# **UCLA**

# **UCLA Previously Published Works**

## **Title**

Advancing health equity: The Association of Black Gastroenterologists and Hepatologists

### **Permalink**

https://escholarship.org/uc/item/4t11v5c6

## **Journal**

Nature Reviews Gastroenterology & Hepatology, 18(7)

### **ISSN**

1759-5045

#### **Authors**

White, Pascale M Iroku, Ugonna Carr, Rotonya M et al.

### **Publication Date**

2021-07-01

#### DOI

10.1038/s41575-021-00464-y

Peer reviewed

# **COMMENT**



# Advancing health equity: The Association of Black Gastroenterologists and Hepatologists

Pascale M. White¹, Ugonna Iroku², Rotonya M. Carr³, Folasade P. May od 4.5 and The Association of Black Gastroenterologists and Hepatologists Board of Directors\*

The Association of Black Gastroenterologists and Hepatologists is a new organization that aims to improve gastrointestinal health outcomes in Black communities, foster networking and scholarship among its members, develop the pipeline of Black gastroenterologists and hepatologists, and promote health equity in the fields of gastroenterology and hepatology.

Black Americans are 20% more likely to be diagnosed with colorectal cancer (CRC) and 40% more likely to die from the disease than white Americans<sup>1</sup>. Black men and women have the highest incidence of pancreatic cancer with at least 30% higher rates than other racial groups<sup>2</sup>. The prevalence of hepatitis C virus infection is highest among Black Americans in the USA<sup>3</sup>.

As Black Gastroenterologists and Hepatologists in the USA, we take these statistics seriously, and even personally. Black communities in the USA have been plagued by unmitigated health disparities in several areas, including cardiovascular, gastrointestinal and neoplastic diseases<sup>1</sup>. CRC is an example of a preventable disease with various screening methods and effective treatment modalities. Yet, disparities in incidence, morbidity and mortality among Black individuals have persisted in the USA since the late 1980s<sup>1</sup>. Given these circumstances, it is clear that more is needed to bring awareness of and resolutions to disparities in digestive health diseases.

An important aspect of addressing health-care inequities in the Black community involves bolstering the physician workforce most likely to treat underserved populations. Studies suggest that physicians from under-represented backgrounds are more likely to provide health care for underserved patients4. However, Black physicians are few in number in the fields of gastroenterology and hepatology. Despite representing 13% of the general population, Black individuals were less than 7% of medical students, 5% of practising physicians and fewer than 4% of practising gastroenterologists and hepatologists in the USA in 2019<sup>5</sup>. In clinical practice, this issue translates into a majority of physicians who do not have racial concordance with the vulnerable populations they are treating. This reality has implications for CRC screening uptake as Black male patients are more likely to consent to more invasive preventive services when their physician is of the same race<sup>6</sup>.

Thus, the mission to address Black health disparities should include a commitment to a workforce with a more proportionate representation from the Black community.

In 2020, health and sociopolitical crises erupted in the USA, thrusting the issue of Black health disparities into the national spotlight. As more coronavirus disease 2019 (COVID-19) cases emerged, Black patients saw three times as many hospitalizations and twice as many deaths from the virus than white patients<sup>7</sup>. Five months into the pandemic, in May 2020, the police killing of George Floyd in Minneapolis and the global responses of protests and Black Lives Matter marches brought light to the fact that Black men have a 2.5-times higher lifetime risk of being killed by police than white men8. The death of United States Congressman John Lewis to pancreatic cancer in July 2020 followed by the death of Chadwick Boseman to CRC in August 2020 were more piercing reminders that Black individuals, even our prominent heroes, were succumbing to diseases that inordinately affect Black communities.

Within a matter of days of receiving the news about Mr Boseman's passing, our professional network of eleven Black gastroenterologists and hepatologists from around the country produced a CRC public service announcement (blackingastro.org) about the effect of CRC in the Black community. The creation of the video marked the public declaration of our organization. The affirmative feedback we received from our colleagues and patients gave further credence to our mission — that the Association of Black Gastroenterologists and Hepatologists (ABGH) would be a space to discuss health conditions that disproportionately affect Black communities and a place to engender community among Black gastroenterologists and hepatologists.

In February 2021, we opened ABGH to membership during our inaugural virtual event and welcomed over 100 practicing gastroenterologists and hepatologists,

<sup>1</sup>The Dr. Henry D. Janowitz Division of Gastroenterology, Icahn School of Medicine at Mount Sinai, New York, NY. USA.

<sup>2</sup>New York Gastroenterology Associates, Department of Gastroenterology and Hepatology, Icahn School of Medicine at Mount Sinai, New York, NY, USA.

<sup>3</sup>University of Pennsylvania Perelman School of Medicine, Division of Gastroenterology, Philadelphia, PA, USA.

<sup>4</sup>Vatche and Tamar Manoukian Division of Digestive Diseases, Department of Medicine, David Geffen School of Medicine at UCLA, Los Angeles, CA, USA.

<sup>5</sup>UCLA-Kaiser Permanente Center for Health Equity, Jonsson Comprehensive Cancer Center, University of California Los Angeles, Los Angeles, CA. USA.

\*A list of authors and their affiliations appears at the end of the paper.

