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2

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4

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The screenshot shows a Zoom webinar interface. At the top left is the ACG Virtual Grand Rounds logo. At the top right is the URL 'universe.gi.org' and a Zoom logo. The main content area has a blue background with the title 'Participating in the Webinar'. Three yellow-bordered callout boxes provide instructions: 1) 'All attendees will be muted and will remain in "Listen Only Mode"' with an arrow pointing to the mute icon in the Zoom control panel. 2) 'Type your questions here so that the moderator can see them. Not all questions will be answered but we will get to as many as possible.' with an arrow pointing to the chat icon. 3) 'A handout with the slides and room to take notes can be downloaded from your control panel.' with an arrow pointing to the document icon. The Zoom control panel on the right includes icons for mute, hand raise, chat, and a document icon, along with an 'Exit' button at the bottom.

5

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The graphic features a white background with a decorative pattern of blue and green lines and dots. On the right, there are three overlapping photos: a group of people in a meeting, a group of people in a classroom or lecture hall, and a large group of people in a field. The ACG Institute logo is positioned on the right side, featuring a stylized 'A' and the text 'ACG INSTITUTE FOR CLINICAL RESEARCH AND EDUCATION'.

6

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Week 24 – Thursday, June 15, 2023

Fatty Liver Disease

Faculty: Robert J. Wong, MD, MS, FACG; Mary E. Rinella, MD, FACP; Joseph K. Lim, MD, FACP
At Noon and 8pm Eastern



Week 25 – Thursday, June 22, 2023

Cystic Neoplasms of the Pancreas

Faculty: V. Raman Muthusamy, MD, MAS, FACP; Anne Marie Lennon, MD, PhD, MBBCh, FACP; and John M. DeWitt, MD, FACP
At Noon and 8pm Eastern

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7

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	<p>Sophie M. Balzora, MD, FACC <i>AbbVie : Consultant</i> <i>CME Outfitters : Consultant</i> <i>Ironwood Pharmaceuticals: Advisory Board</i> <i>Janssen: Advisory Board</i> <i>Pfizer: Advisory Board, Consultant</i></p>		<p>Cassandra D. Fritz, MD <i>Dr. Fritz has no relevant financial relationships with ineligible companies.</i></p>
	<p>Sonali Paul, MD, MS <i>Genfit: Grant/Research Support (Terminated, January 1, 2021)</i> <i>Intercept Pharmaceuticals: Grant/Research Support</i> <i>Target PharmaSolutions: Grant/Research Support</i></p>		<p>Lauren D. Nephew, MD <i>Dr. Nephew has no relevant financial relationships with ineligible companies.</i></p>

*All of the relevant financial relationships listed for these individuals have been mitigated

10

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Comprehensive Care of Common GI Conditions for LGBTQI+ Communities



Sonali Paul MD MS
Assistant Professor of Medicine
Center for Liver Diseases
University of Chicago Medicine
 @spauliver



11

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Objectives

- Define sexual orientation, gender identity, and common terminology
- Identify common GI presentations in LGBTQI+ populations
- Discuss ways to move “beyond the binary” and create safe spaces

12

Sexual Orientation

"...person's emotional and/or physical attraction to people of the same gender and/or a different gender or both."

- Lesbian or Gay
- Bisexual
- Straight (not lesbian / gay)
- Asexual
- Something Else

"sexual preference" and "homosexuality" are outdated; should not be used

Makadon HJ, Potter KH, Mayer KH, & Gold hammer N. 2015.

13

LGBTQI+

Lesbian	A woman who is emotionally, romantically, or sexually attracted to other women.
Gay	A person who is emotionally, romantically, or sexually attracted to members of the same gender. Although usually associated with men, some women and nonbinary people may identify as gay.
Bisexual	A person emotionally, romantically, or sexually attracted to more than one sex, gender, or gender identity.
Transgender	An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. It does not specify a specific sexual orientation, and they may identify as straight, gay, lesbian, bisexual, etc.
Queer	Although previously used as a slur, queer has been reclaimed by the LGBTQI+ community. Queer can be used to express a spectrum of identities and orientations including nonbinary people and those with gender-expansive identities.
Intersex	People born with differences in their biological sex traits including chromosomes, reproductive anatomy, and hormone production.
Plus (+)	Other sexual identities not listed, including but not limited to asexual, nonbinary, gender fluid, and pansexual.

Paul S. AJG. 2021.

14

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Gender Identity

GLSEN GENDER TERMINOLOGY

SEX ASSIGNED AT BIRTH
WHAT THE MEDICAL COMMUNITY LABELS YOU

GENDER IDENTITY
HOW YOU IDENTIFY (SEE YOURSELF)

GENDER ATTRIBUTION
HOW YOUR GENDER IS PERCEIVED BY OTHERS

GENDER EXPRESSION
HOW YOU WANT TO DISPLAY YOUR GENDER

<https://www.glsen.org/activity/gender-terminology>

Cisgender

- Sex assigned at birth corresponds to gender identity and expression

Transgender

- Umbrella term
- Gender identity does not match assigned birth gender
- Does not imply any specific sexual orientation

Non-Binary

- Does not identify exclusive as male or female
- Umbrella term for different identities that fall outside of gender binary

15

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LGBTQI+

Americans' Self-Identification as Lesbian, Gay, Bisexual, Transgender or Something Other Than Heterosexual

Which of the following do you consider yourself to be? You can select as many as apply. Straight or heterosexual: Lesbian, Gay, Bisexual, Transgender

Year	% Identify as LGBT
2012	3.5
2013	3.6
2014	3.7
2015	3.9
2016	4.1
2017	4.5
2018	
2019	
2020	5.6
2021	7.1

Among LGBT U.S. adults

Category	%
Lesbian	13.9
Gay	20.7
Bisexual	56.8
Transgender	10.0
Other (e.g., queer, same-gender-loving)	4.3

Percentages total more than 100% because respondents may choose more than one category.

Trend in LGBT Identification by Generations of U.S. Adults, 2012, 2017 and 2021

Year	Gen Z	Millennials	Gen X	Baby boomers	Traditionalists
2012	3.5	5.5	3.0	2.5	1.5
2017	4.5	7.8	3.5	2.5	1.5
2021	7.1	10.5	4.2	2.6	0.8

Generation Z (born 1997-2003)

Millennials (born 1981-1996)

Generation X (born 1965-1980)

Baby boomers (born 1946-1964)

Traditionalists (born before 1946)

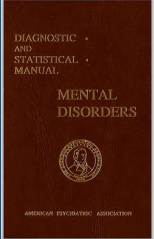


Gallup 2021. <https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx>

16

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Discrimination in Medicine

- 1952 DSM – “homosexuality” is a mental disorder (Removed 1973)
- 1983 FDA – Blood Ban MSM; Revised 2020 (3 months celibacy) Removed **May 2023 (40 yrs)**; individualized risk
- Men who have sex with men donating organs are considered “high risk” organs
- Men who have sex with men cannot donate tissue, unless celibate 5 years

17

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Anti-Transgender Legislation in 2023

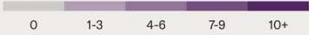
2023 LEGISLATIVE SESSION

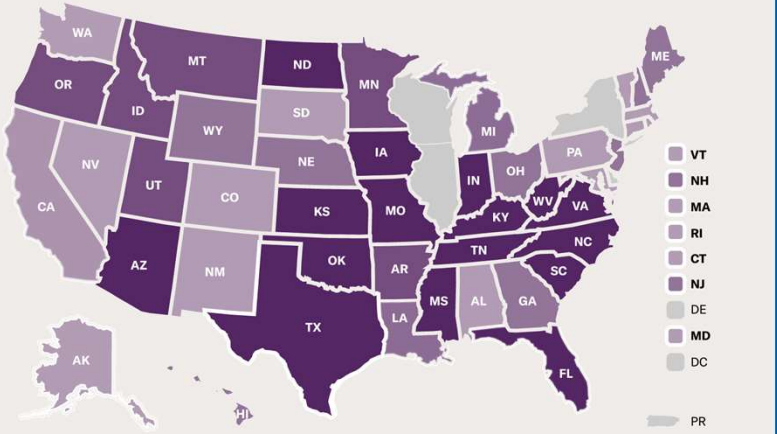
The ACLU is tracking 474 anti-LGBTQ bills in the U.S.

Choose a state on the map to show the different bills targeting LGBTQ rights and take action. While not all of these bills will become law, they all cause harm for LGBTQ people.

[View past legislative sessions.](#)

Bills per state





Bathroom Bans

Restricting gender affirming therapy

Don't Say Gay

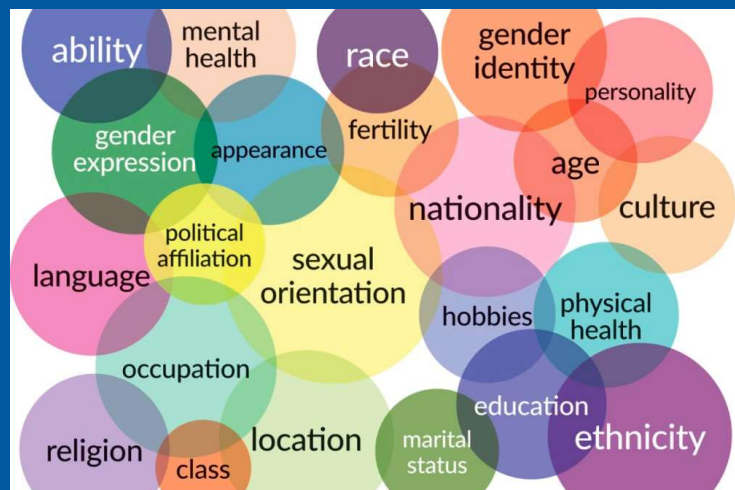
18

Digestive Health Related Issues

19

Minority Stress Model & Intersectionality

- **Minority Stress Model**
 - Stress related to identity
 - Influences health behaviors (alcohol, smoking)
- **Overlapping / intersecting social identities**
- **Contributes to oppression, domination, discrimination**
- **Compounds health disparities**



Healthy People 2020. Disparities.
<https://researchguides.library.syr.edu/fysto1/intersectionality>

20

Challenges in Identifying LGBTQI+ Health Disparities

- Consistent lack of data collection on sexual orientation and gender identity
 - Public records to identify community members non-existent
- Traditional research methods, measures, study designs may not be applicable
- Difficult to recruit LGBTQI+ patients due to stigma / fear of discrimination
 - Crime in parts of the world; societal fears in U.S.
- Fluid & Changing terminology; difficult to operationalize
- Small, non-representative studies
- Lack of grants and research awards

21

Digestive Diseases & LGBTQI+ Populations

- **Alcohol & Smoking**
- **Trauma (emotional, physical, sexual)**
 - Implications for physical exam and provider/patient relationship
- **Eating Disorders and Anorexia**
- **Obesity & NAFLD**
- **IBD & Sexually Transmitted GI syndromes can be similar (symptoms/histopathology)**
- **? Disordered gut-brain interactions (mental health, stress, → IBS, functional dyspepsia)**
- **Anal & Colorectal Cancers**

Velez C, Casimiro J, Pitts R, Streed C, Paul S. AJG. 2022.

