

# UC Irvine

## UC Irvine Previously Published Works

### Title

Identifying Barriers To Health Maintenance In Medically-Underserved Patients With IBD: A Qualitative Study

### Permalink

<https://escholarship.org/uc/item/9rd5x5bw>

### Journal

Inflammatory Bowel Diseases, 28(Supplement\_1)

### ISSN

1078-0998

### Authors

Belton, Juanita  
Sanfratello, Natalie  
Gaitan, Erika  
[et al.](#)

### Publication Date

2022-01-22

### DOI

10.1093/ibd/izac015.146

### Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

Peer reviewed

**IDENTIFYING BARRIERS TO HEALTH MAINTENANCE IN  
MEDICALLY-UNDERSERVED PATIENTS WITH IBD:  
A QUALITATIVE STUDY**

Juanita Belton, Natalie Sanfratello, Erika Gaitan,  
Alana LeBron, Sharmeel Wasan, Julie White, Alan Moss

**BACKGROUND:** Disparities in adherence to health maintenance recommendations have been well-documented in patients with IBD. Solutions to address these issues remain under-described or evaluated. We sought to engage at-risk patients with IBD for a qualitative assessment of their barriers to health maintenance targets. The goal of this endeavor is to inform the design of interventions to address these disparities in practice. **METHODS:** Boston University School of Medicine (BUSM) and the Crohn's and Colitis Program at Boston Medical Center (BMC), in partnership with Health Resources in Action (HRiA), conducted focus groups with medically underserved patients with inflammatory bowel disease (IBD), and interviews with IBD providers between April-July of 2021. Four focus groups were conducted virtually in English (n=3) and Spanish (=1) with IBD patients (n=11) receiving care at BMC's Crohn's and Colitis Program. Enrollees were selected based on criteria for being 'at-risk' for health maintenance non-adherence; defined as insured by MassHealth or a Boston Medical Center Accountable Care Organization (ACO) and who have outstanding health maintenance needs (i.e., lacking a documented flu shot in the past 2 years). In addition, two interviews were conducted with clinical providers serving patients with IBD. Qualitative analyses were conducted with NVivo (NVivo qualitative data analysis Software; QSR International Pty Ltd. Version 12). Transcripts were double coded by two analysts based upon a mutually agreed upon codebook and differences were reconciled through discussion until a consensus was reached (average kappa=0.96). Key themes were identified by discussion frequency and intensity. **FINDINGS:** Key themes that emerged from these comprehensive discussions regarding barriers to patients completing their health maintenance requirements included: lack of culturally appropriate education and information in the patients' primary languages, specifically patients cited that they had not received information regarding the connection between their IBD and required vaccinations. Also, living with IBD can be stressful, stigmatizing, and isolating, and more mental health supports are needed through ways of integrated care, mental health resources, and support groups. Patients recommended integrating holistic approaches to IBD care and management, including diet/nutrition, exercise, and managing stress. Furthermore, other themes that emerged included: insights into patients dealing with chronic pain; medical management is a critical component to preventing flare ups, yet numerous barriers to accessing care exist. Findings from this process are intended to inform a 12-month quality improvement (QI) initiative within BMC's Crohn's and Colitis Program with the ultimate goal of improving patient care.