



IBDIQ

Addressing Care  
Disparities for  
Black Patients  
with Inflammatory  
Bowel Disease (IBD)



PART OF THE IBD PROJECT

# Understanding the complexity of healthcare disparities is essential for promoting equitable IBD outcomes for Black patients.

Traditionally, IBD—comprising both Crohn’s disease (CD) and ulcerative colitis (UC)—has been perceived as a condition predominantly impacting White patients.<sup>1</sup> This can contribute to healthcare disparities which can potentially lead to delays in diagnosis and treatment initiation for IBD.<sup>2</sup>

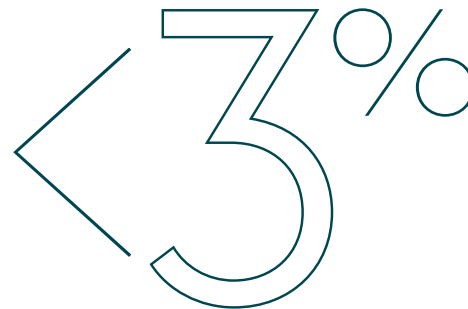
Studies evaluating care disparities in different populations have limitations in number and/or design, often resulting in conflicting data. This resource serves as a high-level overview of this topic and may not encompass all available research.

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## These disparities include:

Limited inclusion and recruitment of minority participants in IBD clinical trials, leading to <3% of Black patients being represented<sup>2,3\*</sup>



Mistrust of the healthcare system due to modern discrimination, historical medical experimentation, research abuse, and a lack of informed consent, resulting in decreased willingness to participate in research<sup>4</sup>

Potential delays in diagnosis due to limited access to appropriate specialists, misperceptions, and decreased knowledge of IBD<sup>1</sup>

Possible delays in the initiation of appropriate IBD treatment due to lack of access to care and financial barriers<sup>2</sup>

High maternal mortality in Black IBD patients that underscores the need for a comprehensive approach to address broader healthcare inequities, including essential services like prenatal care<sup>5</sup>

Immunization inequity, resulting in adverse health outcomes, with Black adults in the US having lower vaccination rates than Whites for all recommended adult vaccines<sup>6</sup>

\*Based on an analysis of 21 clinical trials on approved FDA therapies in IBD that described at least White, Black, and Asian racial groups within baseline demographics.<sup>3</sup>

Black patients with IBD may be particularly impacted by delays in diagnosis and poor access to proper treatment.<sup>1</sup>

**There are many potential causes of racial and ethnic disparities in the treatment of IBD, including delays in diagnosis, access to specialists, genetic and environmental differences, and cost of care.<sup>1</sup>**

**In Black communities, CD and UC may result in negative clinical outcomes.<sup>2,7,8</sup> Within this population, specific genetic polymorphisms<sup>†</sup> are linked to IBD, and there is the potential for non-gastrointestinal (GI) complications to affect multiple body systems.<sup>1,9,10</sup>**

**Black patients with CD may face an elevated risk of severe disease and postoperative clinical recurrence, as well as increased rates of hospitalization and surgery.<sup>2,8,10,11</sup> Black patients with UC may experience delayed surgical interventions, frequent emergency department visits, and elevated in-hospital mortality rates.<sup>7,12,13</sup>**

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Social determinants of health extend beyond just race, and many aspects of care access and optimization of outcomes are multifactorial.<sup>14</sup> This resource provides examples of some of the factors that may impact the care of Black patients with IBD, but is not intended to be a comprehensive review of this topic.

#### **Black patients with CD may experience:**

High rates of upper GI and colonic CD involvement<sup>2</sup>

Severe forms of disease, including perianal, fistulizing, and penetrating disease<sup>2,15</sup>

High rates of CD-related surgery<sup>10</sup>

High risk for CD clinical recurrence after surgical interventions<sup>11</sup>

High rates of CD-related hospitalization<sup>8</sup>

Extraintestinal manifestations, including ocular involvement and arthralgias<sup>2,10</sup>



#### **Black patients with UC may experience:**

Disease extension to left-sided colitis and/or proctitis<sup>16†</sup>

Delayed surgical interventions<sup>12</sup>

Frequent emergency department visits<sup>13</sup>

Increased in-hospital mortality rates<sup>7</sup>

Extraintestinal manifestations, including sacroiliitis and ankylosing spondylitis<sup>9</sup>

**DID YOU KNOW? FOR PATIENTS WITH UC, THERE MAY BE A >2-FOLD INCREASED RISK OF DEVELOPING COLORECTAL CANCER.<sup>17</sup>**

**EARLY, ACCURATE DIAGNOSIS AND PROMPT TREATMENT INITIATION IN BLACK PATIENTS WITH IBD MAY REDUCE THE ASSOCIATED RISKS OF COMPLICATIONS, HOSPITALIZATIONS, AND EXTRAINTESTINAL MANIFESTATIONS.<sup>1,2,8,9,13,16</sup>**

<sup>†</sup>Polymorphism refers to the presence of 2 or more variant forms of a specific DNA sequence that can occur among different individuals or populations.<sup>18</sup>

<sup>‡</sup>Left-sided colitis is a form of UC that is characterized by inflammation that begins in the rectum and can involve up to the colon near the splenic flexure. Proctitis is a form of UC characterized by inflammation only in the rectum.<sup>19</sup>

# Become a catalyst



By 2050, it is projected that there will be 59 million non-Hispanic Black people in the US.<sup>20</sup> Together, we can help contribute to improvements in the health outcomes of Black patients with IBD by addressing care disparities and serving as agents of change.

Support the practice of early diagnosis and timely care for all patients with IBD to help impact clinical outcomes.<sup>21-24</sup>



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Don't dismiss or ignore these common IBD symptoms when presented in Black patients<sup>21,22</sup>:

Rectal bleeding

Diarrhea

Abdominal pain

Anemia

Fever

Weight loss

What you can do in your practice to help address these inequities:

- 1 **Deepen** your understanding of hidden social issues by asking patients about their challenges in a culturally sensitive manner<sup>25</sup>
- 2 **Collaborate** with patients by connecting them to various support systems within and beyond the health system<sup>25</sup>
- 3 **Design** clinical trials aimed to enroll underrepresented groups to help address healthcare disparities<sup>3</sup>
- 4 **Educate** through advocacy and leverage your influence to address social challenges<sup>25</sup>

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