed interventions b) Provider-directed interventions c) Health system-directed interventions d) Health care policy-directed interventions e) Multilevel interventions
- ▶ Correct Answer: E. While single-component interventions can be helpful to reduce disparities, there is strong evidence that multicomponent and multilevel interventions are more effective in addressing health disparities. Multilevel interventions can address many contributors to health disparities simultaneously.
- ▶ 3. True/False Question:
- ▶ For most health conditions for which there are racial and ethnic disparities in health outcomes, the primary etiologies of the disparities are genetic differences between racial and ethnic groups.