22



Anal Cancer

- **Increased among MSM**
- **Meta-analysis of HPV and neoplasm among MSM**
 - 9x higher incidence among HIV positive MSM than HIV negative MSM (still higher than general population)
- **HPV vaccine decreases risk**
 - Insufficient provider knowledge of HPV cancers and vaccine as primary prevention
- **Lack of uniform screening protocols**

Velez C, Casimiro I, Pitts R, Streed C, Paul S. AJG. 2022.

23



Sexually Transmitted GI Syndromes... Sexual History is Important... it's not always IBD

Table 2. Digestive disease considerations in sexual and gender minority communities

Sexually transmitted GI syndromes			
	Causative organism	Symptoms	Management
Proctitis	HSV and organisms causing gonorrhea, chlamydia, and syphilis	Anorectal pain, rectal discharge, and tenesmus	<ul style="list-style-type: none"> • Comprehensive sexual history • Anatomical inventory
Proctocolitis	<i>Campylobacter</i> spp., <i>Entamoeba histolytica</i> , <i>Shigella</i> spp., organisms causing chlamydia and syphilis; CMV; and other opportunistic infections in immunocompromised individuals	Similar to proctitis	<ul style="list-style-type: none"> • Differentiate between IBD • Consider infectious and noninfectious etiologies
Enteritis	<i>Giardia lamblia</i> , <i>Shigella</i> spp., <i>Salmonella</i> spp., <i>Escherichia coli</i> , <i>Campylobacter</i> spp., and <i>Cryptosporidium</i> spp.	Abdominal pain, diarrhea	<ul style="list-style-type: none"> • Anoscopy with Gram stain; +/- colonoscopy

Velez C, Casimiro I, Pitts R, Streed C, Paul S. AJG. 2022.

24

Digestive Health Related Research Needs in SGM Populations

Transgender & Gender Diverse Populations

Effect of gender affirming hormone / surgical therapy on all GI disease courses / treatments

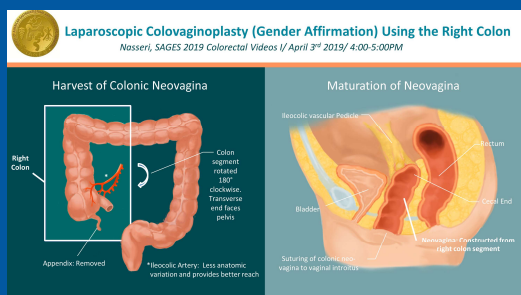
- IBD course
- NAFLD
- Hepatic adenomas
- Thromboembolism & IBD
- Stress & disordered gut brain interactions / IBS
- Post transplant course (drug-drug interactions, surgical complications)
- Colon cancer screening of neovagina

Velez C, Casimiro I, Pitts R, Streed C, Paul S. AJG. 2022.

25

Transgender and Gender Non-Binary Patients

- **Neovagina Care after Intestinal Vaginoplasty (not as routinely done now)**
 - Intestinal segments from the small or large bowel for creation of a neovagina
 - Post-operative complications: SBO, peritonitis, rectovaginal fistulas, stenosis, prolapse
 - ? Increased risk of IBD
 - ? Incidence of colorectal cancer and screening



Velez C, Casimiro I, Pitts R, Streed C, Paul S. AJG. 2022.

26



Management of GI Complications in Intestinal Neovaginas

Signs/symptoms	Etiology	Work up	Management
Drainage/foul odor	Fistula (rectovaginal, vesicovaginal, urethrovaginal, ureterovaginal)	MRI, barium enema, CT with rectal contrast, vaginoscopy	Low-residue diet; surgery
Bloody/vaginal discharge, GI symptoms (abdominal pain)	Inflammatory bowel disease (ulcerative colitis, Crohn's disease)	Endoscopy with biopsy	Steroid enemas, mesalazine; sulfasalazine; azathioprine; biologics; cyclosporine; surgery
Asymptomatic; vaginal discharge/bleeding	Diversion colitis	Endoscopy with biopsy	Irrigation with short-chain fatty acids
Spotting/post-coital staining	Benign neoplasms/intestinal polyps	Endoscopy with biopsy	Polypectomy surveillance
Bleeding; urinary retention; rectovaginal fistula	Carcinoma (adenocarcinoma, carcinoma <i>in situ</i> ; HPV)	Endoscopy with wide local excision Cytology/HPV testing	Surgery/RT +/- adjuvant chemo
Bloody/vaginal discharge	Infection	Neovaginal swabs (STI PCR, consider human immunodeficiency virus)	Antibiotics, azole
Fever, abdominal pain, vaginal discharge	Diverticuli/Diverticulitis	Labs/CT imaging	Management based on severity
Abdominal pain; free air under diaphragm	Neovaginal bowel perforation (trauma); peritonitis	Imaging/labs	Supportive care; Surgery
Prolapse	Post-operative structural compromise	Physical examination, defecography	Surgery; Mesh
Excessive drainage	Idiopathic discharge	Exclude other causes	Vaginal irrigation

CT, computed tomography; GI, gastrointestinal; HPV, human papillomavirus; HSV, herpes simplex virus; MRI, magnetic resonance imaging; PCR, polymerase chain reaction; POCS, polycystic ovary syndrome; STI, sexually transmitted infection.

Velez C, Casimiro I, Pitts R, Streed C, Paul S. AJG. 2022.

27



MELD 3.0

- **Model for End-Stage Liver Disease (MELD)**
 - Reliable indicator of short-term survival in patients with end-stage liver disease
 - Determine organ allocation priorities for liver transplantation in the United States
 - Current version MELD-Na: INR, serum bilirubin, creatinine, sodium (Score 6 – 40)
 - Growing concern that women are disadvantaged
 - Serum creatinine overestimates renal function in women; underestimates risk of mortality
- **MELD 3.0 now includes female sex**
 - Addresses the existing sex disparity on liver transplant list
- **Transgender patients that have transitioned?**
 - Testosterone increases muscle mass
 - Which sex should be used?

28

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Moving Beyond the Binary

29

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Creating LGBTQI+ Supportive Spaces in Healthcare

- **Address Implicit Bias**
- **Increase education across the medical continuum**
- **Collect SOGI Data, everywhere (clinic, research)**
- **Annual provider / staff trainings (dynamic)**
- **Move beyond the binary ... Use Gender Neutral Language on Intake Forms**
 - Patient (not he/she)
 - Partner or spouse (not husband / wife)
 - Parent or Guardian (not mother / father)
 - You (i.e. how may I help you; not sir / ma'am)



30

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Creating LGBTQI+ Supportive Spaces in Healthcare

- **Teams with diverse backgrounds**
- **Create Inclusive Spaces**
- **Gender-neutral bathrooms**
- **Increased research and grant funding**
- **Acknowledge events that are important to the community**
 - Pride month (June); Transgender Day of Remembrance (Nov 20)




31

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Ask Questions ... Yes, it can be awkward ... Practice

- **Ask about pronouns**

... I want to be respectful and make sure I'm using the right language; may I ask what your pronouns are?
- **Ask about anatomical inventories**

... I see you identify as a trans woman who has undergone gender affirming surgery. Can you describe this - some types of surgery involve parts of the GI tract and I would like to understand better if I need to consider other aspects of your health...
- **Take a sexual history**

... If it is ok to ask, I would like to ask a few questions about your sexual health. I'd like to see if there are any things we should discuss related to sex that may impact your GI health ...
- **Ask about trauma**

... Because abuse and violence are common and can affect a person's health, I make a point to ask patients if they have ever had these experiences ...

32

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Pronouns in Email, Zoom, Social Media

- Pronouns in your email signature**
 Sonali Paul, MD MS
 (Pronouns: She/Her/Hers)
 Assistant Professor of Medicine
 The University of Chicago Medicine
 Center for Liver Diseases
- Beyond trans, non-binary equality**
- Normalizes discussions around gender**
 - No assumptions, no misgendering
 - Demonstrates inclusivity
 - Creates a safe space

she / her / hers
 Meet Andre: She is a dog owner. The dog loves playing catch with her.
 The dog is hers.

he / him / his
 Meet Pat: He is a student. Schoolwork is interesting to him.
 Math is a favorite subject of his.

	they*	them*	their*	as it looks
Gender	ze	hir	hirs	zhee, here, heres
Neutral	ze	zir	zirs	zhee, zhere, zheres

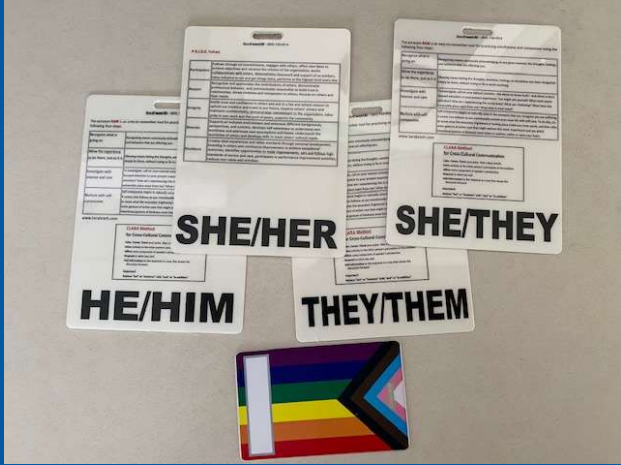
(These are the most common; many others and combinations)

Never Assume ... Always Ask

33

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Pronoun Badges



Sonali Paul, MD MS (she/her)
@spauliver

Thank you @blackingastro for these pronoun pins! Such small acts speak volumes, create safety, and mean so much for so many #lgbtq folks. 🇺🇸🌈


Rainbows in Gastro @RainbowinGastro · 2d
 Congratulations to @blackingastro on your summit today! We love these pins!
 #ABGHSummit23 #DEI



34

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Be An Ally!



Wear a pin! ... you have no idea who it will help.

35

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Community

Healing

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36

Cultural Humility

“ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person.”

- Different from cultural competence
- Focuses on **self-humility** rather than achieving a state of knowledge or awareness
- **We will always make mistakes**
- **Acknowledge and Apologize**

37

Questions?