**™e-mail:** fmay@ mednet.ucla.edu https://doi.org/10.1038/ s41575-021-00464-y

Table 1 | Disparities in gastrointestinal and liver conditions

Condition	Disparity (compared with white Americans)
Gastrointestinal-related	
Oesophageal squamous cell carcinoma	Increased incidence, mortality
Gastric cancer	Increased incidence, mortality
Small bowel cancer	Increased incidence, mortality
Acute pancreatitis	Increased incidence, mortality
Pancreatic cancer	Increased incidence, mortality
Colorectal Cancer	Increased incidence, mortality
Liver-related	
Hepatitis B virus infection	Increased incidence, mortality
Hepatitis C virus infection	Increased incidence, mortality
Liver transplantation	Lower incidence
Liver cancer	Increased incidence, mortality

A sample of gastrointestinal and liver conditions for which there are incidence and mortality disparities between Black Americans and white Americans<sup>1–3,9,10</sup>.

researchers, trainees and medical students from around the world committed to improving gastrointestinal health outcomes in Black communities. By inviting medical and graduate student members, we aim to increase the pipeline of individuals who will pursue medical and research careers in digestive health. For junior faculty members, we will provide career guidance, promote community and demystify the promotions process within academic institutions that stymies so many individuals of color from career advancement. Our mid-career and senior members will provide critical guidance to early-career and trainee members as well as opportunities for mentorship and sponsorship in national organizations and academia. Developing and fostering a strong pipeline of physicians and scientists who promote diversity, inclusion, and health equity within Black communities will be emphasized in our networking, mentorship, and community-facing activities.

In line with these goals, our first community-targeted event was a virtual webinar in March 2021 to raise awareness about CRC risk and screening during 'Colorectal Cancer Awareness Month'. More than 200 individuals registered for the event, during which a panel of medical experts, patient survivors and advocates shared their personal accounts related to CRC and helped debunk myths about the disease. Our survivor panelists shared compelling stories about their diagnosis with CRC, the

loss of loved ones, and misconceptions about the disease, ending by urging listeners to pay attention to the symptoms of CRC and to get screened. Our forum was a space within which Black voices, stories, and experiences were heard and acknowledged and in which attendees received life-saving information. It is our intention that similar community events will improve awareness of the broad spectrum of gastrointestinal and hepatologic diseases affecting Black communities (TABLE 1). In addition, we hope these forums will empower individuals as they access and navigate the health-care system.

ABGH will continue to contribute to the current medical and health landscape by cultivating collaboration among academic institutions, professional medical societies and the Black community. We stand among many organizations dedicated to eliminating health disparities, and our unique approach is in galvanizing Black gastroenterologists and hepatologists from around the country to specifically address these issues. Ultimately, we hope to extend the efforts to other countries and regions, advancing the work to increase representation and address disparities globally. The formation of ABGH is a major milestone in our field. As we advocate for equity in digestive health and professional representation, we remain committed to our most fervent mission of being the positive change agent our society needs and that our patients deserve.

- American Cancer Society. Cancer Facts & Figures for African Americans 2019–2021. (American Cancer Society, 2019).
- Scarton, L. et al. Pancreatic Cancer Related Health Disparities: A Commentary. Cancers (Basel) 10, 235 (2018).
- Nguyen, G. C. & Thuluvath, P. J. Racial disparity in liver disease: biological, cultural, or socioeconomic factors. *Hepatology* 47, 1058–1066 (2008).
- Saha, S. & Shipman, S. A. Race-neutral versus race-conscious workforce policy to improve access to care. *Health Aff. (Millwood)* 27, 234–245 (2008).
- Carr, R. M. et al. From Intention to Action: Operationalizing AGA Diversity Policy to Combat Racism and Health Disparities in Gastroenterology. Gastroenterology 159, 1637–1647 (2020).
- Alsan, M., Garrick, O. & Graziani, G. C. Does diversity matter for health? Experimental evidence from Oakland. Working Paper 24787 Available at https://www.nber.org/system/files/working\_ papers/w24787/w24787.pdf (2018).
- Webb Hooper, M., Nápoles, A. M. & Pérez-Stable, E. J. COVID-19 and racial/ethnic disparities. *JAMA* 323, 2466–2467 (2020).
- Edwards, F., Lee, H. & Esposito, M. Risk of being killed by police use of force in the United States by age, race-ethnicity, and sex. *Proc. Natl. Acad. Sci. USA* 116, 16793–16798 (2019).
- Ashktorab, H., Kupfer, S. S., Brim, H. & Carethers, J. M. Racial disparity in gastrointestinal cancer risk. *Gastroenterology* 153, 910–923 (2017).
- Cervantes, A., Waymouth, E. K. & Petrov, M. S. African-Americans and Indigenous Peoples have increased burden of diseases of the exocrine pancreas: a systematic review and meta-analysis. *Dig. Dis.* Sci. 64, 249–261 (2019).

#### Competing interests

The authors declare no competing interests.

#### **RELATED LINKS**

CRC public service announcement: https://youtu.be/tDy2hj92dGl
The Association of Black Gastroenterologists and Hepatologists:
https://blackingastro.org/

#### The Association of Black Gastroenterologists and Hepatologists Board of Directors

Sophie Balzora<sup>6</sup>, Valerie Antoine-Gustave<sup>6</sup>, Adjoa Anyane-Yeboa<sup>7</sup>, Darrell M. Gray<sup>8</sup>, Alexandra Guillaume<sup>9</sup>, Rachel B. Issaka<sup>10</sup> and Renee L. Williams<sup>6</sup>

<sup>6</sup>NYU Grossman School of Medicine, New York, NY, USA. <sup>7</sup>Massachusetts General Hospital, Boston, MA, USA. <sup>8</sup>Ohio State University College of Medicine and Comprehensive Cancer Center, Columbus, OH, USA. <sup>9</sup>Renaissance School of Medicine at Stony Brook University, Stony Brook, NY, USA. <sup>19</sup>Fred Hutchinson Cancer Research Center, Seattle, WA, USA.