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Health Disparities and IBD Education

As a patient-centered healthcare organization, the Crohn's & Colitis Foundation recognizes that racial injustice in our society, and the disparities it creates in healthcare and communities nationwide, impair our mission to serve *all* people with inflammatory bowel disease (IBD).

In our quest to assure patient access to care, we recognize our role in addressing these systemic societal issues and the health inequities that our patients face. In order to realize our mission to cure Crohn's disease and ulcerative colitis, and improve the quality of life of children and adults affected by these diseases, we must work toward assuring a health system where all patients, regardless of age, gender, sexual preference, race, ethnicity, language spoken, education, religion, disability or socio-economic status are treated by professionals who are skilled in treating their individual needs. We must make certain that all patients have the same opportunity to attain their highest level of health.

Health Disparities in IBD

The prevalence of IBD is increasing among all races in the United States, with the Black/African American non-Hispanic/Latino population experiencing the most rapid disease growth.[i] In addition, Black/African American and Hispanic/Latino IBD patients are more likely to be diagnosed later in their disease progression and to require more complicated and expensive healthcare interventions.[ii] Importantly, these delays in diagnosis are associated with significant suffering and negative impacts on employment and financial security.[iii] [iv]

These underrepresented populations are also more frequent users of emergency services.[v] When hospitalized, Black/African American IBD patients also have higher rates of major complications or death relative to white patients.[vi] In addition, uninsured and "public payer" IBD patients are more likely to experience fragmented care and its complications (higher likelihood of in-hospital death, higher rates of inpatient colonoscopy, and a longer readmission length of stay).[vii]

Increased Access to GI Specialists from Underrepresented Populations is Needed

Early diagnosis and disease management are the key tenets of effective IBD treatment. Unfortunately, the increased disease burden in underrepresented populations is complicated by barriers to access to gastroenterologists and IBD specialists, in addition to lower utilization of specialty IBD medications.[viii]

These barriers can be mitigated by increased access to GIs from underrepresented populations. Multiple studies have shown that Black/African American and Hispanic/Latino patients are more likely to seek care from physicians of their own race and/or ethnicity.[ix] [x] They've also demonstrated that physicians who are part of underrepresented populations are more likely to treat patients from their respective or other underrepresented communities.[xi] [xii] [xiii]

It is an unfortunate fact that underrepresented populations are indeed significantly underrepresented in medical professions relative to their numbers in the general population. They are particularly underrepresented in the field of gastroenterology.[xiv] There is a documented need to increase GI specialty educational opportunities for medical students from underrepresented communities. Still, the number of applicants to GI fellowships from these medical students has recently decreased. [xv] We must invest in efforts to reverse this trend and support the growth of the underrepresented individuals within the GI medical population.

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[i] https://www.cdc.gov/mmwr/volumes/70/wr/mm7019a2.htm

[ii] https://journals.lww.com/ajg/fulltext/2022/10002/s1054_barriers_to_inflammatory_bowel_disease__ibd_.1054.aspx

[iii] Ibid.

[iv] https://journals.lww.com/ajg/fulltext/2022/10002/s769_association_between_severity,_socioeconomic.769.aspx

[v] https://journals.lww.com/ajg/abstract/2010/10000/racial_disparities_in_utilization_of_specialist.16.aspx

[vi] https://journals.lww.com/ajg/abstract/2016/05000/african_americans_have_better_outcomes_for_five.20.aspx

[vii] https://journals.lww.com/ajg/abstract/2019/02000/fragmented_care_is_prevalent_among_inflammatory.21.aspx

[viii] https://journals.lww.com/ajg/fulltext/2022/10002/s1045_racial_disparities_in_utilization_of.1045.aspx

[ixix] https://pubmed.ncbi.nlm.nih.gov/20337734/

[x] https://pubmed.ncbi.nlm.nih.gov/10916962/

[xi] https://papers.ssrn.com/sol3/papers.cfm?abstract_id=197088

[xii] https://www.healthaffairs.org/doi/10.1377/hlthaff.27.1.234?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub++0pubmed

[xiii] https://pubmed.ncbi.nlm.nih.gov/8675280/

[xiv] Diversity, Equity, and Inclusion in Gastroenterology and Hepatology: A Survey of Where We Stand - PubMed (nih.gov)

[xv] https://journals.lww.com/ajg/abstract/2022/10000/gender,_race,_and_ethnicity_representation_among.14.aspx