Spaul@medicine.bsd.uchicago.edu

 [@spaulliver](https://twitter.com/spaulliver)

38

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Summary Recommendations

Table 6. Recommendations for the care of sexual and gender minority communities

<p>Undergraduate and medical education</p> <ul style="list-style-type: none"> • Faculty development in SGM health • Creation of SGM curriculum and appropriate evaluation strategies • Increased exposure to SGM populations in established clinical experiences (i.e., standardized patients and specific health clinics) • Continued promotion of cultural competency and humility
<p>Provider perspective</p> <ul style="list-style-type: none"> • Collect SOGI data • Ask about pronouns, display own • Maintain anatomical inventory (record of organs an individual patient has) • Respectfully obtain comprehensive sexual history (Table 5) • Assess and understand own implicit bias • Use of inclusive and nongender language • Being aware of possible previous trauma (and completing only essential parts of the physical examination)
<p>Institutional</p> <ul style="list-style-type: none"> • Address institutional implicit biases • Collaborate with SGM communities • Annual provider and staff education around SOGI terminology • Inclusion of SGM health in research priorities • Creating inclusive spaces <ul style="list-style-type: none"> • Nongendered language in intake forms • Gender neutral bathrooms • Representative SGM imagery and Signs (Progress pride flag https://progress.gay/; Human Rights Campaign Equality sign https://www.hrc.org/about/logo) • Display nondiscrimination policies that include SOGI • Inclusive employee insurance policies that cover partners, gender-affirming therapies, and reproductive technologies • Inclusive and expansive visitation rights for patients • Recognize important days for SGM populations (Pride Month, Transgender Day of Visibility, and Transgender Day of Remembrance) <p><small>SGM, sexual and gender minority; SOGI, sexual orientation or gender identity.</small></p>

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39

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EPIC Smart Form

Organ Inventory → **Anatomical Inventory**

Organ Inventory	Anatomical Inventory	Anatomical Inventory	Anatomical Inventory
Organ Inventory	Organ Inventory	Organ Inventory	Organ Inventory
<input type="checkbox"/> Organs the patient currently has:	<input type="checkbox"/> Organs present at birth or expected at birth to develop:	<input type="checkbox"/> Organs surgically enhanced or constructed:	<input type="checkbox"/> Organs hormonally enhanced or developed:
+ breasts —	+ breasts —	+ breasts —	+ breasts —
+ cervix —	+ cervix —	+ vagina —	
+ ovaries —	+ ovaries —	+ penis —	
+ uterus —	+ uterus —		
+ vagina —	+ vagina —		
+ penis —	+ penis —		
+ prostate —	+ prostate —		
+ testes —	+ testes —		

40

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Research Needs Are Vast

Table 4. GI and hepatology-related research needs in sexual and gender minority populations

All SGM populations; risk of the following

- Disordered gut–brain interactions
- Irritable bowel syndrome (increased stress, mental illness)
- Pelvic floor dysfunction
- Alcohol-related liver disease/cirrhosis in SGM populations
- Risk of NAFLD in lesbian/bisexual women (given increased obesity)
- Engagement in anal intercourse in those with GI illness (for example, in setting of anal fissures, hemorrhoids, fecal incontinence, IBS, IBD flare, or ileal pouch anastomosis)
- Cancer screening rates and barriers

Specific to transgender and gender-diverse populations

Effect of gender-affirming hormone and surgical therapy on all GI disease courses and treatments; for example:

- Colon cancer screening of neovagina
- Gender-affirming surgical therapy on IBD course
- Gender-affirming hormone therapy on NAFLD, hepatic adenomas
- Gender-affirming therapy and risk of thromboembolism in IBD


GI, gastrointestinal; IBD, inflammatory bowel disorder; IBS, inflammatory bowel syndrome; NAFLD, nonalcoholic fatty liver disease; SGM, sexual and gender minority.

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41

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Allyship for URM's in GI: Challenges and Solutions to Satisfy an Unmet Need



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 Washington University in St. Louis
 Diversity, Equity, and Inclusion Director, Internal
 Medicine Residency Program

June 8, 2023

42

Disclosures

No financial disclosures

Many groups within medicine would benefit from allyship. My focus today is on Black Physicians in Gastroenterology.



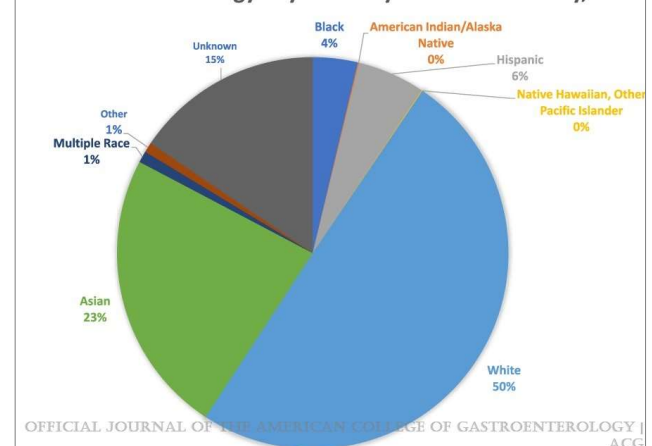
Photo Credit: Lean IN

43

Diversity in GI: Room for Improvement

- Diversity in academic medicine is lacking
 - <1% of Faculty at the Professor level identify as Black¹
- Of all practicing faculty, only 5% identify as Black²
- Only 4% of practicing gastroenterologists identify as Black^{2,3}

Active Gastroenterology Physicians by Race and Ethnicity, 2018

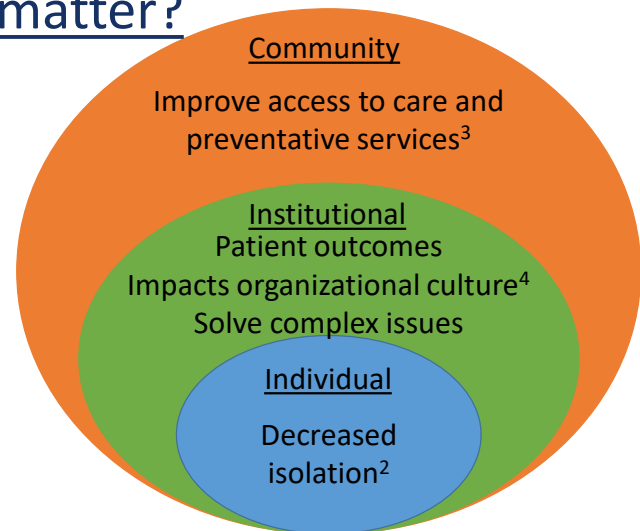


1. Bennett CL, et al. JAMA. 2021
2. AAMC. Diversity in Medicine Facts and Figures. 2019
3. Anyane-Yeboah A, et al. AJG. 2020

44

Why does diversity in GI matter?

- Micro/macroaggressions within the health care system are prevalent
- Micro/macroaggressions negatively impact mental health, well being, cognitive load, and productivity^{1,2}

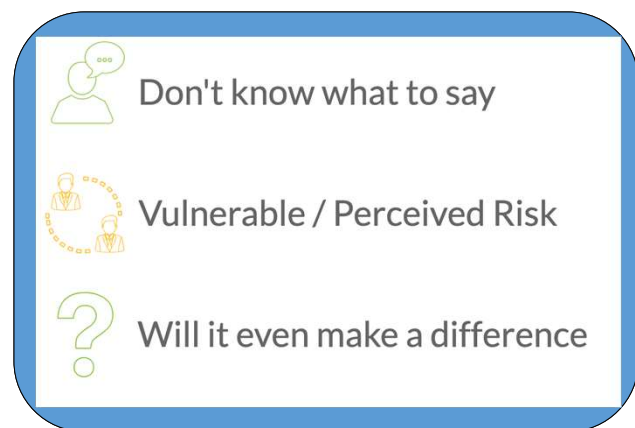


1. Peek et al. Academic Medicine. 2020
2. Ackerman-Barger K, et al. Academic Medicine. 2020
3. Marrast LM, et al. JAMA IM. 2014
4. Beagan B. Can J Nurs. 2022

45

Why don't people intervene?

- **Macroaggression** – overt verbal or physical assaults
- **Microassault** - more often conscious, are explicit verbal or nonverbal attack meant to hurt the intended victim
- **Microinsult** - often unconscious, are characterized by behavioral/verbal remarks or comments that convey rudeness and insensitivity and demean a person's heritage or identity
- **Microinvalidation** - also often unconscious, are verbal comments or behavior that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of the targeted person



1. Sue, DW. Amer Psych. 2007
2. Blackstock, U. Simple Strategies for Microaggressions. 2020

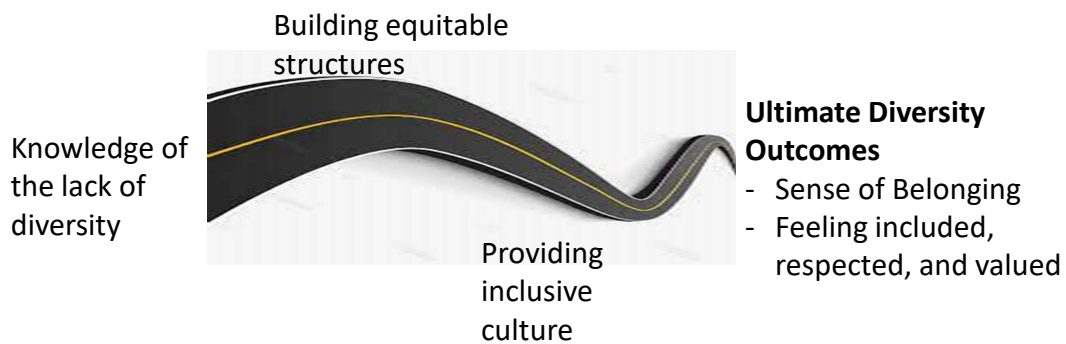
46

The Path to Improving Diversity and Inclusion in GI



47

The Path to Improving Diversity and Inclusion in GI



48

ALLYSHIP (noun)

An active and consistent effort to use your privilege and power to support and advocate for people with less privilege.



- Being a marginalized person takes no action- it is an identity
- Acting as an ally is about action – it is NOT an identity
- You may switch between being marginalized and acting as an ally

49

Ally Actions

The Sponsor	Share colleagues' career goals with decision makers
The Amplifier	When someone proposes a good idea, repeat it, and give them credit; allows for a wide range of voices to be heard
The Champion	Sends powerful message by voluntarily deferring to URiM colleagues in meetings or for panels
The Advocate	Offer to introduce a colleague with less workplace privilege to highly exclusive circles
The Scholar	Learn about other colleagues' experiences through conversations, publication, podcasts, etc.
The Confidant	Believe others' experiences. Actively listens and believes their colleague
The Upstander	Speaking up in the moment when you witness degrading or offensive speech/behavior



Catlin K. Better Allies. 2021

50

Inclusive Environments: What are the Unmet Needs?

