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At Noon and 8pm Eastern

Week 25 – Thursday, June 22, 2023
Cystic Neoplasms of the Pancreas
Faculty: V. Raman Muthusamy, MD, MAS, FACG; Anne Marie Lennon, MD, PhD, MBBCh, FACG; and John M. DeWitt, MD, FACG
At Noon and 8pm Eastern

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Disclosures

Sophie M. Balzora, MD, FACG
AbbVie: Consultant
CME Outfitters: Consultant
Ironwood Pharmaceuticals: Advisory Board
Janssen: Advisory Board
Pfizer: Advisory Board, Consultant

Sonali Paul, MD, MS
Genfit: Grant/Research Support (Terminated, January 1, 2021)
Intercept Pharmaceuticals: Grant/Research Support
Target PharmaSolutions: Grant/Research Support

Cassandra D. Fritz, MD
Dr. Fritz has no relevant financial relationships with ineligible companies.

Lauren D. Nephew, MD
Dr. Nephew has no relevant financial relationships with ineligible companies.

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

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
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“sexual preference” and “homosexuality” are outdated; should not be used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.

LGBTQI+

<table>
<thead>
<tr>
<th>Lesbian</th>
<th>A woman who is emotionally, romantically, or sexually attracted to other women.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay</td>
<td>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.</td>
</tr>
<tr>
<td>Bisexual</td>
<td>A person emotionally, romantically, or sexually attracted to more than one sex, gender, or gender identity.</td>
</tr>
<tr>
<td>Transgender</td>
<td>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.</td>
</tr>
<tr>
<td>Queer</td>
<td>Although previously used as a slur, queer has been reclaimed by the LBGTQI+ community. Queer can be used to express a spectrum of identities and orientations including nonbinary people and those with gender-expansive identities.</td>
</tr>
<tr>
<td>Intersex</td>
<td>People born with differences in their biological sex traits including chromosomes, reproductive anatomy, and hormone production.</td>
</tr>
<tr>
<td>Plus (+)</td>
<td>Other sexual identities not listed, including but not limited to asexual, nonbinary, gender fluid, and pansexual.</td>
</tr>
</tbody>
</table>

Paul S. AJG. 2021.
**Gender Identity**

- **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

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

---

**LGBTQI+**


  - **Among LGBT U.S. adults**
    - Lesbian: 13.0%
    - Gay: 20.7%
    - Bisexual: 16.8%
    - Transgender: 10.0%
    - Other (e.g., queer, asexual, gender-fluid): 4.3%
  
  Percentage totals more than 100% because respondents may choose more than one category.

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

Anti-Transgender Legislation in 2023

- 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.
Digestive Health Related Issues

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

Minority Stress Model & Intersectionality

Healthy People 2020. Disparities.
https://researchguides.library.ou.edu/fysso/intersectionality
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

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, \( \rightarrow \) IBS, functional dyspepsia)
- Anal & Colorectal Cancers

Anal Cancer

- Increased among MSM
- Meta-analysis of HPV and neoplasm among MSM
  - 9x higher incidence among HIV positive MSM then 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

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

<table>
<thead>
<tr>
<th>Causative organism</th>
<th>Sexually transmitted GI syndromes</th>
<th>Symptoms</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proctitis</td>
<td>HSV and organisms causing gonorhea, chlamydia, and syphilis</td>
<td>Anorectal pain, rectal discharge, and tenesmus</td>
<td>Anoscopy with Gram stain; +/- colonoscopy</td>
</tr>
</tbody>
</table>
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

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
Management of GI Complications in Intestinal Neovaginas

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

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

**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?
Moving Beyond the Binary

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)
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)

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 ...
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

Never Assume ... Always Ask

**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

American College of Gastroenterology
Be An Ally!

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

Rainbows in Gastro

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Sonali Paul MD MS
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Austin Chiang MD MPH
Alex Goldowsky MD
Kara Jencks MD
Douglas Simonetto MD

Interested? Email us!
Rainbowsingastro@gmail.com
@RainbowInGastro
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

Questions?
Spaul@medicinebsd.uchicago.edu
@spauliver
### Summary Recommendations

<table>
<thead>
<tr>
<th>Undergraduate and medical education</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Faculty development in SGGM health</td>
<td></td>
</tr>
<tr>
<td>• Creation of SGGM curriculum and appropriate evaluation strategies</td>
<td></td>
</tr>
<tr>
<td>• Increased exposure to SGGM populations in established clinical experiences (i.e., standardized patients and specific health clinics)</td>
<td></td>
</tr>
<tr>
<td>• Continued promotion of cultural competency and humility</td>
<td></td>
</tr>
</tbody>
</table>

Provider perspective:
- Collect SGGM data
- Ask about pronouns, display own
- Maintain anatomical inventory (record of organs an individual patient has)
- Respectfully obtain comprehensive sexual history (Table 3)
- Assess and understand own implicit bias
- Use of inclusive and non-gender language
- Being aware of potential previous traumas (and completing only essential parts of the physical examination)

