Addressing Inequalities with Targeted Research and Public Policy

- Most of these inequalities are beyond the ability of the individual provider to address
  - A study of county health rankings in the US found that factors outside clinical care account for 80% of health outcomes[1]
- Changes at the level of social policy
  - Social determinants of health are interrelated and difficult to address: in the US, Black individuals have greater exposure to some environmental factors associated with IBD[2]
    - Stress
    - Smoking
    - Sleep
    - Access to care
    - Pollution exposure
    - Intestinal yeast infections
- Targeted research needed[2]
  - Clinical studies are needed to further understand IBD differences in subpopulations
  - Clinical trials need to enroll diverse patient populations
    - FDA guidance recommends that sponsors develop and submit a Race and Ethnicity Diversity Plan early in clinical development, detailing efforts to enroll a diverse population[3]

1. Hood CM, et al. *Am J Prev Med*. 2016;50(2):129-35; 2. Liu JJ, et al. *Inflamm Bowel Dis.* 2023;29(2):297-307; 3. FDA takes important steps. April 13, 2022. https://www.fda.gov/news-events/press-announcements/fda-takes-important-steps-increase-racial-and-ethnic-diversity-clinical-trials. Accessed August 10, 2023.

Provider Training

- Training can help individuals recognize inequalities in how they manage IBD in patients of varying backgrounds[1]
  - Racism awareness
  - Implicit bias

- Awareness and self-reflection lead to corrective action[1]
  - Act or speak out when observing bias in self or others
  - Prevent misdiagnosis in non-White patients due to bias
    - ie, Black patients less likely to receive full gastric evaluation when presenting with iron deficiency anemia and diarrhea[2]

1. Anyane-Yeboa A, et al. *Clin Gastroenterol Hepatol*. 2022;20(11):2427-34; 2. Anyane-Yeboa A, et al. *Dig Dis Sci*. 2021;66(7):2200-6.

Address Specific Barriers to Care: Provider Level

- Providers should have a protocol for discussing and addressing potential barriers to care; knowledge of community resources
  - Low-income – difficult to follow-up with testing or infusion therapies
  - Lack of internet access – difficulty utilizing online resources and provider communications
- Community involvement
  - Providers in private practice can also spend time in community clinics
  - Community education programs

Anyane-Yeboa A, et al. *Clin Gastroenterol Hepatol*. 2022;20(11):2427-34.