- Defining actions to building inclusive academic environment is critical
- Unmet needs within the field of GI to build inclusive environments
- Study Aim: To determine if the ally skills non-Black gastroenterologist report using are the same ally skills that Black gastroenterologist find useful in building an inclusive climate in GI

51

Methods

- An electronic survey was distributed to U.S.-based gastroenterologists and GI fellows
- Convenience sample via national GI society's list serves
 - American College of Gastroenterology
 - American Gastroenterology Association
 - Association of Black Gastroenterologist and Hepatologists
- Distributed 3/30/2022 to 8/30/2022
- Demographic information was obtained first, and further questions were provided based on self-identified racial demographics

52

Methods

- Non-Black gastroenterologists
 - 3 questions
- Black (including multi-racial Black) gastroenterologist
 - 10 questions
- Survey tool consisted of Likert scale, multiple choice, and open-ended questions

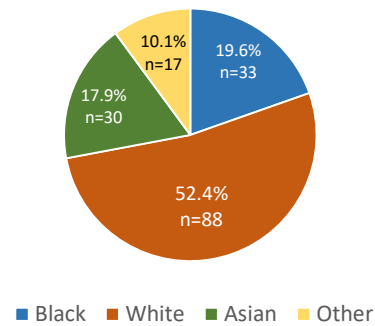
53

Results (N=168)

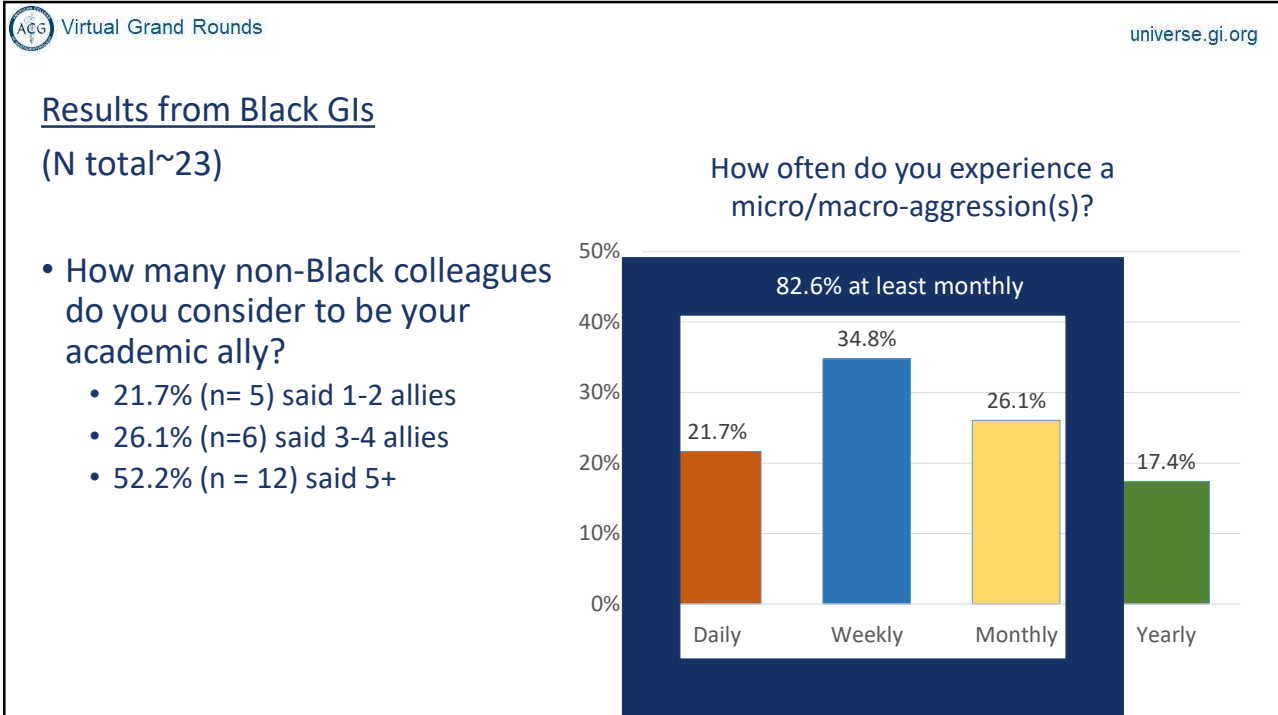
Demographics	N (%)
Region of practice	
Northeast	61 (36.3%)
South	38 (22.6%)
Midwest	40 (23.8%)
West	29 (17.3%)
Practice Type	
Academics	105 (62.5%)
Community/hospital-owned	19 (11.3%)
Private Practice	44 (26.2%)
Years out of training	
Still training	36 (21.4%)
0-5 years	23 (13.7%)
6-10 years	24 (14.3%)
11-15 years	22 (13.1%)
16+ years	63 (37.5%)

Sex	
Male	81 (48.2%)
Female	82 (48.8%)
Non-binary	2 (1.2%)
Latino/a/x	9 (5.5%)