Institutional:
- Address institutional implicit biases
- Collaborate with SGGM communities
- Annual provider and staff education around SGGM terminology
- Inclusion of SGGM health in research priorities
- Creating inclusive spaces
- Non-gendered language in intake forms
- Gender neutral bathrooms
- Representative SGGM imagery and signs (Progress pride flag [https://progress.prideflag.org](https://progress.prideflag.org), Human Rights Campaign Equality sign [https://www.hrc.org/abouthrc](https://www.hrc.org/abouthrc))
- Display non-discrimination policies that include SGGM
- Inclusive employee insurance policies that cover partners, gender-affirming therapies, and reproductive technologies
- Inclusive and expansive visitation rights for patients
- Recognize important days for SGGM populations (Pride Month, Transgender Day of Visibility, and Transgender Day of Remembrance)

SGGM: Sexual and gender minority, SGGM: sexual and gender minority identifications

---

### EPIC Smart Form

**Organ Inventory**
- [ ] Organs the patient currently has:
  - [ ] breasts
  - [ ] cervix
  - [ ] ovaries
  - [ ] uterus
  - [ ] vagina
  - [ ] penis
  - [ ] prostate
  - [ ] testes

**Anatomical Inventory**
- [ ] Organs present at birth or expected at birth to develop:
  - [ ] breasts
  - [ ] cervix
  - [ ] ovaries
  - [ ] uterus
  - [ ] vagina
  - [ ] penis
  - [ ] prostate
  - [ ] testes

- [ ] Organs surgically enhanced or constructed:
  - [ ] breasts
  - [ ] vagina
  - [ ] penis
  - [ ] prostate
  - [ ] testes

- [ ] Organs hormonally enhanced or developed:
Table 4. GI and hepatology-related research needs in sexual and gender minority populations

<table>
<thead>
<tr>
<th>Research Needs Are Vast</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Table 4. GI and hepatology-related research needs in sexual and gender minority populations</strong></td>
</tr>
<tr>
<td>All SGM populations; risk of the following</td>
</tr>
<tr>
<td>• Disordered gut-brain interactions</td>
</tr>
<tr>
<td>• Irritable bowel syndrome (increased stress, mental illness)</td>
</tr>
<tr>
<td>• Pelvic floor dysfunction</td>
</tr>
<tr>
<td>• Alcohol-related liver disease/cirrhosis in SGM populations</td>
</tr>
<tr>
<td>• Risk of NAFLD in lesbian/bisexual women (given increased obesity)</td>
</tr>
<tr>
<td>• 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)</td>
</tr>
<tr>
<td>• Cancer screening rates and barriers</td>
</tr>
<tr>
<td>Specific to transgender and gender-diverse populations</td>
</tr>
<tr>
<td>Effect of gender-affirming hormone and surgical therapy on all GI disease courses and treatments; for example:</td>
</tr>
<tr>
<td>• Colon cancer screening of neovagina</td>
</tr>
<tr>
<td>• Gender-affirming surgical therapy on IBD course</td>
</tr>
<tr>
<td>• Gender-affirming hormone therapy on NAFLD, hepatic adenomas</td>
</tr>
<tr>
<td>• Gender-affirming therapy and risk of thromboembolism in IBD</td>
</tr>
</tbody>
</table>

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

Disclosures

No financial disclosures

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

Diversity in GI: Room for Improvement

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

2. AAMC. Diversity in Medicine Facts and Figures. 2019
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

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
The Path to Improving Diversity and Inclusion in GI

Diversity

Ultimate diversity outcome?

Knowledge of the lack of diversity

Building equitable structures

Providing inclusive culture

Ultimate Diversity Outcomes
- Sense of Belonging
- Feeling included, respected, and valued
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

<table>
<thead>
<tr>
<th>Ally Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Sponsor</strong></td>
</tr>
<tr>
<td><strong>The Amplifier</strong></td>
</tr>
<tr>
<td><strong>The Champion</strong></td>
</tr>
<tr>
<td><strong>The Advocate</strong></td>
</tr>
<tr>
<td><strong>The Scholar</strong></td>
</tr>
<tr>
<td><strong>The Confidant</strong></td>
</tr>
<tr>
<td><strong>The Upstander</strong></td>
</tr>
</tbody>
</table>

Catlin K. Better Allies. 2021
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

**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
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

Results (N=168)

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

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

| Race                             |           |
| Black                            | 52.4% (n=88)|
| White                            | 19.6% (n=33)|
| Asian                            | 17.9% (n=30)|
| Other                            | 10.1% (n=17)|
Results from Black GIs
(N total~23)

- How many non-Black colleagues do you consider to be your academic ally?
  - 21.7% (n=5) said 1-2 allies
  - 26.1% (n=6) said 3-4 allies
  - 52.2% (n=12) said 5+

How often do you experience a micro/macro-aggression(s)?