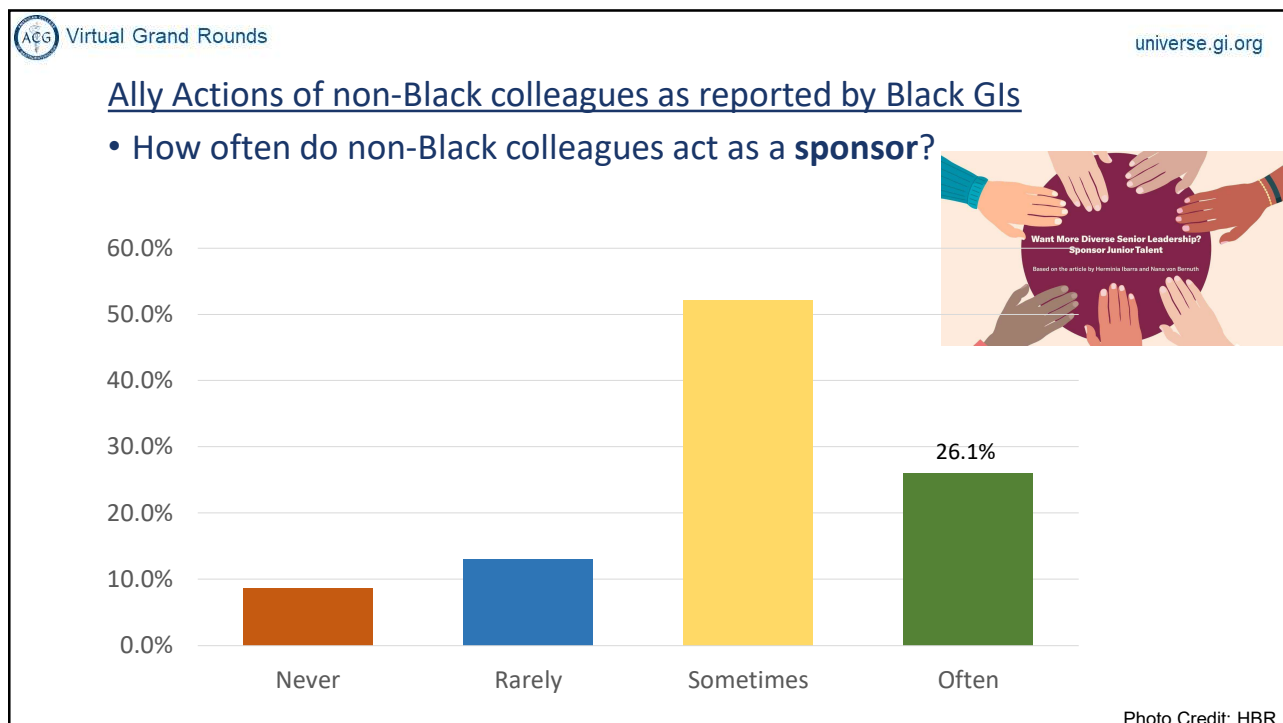
Race



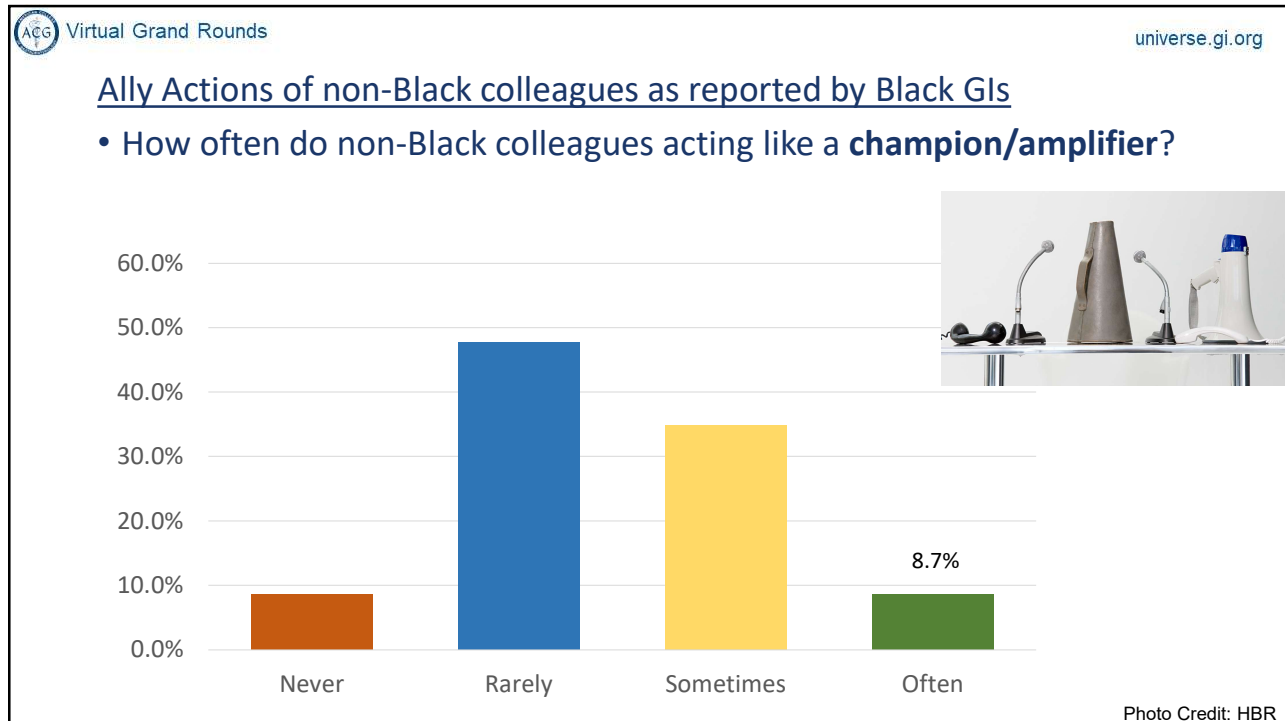
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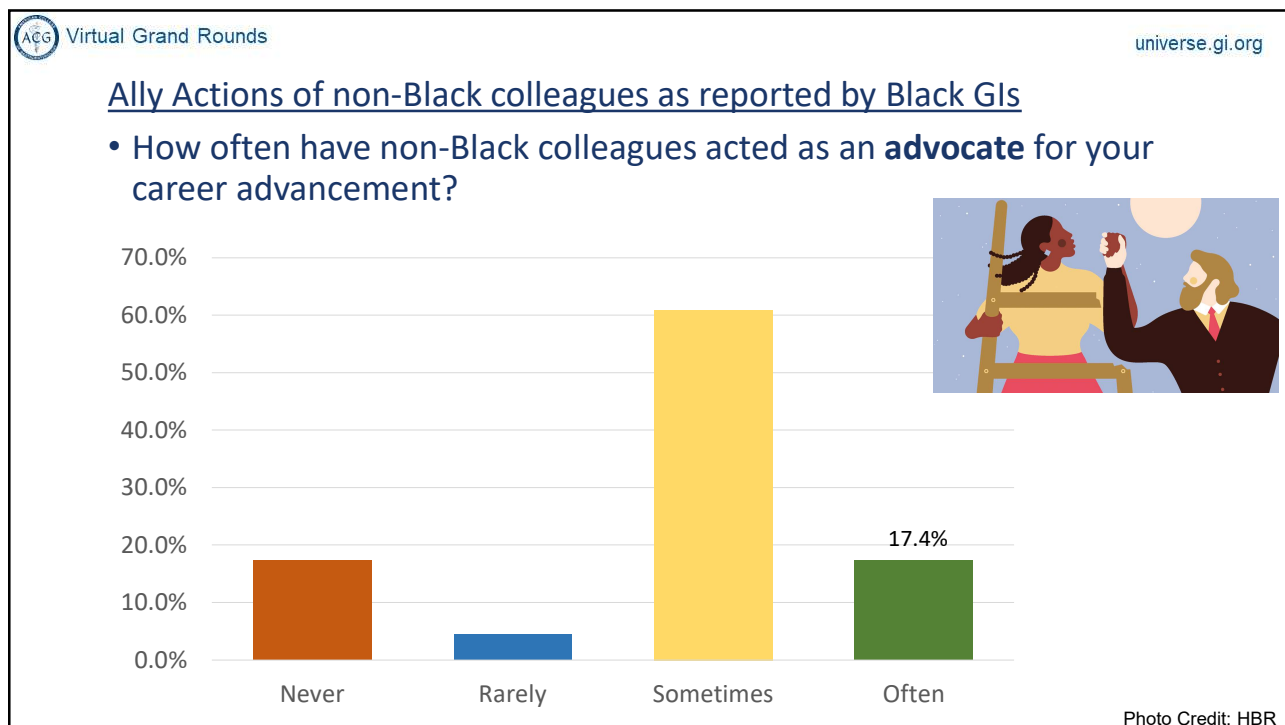
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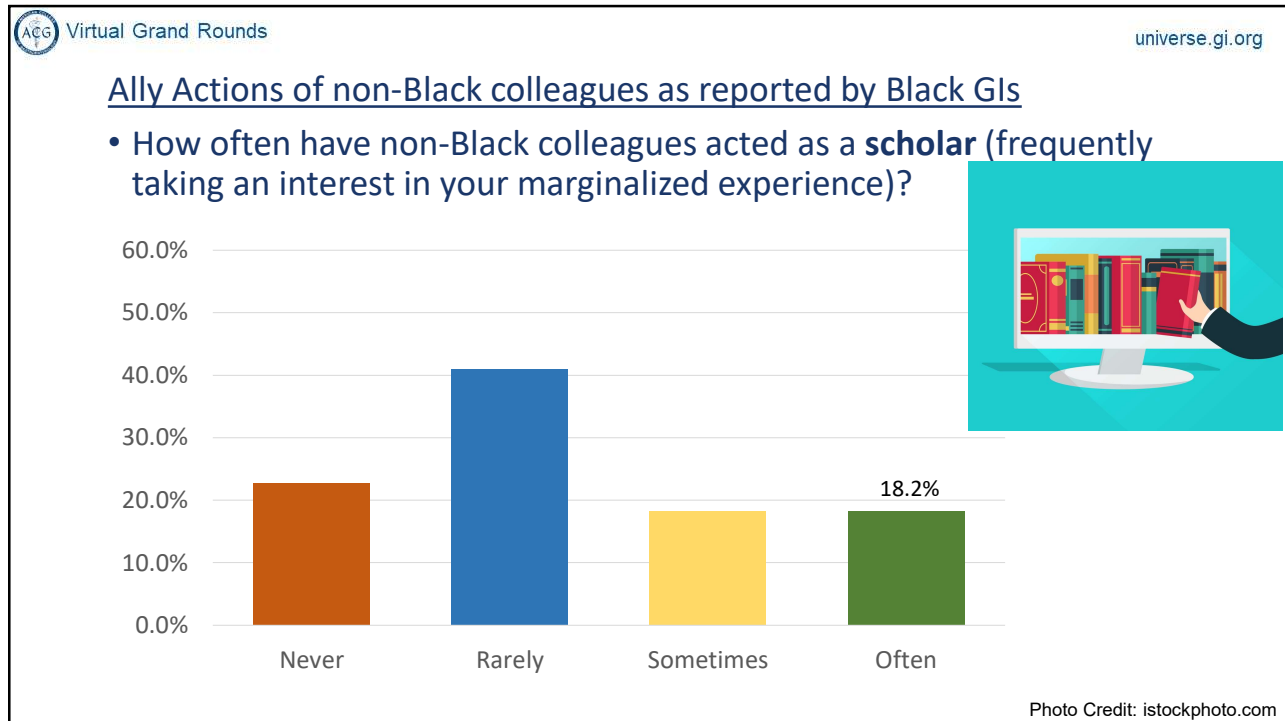
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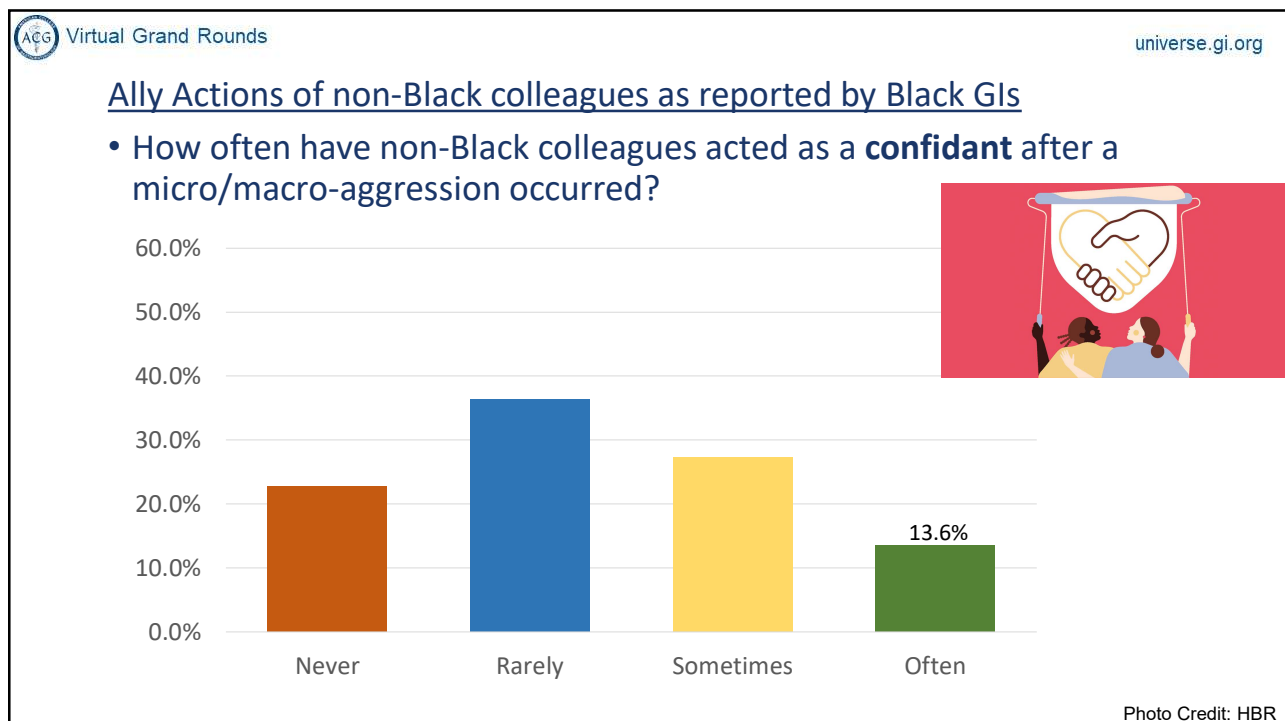
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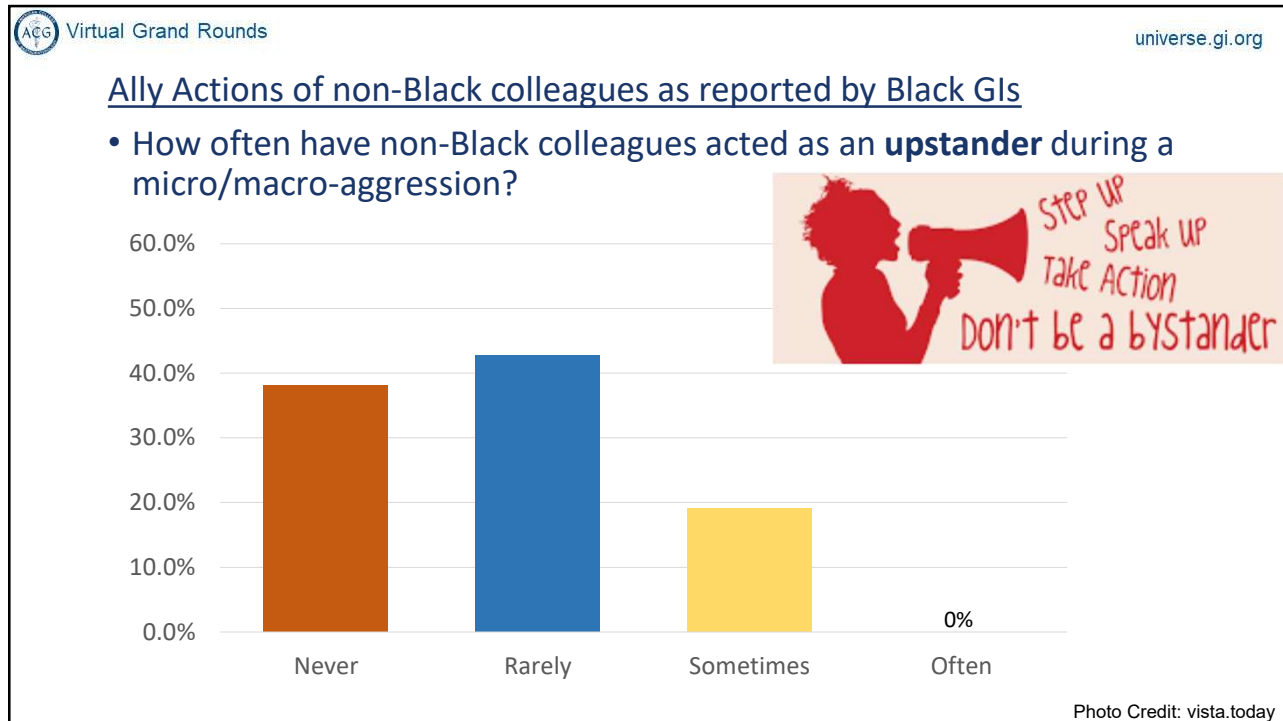
58



59



60



61

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- What are the 3 most important ally actions non-Black colleagues should exercise to **build an inclusive academic environment**
 - Advocate (n =19)
 - Sponsor (n=16)
 - Champion (n=11)
- What ally actions have been **most influential in advancing your career?**
 - Advocate (n=18)
 - Sponsor (n=17)
 - Champion (n=11)
- For people who have left academia
 - 48% reported **lack of academic allies** was either “very influential” or “somewhat influential” in leaving

62

Ally Actions self-reported by non-Black colleagues in GI

- 3 ally actions you use most frequently
 - Confidant (n =54; 20.6%)
 - Advocate (n=53; 20.2%)
 - Amplifier (n=47; 17.9%)

- 15.3% of non-Black colleagues report being an **upstander** during a micro/macro-aggression

- 2 ally actions non-Black colleagues rarely exercise
 - Champion (n =43; 24.7%)
 - Sponsor (n= 38; 21.8%)

63

Ally Actions self-reported by non-Black colleagues in GI

- “I feel confident in my ability to...”
 - **Sponsor marginalized colleagues**
 - 82.5% agree/strongly agree

 - **Act as a champion or amplifier in meeting/group settings**
 - 79.4% agree/strongly agree

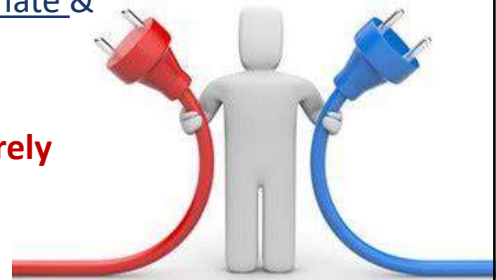
 - **Advocate for a marginalized colleague’s career development**
 - 83.6% agree/strongly agree

ALLYSHIP GAP: INTENT/ABILITY vs. ACTION

64

The Disconnect in Ally Actions

- Black GIs reported **advocate, sponsor, and champion** as the most important for building an inclusive climate & their career advancement
- Black GIs reported that these ally actions are **rarely** “often” exercised by non-Black GIs
- The 2 ally actions **rarely** used as self-reported by non-Black colleagues
 - Sponsor
 - Champion



65

What we can all do differently?

- Understand being an ally is about taking action
- Leverage your workplace privilege
- Advocate for systemic change in policies, hiring, and opportunities



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66

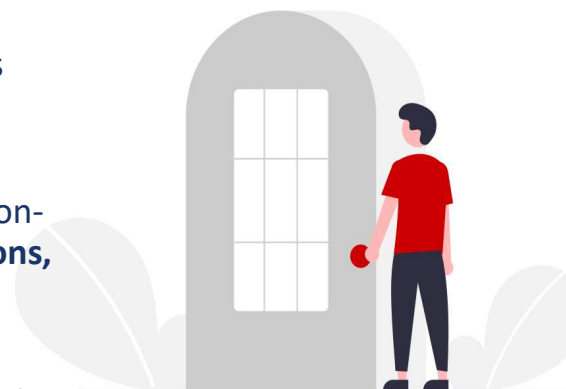
Ally skills: From challenges to solutions

- **Be a Sponsor**
 1. Diversify your network
 2. Share Black colleagues' career goals with decision makers and your network
- **Be an Advocate**
 1. Offer an influential introduction for a colleague with less workplace privilege to a coauthor, collaborator, or network
 2. Cultivate inclusive welcoming events
- **Be a Champion**
 1. Defer to a Black colleague during meetings, rounds, or an opportunity at conferences
 2. Understand the importance of handing out opportunities equitably
 3. If asked to sit on a panel, only accept if diverse voices are included

67

Take Aways

- Creating inclusive academic environments **requires action from everyone**
- Black GI colleagues are looking for their non-Black colleagues to be **Sponsors, Champions, and Advocates.**
- Collective ally actions are an important part of the path to inclusive excellence



“Being a door opener (not a gatekeeper) is one of the most powerful things allies can do”

Belonging in Healthcare. Karen Catlin 2023

68

Thank You

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 cfritzMD

69

Understanding the Impact of The Social Determinants of Health: A Path to Liver Health Equity



Lauren D. Nephew MD, MA, MSCE

Assistant Professor of Medicine, Division of Gastroenterology & Hepatology

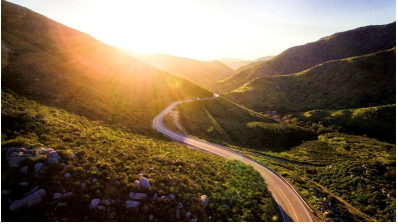
Associate Vice Chair of Health Equity, Department of Medicine

Associate Member, Simon Comprehensive Cancer Center

70

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Objectives



- 1**
Define health equity and health disparities. Review a conceptual model for understanding disparities in liver disease
- 2**
Understand some of the more recent research on social determinants of liver disease
- 3**
Explore an example of an intervention to improve disparities in liver disease

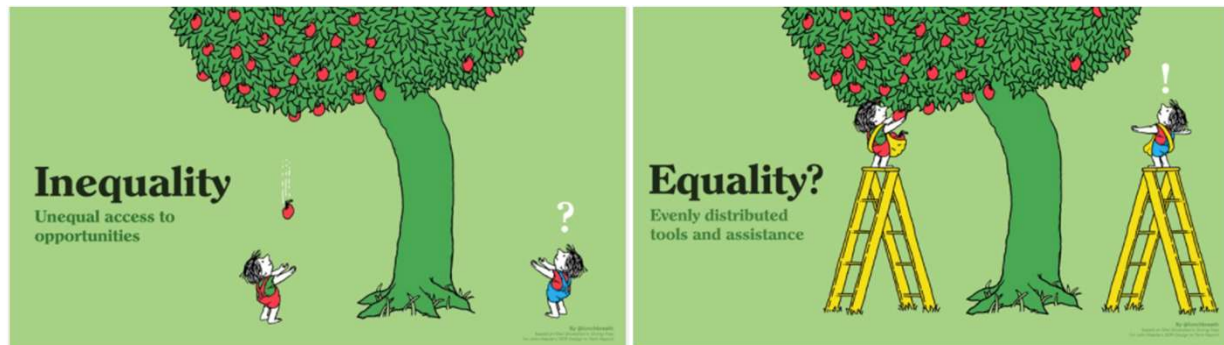
71

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Definitions and Conceptual Framework

72

The Fallacy of Equality

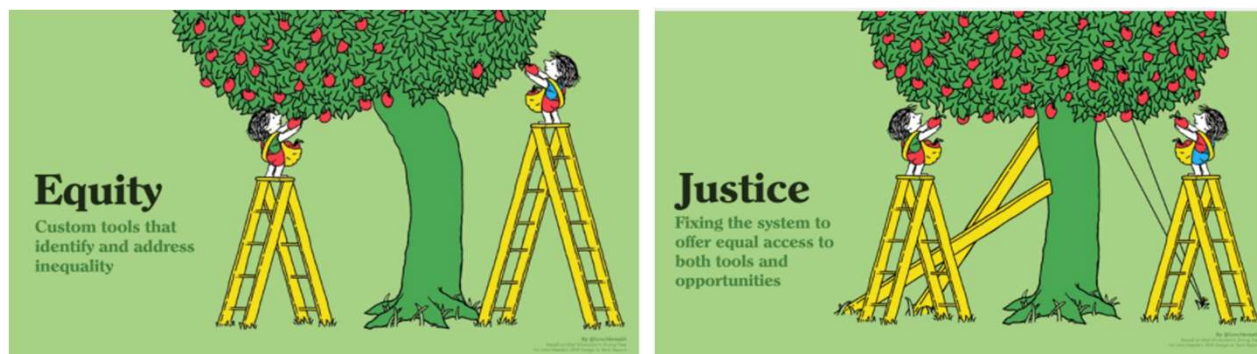


<https://cx.report/2020/06/02/equity/>

73

Achieving Health Equity and Justice

The World Health Organization defines health equity as the **absence of unfair and avoidable or remediable differences in health among social groups.**



<https://cx.report/2020/06/02/equity/>

74

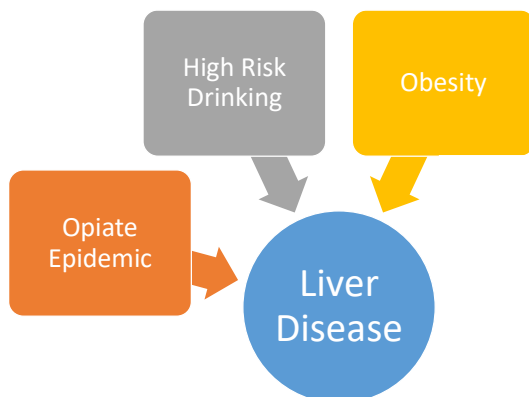
Defining Health Disparities

Who?	Socially disadvantaged groups according to race/ethnicity, religion, SES, gender, sexual orientation....(vulnerable or minoritized populations)
What?	Systematic and plausibly avoidable health differences
How?	Arise from unintentional or intentional discrimination
When?	Disparities are the metric by which we measure health equity and social justice in health

Braveman PA, Kumanyika S, Fielding J, Laveist T, Borrell LN, Manderscheid R, et al. Health disparities and health equity: the issue is justice. American journal of public health. 2011;101 Suppl 1(Suppl 1):S149-55.

75

Why is Liver Disease Worse in Vulnerable Populations?



The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels -WHO

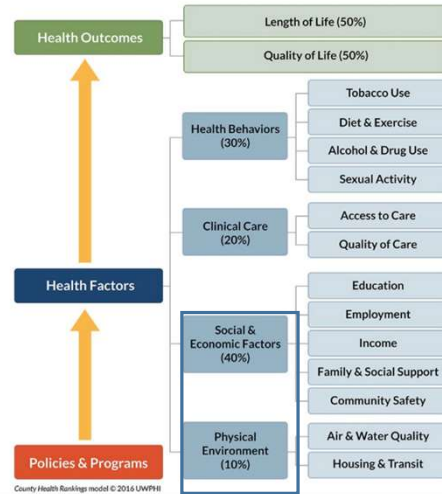
76

SSDOH are Modifiable Factors Affecting Health Outcomes

- 35 measures of health across 45 states, compiled into 4 health factors composite scores
- The relative contribution estimated using hierarchical linear regression

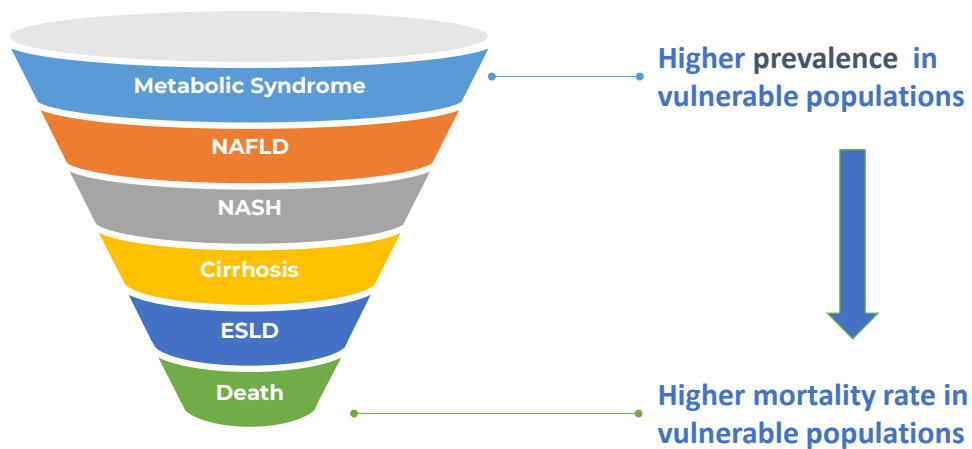
Hood CM, Gennuso KP, Swain GR, Catlin BB. County Health Rankings: Relationships Between Determinant Factors and Health Outcomes. *American Journal of Preventive Medicine*. 2016 Feb;50(2):129-135

Magnan, S. 2017. Social Determinants of Health 101 for Health Care: Five Plus Five. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC.

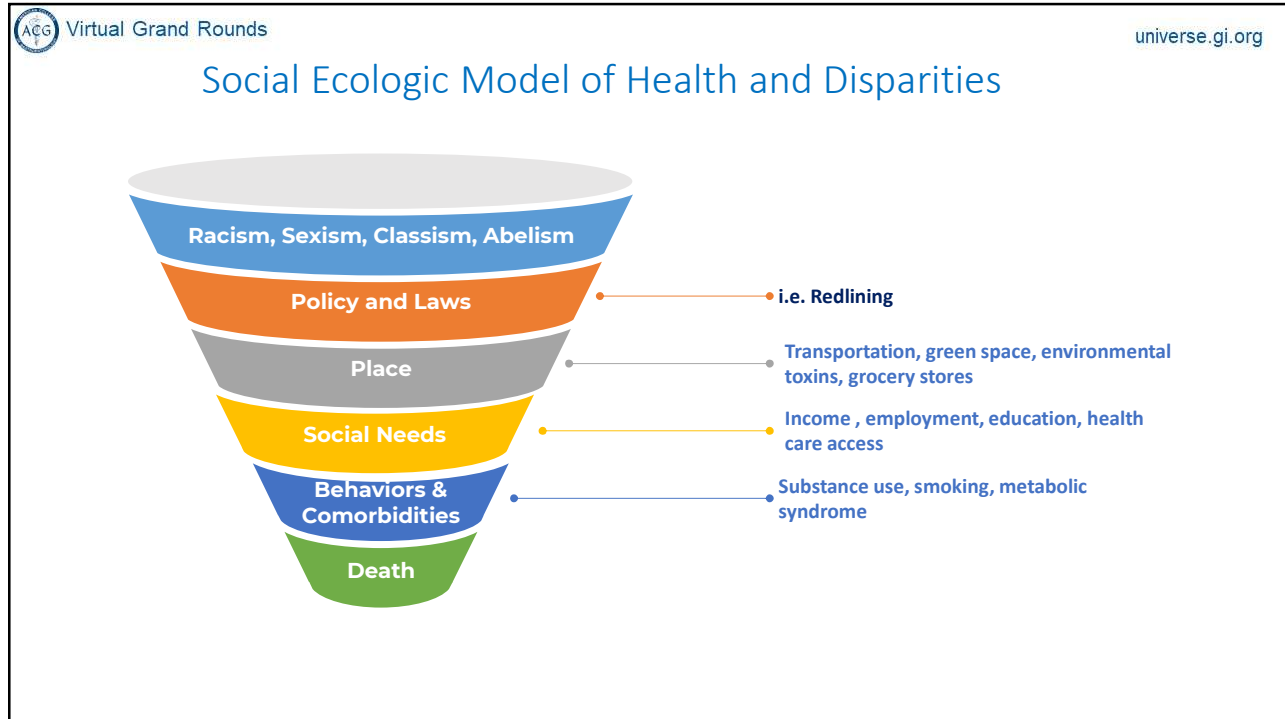


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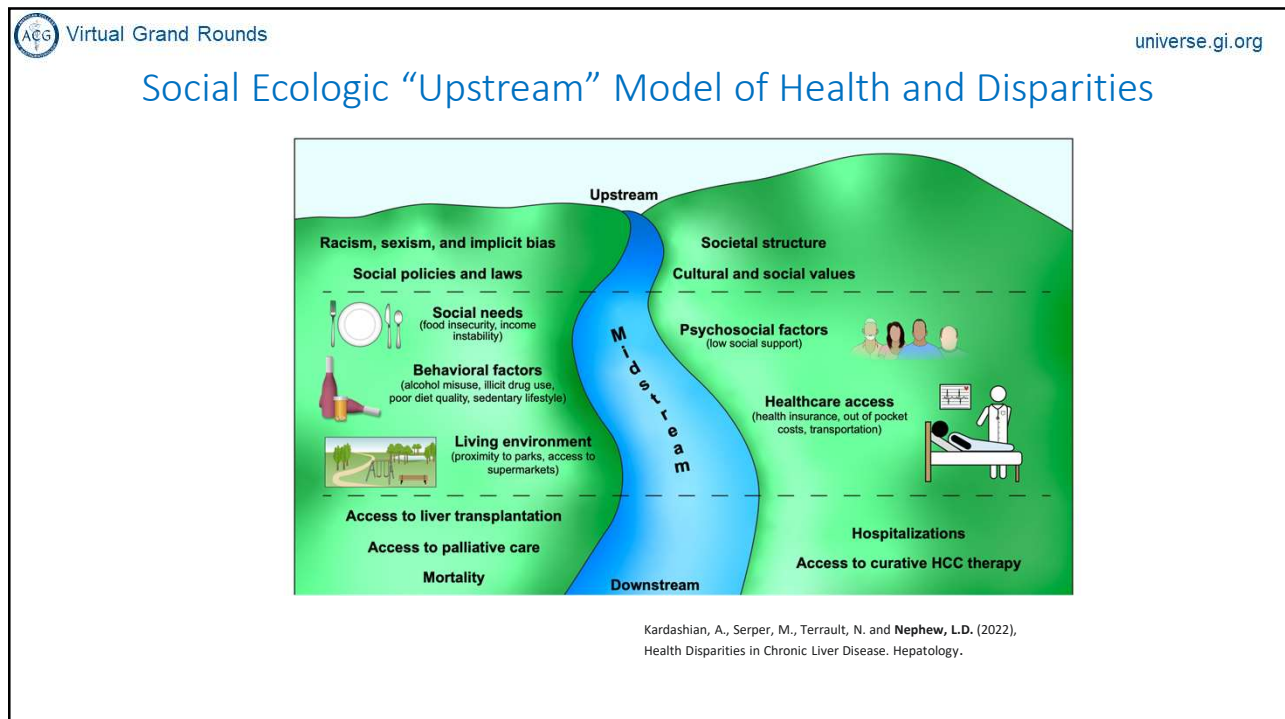
Risk Factor Based Model of Health and Disparities



78



79

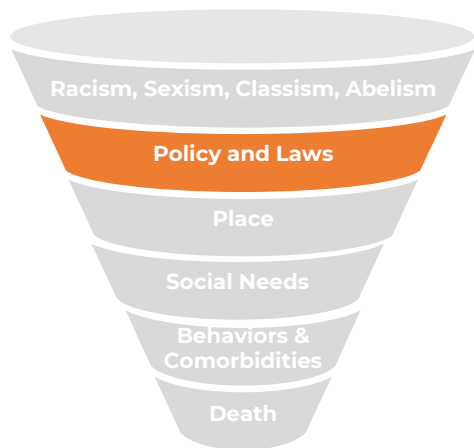


80

Social Determinants of Liver Disease

81

Policies & Laws Determine Liver Health



82

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Retrospective cohort study to examine the association between policy changes and DAA approvals on HCV treatment trends in Indiana, US and identify factors associated with receiving treatment

Indiana University Health Practices:
19 hospitals and 178 outpatient practices

DAA's had limited impact on HCV treatment until Medicaid restrictions were removed. Additional policies may be needed to address HCV treatment-related age and insurance disparities.

Total population (N=10,336):
13.4% Black, 51.8% born after 1965, 44.7% Medicaid recipients

Treatment rates increased over the 4 periods		
Period 1:	2.4 PPM	
Period 2:	9.3 PPM	
Period 3:	32.8 PPM	
Period 4:	72.3 PPM	

Increased odds of HCV treatment		
2.76 (2.45 - 3.11)		
Cirrhosis (yes vs no)		

Decreased odds of HCV treatment		
0.7 (0.49 - 0.99)	0.47 (0.42 - 0.53)	0.47 (0.42 - 0.53)
Age (born after 1965 vs before 1945)	Insurance type (Medicaid vs private)	Ascites and encephalopathy (yes vs no)

Nephew, LD, Wang, Y, Mohamed, K, et al. Removal of medicaid restrictions were associated with increased hepatitis C virus treatment rates, but disparities persist. *J Viral Hepat.* 2022; 29: 366– 374. doi:[10.1111/jvh.13661](https://doi.org/10.1111/jvh.13661)


83

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Place is a Determinant of Liver Health

84

The Social Determinants of Health (SDOH) are Associated with Mortality in Hepatocellular Carcinoma (HCC) and Cholangiocarcinoma (CCA)



Population
N=3,460 HCC
N=781 CCA



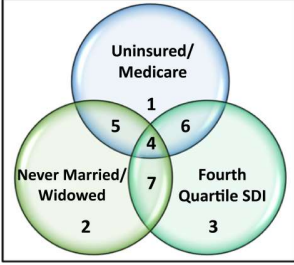
SDOH
Race and Ethnicity
Social Deprivation Index (SDI)
Rurality
Insurance Type
Marital Status

Covariates
Age & cancer stage

Demographics
HCC: median age 64 years, 25% women, 14% Black race
CCA: median age 68 years, 53% women, 6% Black race

Primary Outcome: mortality while controlling for the SDOH & covariates


HCC			CCA
Uninsured HR	Never married HR	4 th Quartile SDI HR	Never married HR
1.64	1.31	1.14	1.34



Cumulative Burden of SDOH on HCC Survival		
Category Comparison	% Alive at end of study period	Log-rank Test p-value
0* vs 4	30% vs 11%	<0.001
3 vs 4	21% vs 11%	0.0026
4 vs 6	11% vs 14%	0.3135

*Individuals without the SDOH included in the Venn diagram are in category 0

Nephew & Gupta, et al. *Hepatol Commun.* 2023.



85



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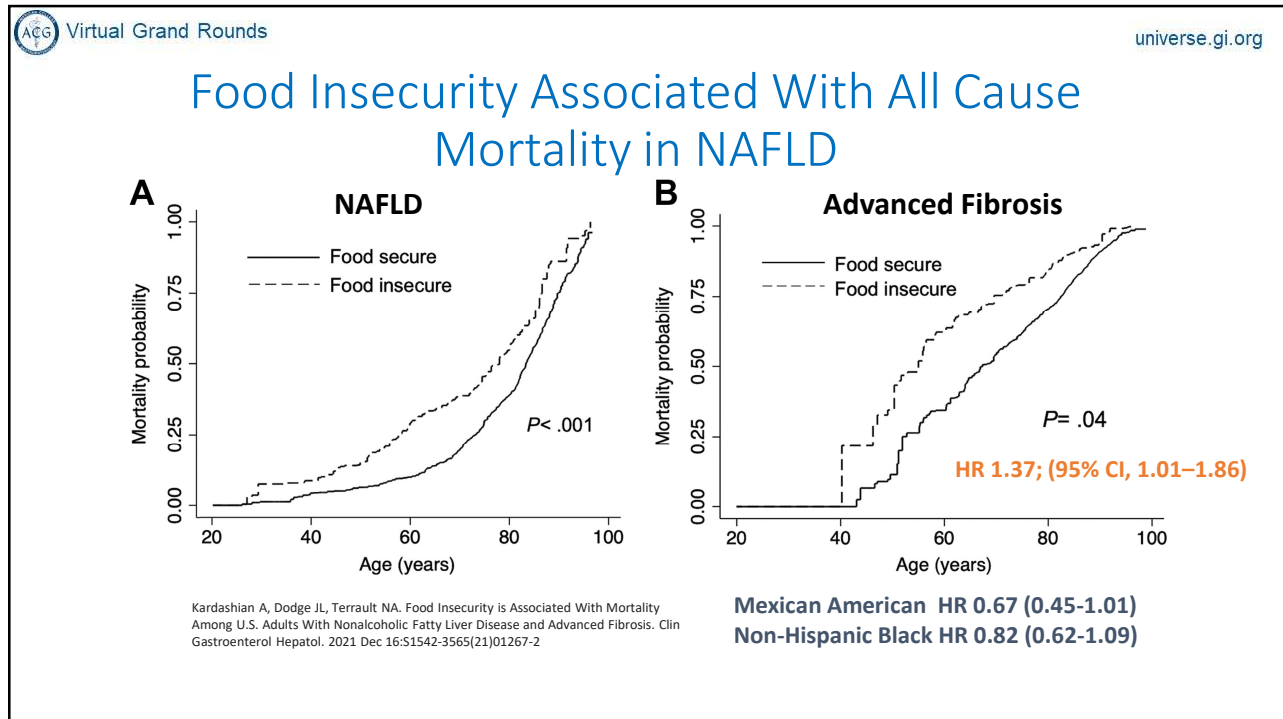
Social Needs & Health Behaviors Are Determinants of Liver Health

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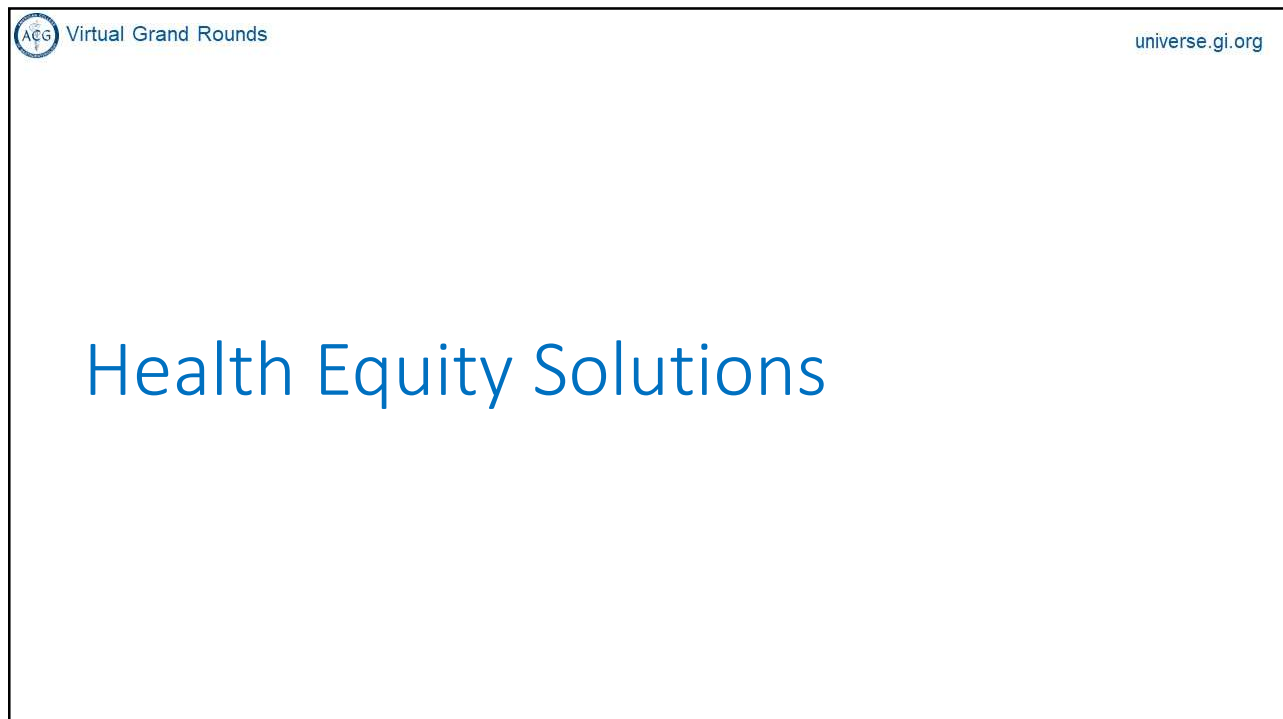




86



87



88



Evidenced-Based Strategies Used By Successful Interventions to Reduce Health Disparities

Multilevel interventions that address key drivers of disparities →SSDOH

Culturally targeted interventions

Team-based care

Patient navigation

Work with families and non-health care partners

Naylor K, Ward J, Polite BN. Interventions to improve care related to colorectal cancer among racial and ethnic minorities: a systematic review. *J Gen Intern Med.* 2012 Aug;27(8):1033-46.

89



Comprehensive Viral Elimination Program in Cherokee Nation Health Services

- Cherokee Nation Health Services, 132,000 American Indian and Alaska Native individuals
- 14-county CN reservation in rural northeastern Oklahoma
- 22 months of implementation of a **comprehensive** HCV elimination program were compared with those from the pre-elimination program period (October 1, 2012, to October 31, 2015)

Mera J, Williams MB, Essex W, et al. Evaluation of the Cherokee Nation Hepatitis C Virus Elimination Program in the First 22 Months of Implementation. *JAMA Netw Open.* 2020;3(12)

90

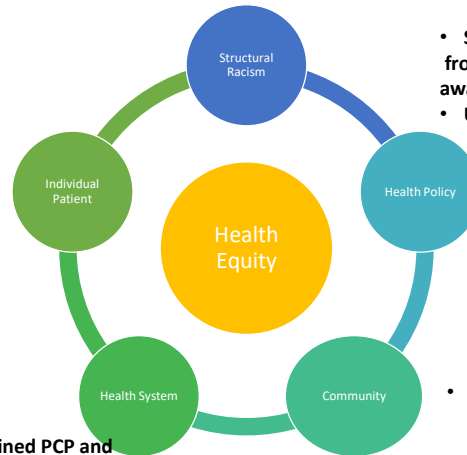
Successful Interventions to Reduce Disparities

In less than 2 years

85% reached cure
83.7% linkage to care
44.1% screening
59.3% treatment initiation

- Attempted Syringe Exchange Program
- Community Health workers, pharmacists trained

- EMR alerts
- Recruited and trained PCP and pharmacist using ECHO



- Secure political commitment from Cherokee Nation, HCV awareness Day
- Universal Screening Policy

- Public Awareness campaign in the media

91

Health Equity in your Everyday Practice?

- **Researcher:**
 - Collect data on race and ethnicity
 - Consider race a social construct; study genetic ancestry
 - Write discussion that consider the impact of SDOH
 - Involve experts in disparities in work exploring the concept.
- **Educators:** help house staff recognize health disparities and move away from understanding race as biology
- **Clinician:** take a social history and let it inform your practice. Recognize your bias.

92

Key Takeaways

- Health begins upstream of disease risk factors with the SDOH.
- Health policy, place, and need contribute to disparities in liver disease outcomes.
- Achieving health equity requires creating custom tools that are culturally tailored, multilevel and address the SDOH.
- Achieving health equity begins with you!



93

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Indiana CTSI Patient-Centered Core
Kawthar Mohamed, MD
Gabriella Aitcheson, MD

94

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Questions

 Sophie M. Balzora, MD, FACP	 Cassandra D. Fritz, MD
 Sonali Paul, MD, MS	 Lauren D. Nephew, MD

95

CONNECT AND COLLABORATE IN GI


ACG & CCF IBD Circle


ACG GI Circle
Connect and collaborate within GI


ACG Hepatology Circle


ACG Functional GI
Health and Nutrition Circle


ACG Women in GI Circle

ACG's Online Professional Networking Communities
LOGIN OR SIGN-UP NOW AT: acg-gi-circle.within3.com



96