- 82.6% at least monthly

 Ally Actions of non-Black colleagues as reported by Black GIs

- How often do non-Black colleagues act as a sponsor?

- 26.1%
Ally Actions of non-Black colleagues as reported by Black GIs

• How often do non-Black colleagues acting like a **champion/amplifier**?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0.0%</td>
</tr>
<tr>
<td>Rarely</td>
<td>8.7%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>32.1%</td>
</tr>
<tr>
<td>Often</td>
<td>59.2%</td>
</tr>
</tbody>
</table>

Photo Credit: HBR

Ally Actions of non-Black colleagues as reported by Black GIs

• How often have non-Black colleagues acted as an **advocate** for your career advancement?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>17.4%</td>
</tr>
<tr>
<td>Rarely</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>57.3%</td>
</tr>
<tr>
<td>Often</td>
<td>25.3%</td>
</tr>
</tbody>
</table>

Photo Credit: HBR
Ally Actions of non-Black colleagues as reported by Black GIs

• How often have non-Black colleagues acted as a **scholar** (frequently taking an interest in your marginalized experience)?

![Bar chart showing responses to the question about how often non-Black colleagues acted as a scholar.](Photo Credit: istockphoto.com)

• How often have non-Black colleagues acted as a **confidant** after a micro/macro-aggression occurred?

![Bar chart showing responses to the question about how often non-Black colleagues acted as a confidant.](Photo Credit: HBR)
Ally Actions of non-Black colleagues as reported by Black GIs

• How often have non-Black colleagues acted as an upstander during a micro/macro-aggression?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0.0%</td>
</tr>
<tr>
<td>Rarely</td>
<td>40.0%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>20.0%</td>
</tr>
<tr>
<td>Often</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

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
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%)

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
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

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
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

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”
Thank You

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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
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.

Definitions and Conceptual Framework
The Fallacy of Equality

Inequality
Unequal access to opportunities

Equality?
Evenly distributed tools and assistance

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.

Equity
Custom tools that identify and address inequality

Justice
Fixing the system to offer equal access to both tools and opportunities

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


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
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

---

Risk Factor Based Model of Health and Disparities

- Higher prevalence in vulnerable populations
- Higher mortality rate in vulnerable populations
Social Ecologic Model of Health and Disparities

- Racism, Sexism, Classism, Abelism
- Policy and Laws
- Place
- Social Needs
- Behaviors & Comorbidities
- Death

- i.e. Redlining
  - Transportation, green space, environmental toxins, grocery stores
  - Income, employment, education, health care access
  - Substance use, smoking, metabolic syndrome

Social Ecologic “Upstream” Model of Health and Disparities

Social Determinants of Liver Disease

Policies & Laws Determine Liver Health

Racism, Sexism, Classism, Ableism

Policy and Laws
Place
Social Needs
Behaviors & Comorbidities
Death

81

82
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

Total population (N=10,336):
- 13.4% Black
- 51.5% 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:
- Cirrhosis (yes vs no): 2.76 (2.45 - 3.11)

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


Place is a Determinant of Liver Health

Racism, Sexism, Classism, Abelism
Policy and Laws
Place
Social Needs
Behaviors & Comorbidities
Death
The Social Determinants of Health (SDOH) are Associated with Mortality in Hepatocellular Carcinoma (HCC) and Cholangiocarcinoma (CCA)

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

<table>
<thead>
<tr>
<th>SDOH</th>
<th>HCC</th>
<th>CCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>HR 1.64</td>
<td>HR 1.34</td>
</tr>
<tr>
<td>Never married</td>
<td>HR 1.31</td>
<td></td>
</tr>
<tr>
<td>4th Quartile SDI</td>
<td>HR 1.14</td>
<td></td>
</tr>
<tr>
<td>Never married</td>
<td>HR 1.34</td>
<td></td>
</tr>
</tbody>
</table>

Cumulative Burden of SDOH on HCC Survival

<table>
<thead>
<tr>
<th>Category Comparison</th>
<th>% Alive at end of study period</th>
<th>Log-rank Test p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>0* vs 4</td>
<td>30 % vs 11%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>3 vs 4</td>
<td>21% vs 11%</td>
<td>0.0026</td>
</tr>
<tr>
<td>4 vs 6</td>
<td>11% vs 14%</td>
<td>0.3135</td>
</tr>
</tbody>
</table>

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


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Social Needs & Health Behaviors Are Determinants of Liver Health

Racism, Sexism, Classism, Abelism
Policy and Laws
Place
Social Needs
Behaviors & Comorbidities
Death

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American College of Gastroenterology
Food Insecurity Associated With All Cause Mortality in NAFLD

A

NAFLD

B

Advanced Fibrosis

Food secure
Food insecure

Food secure
Food insecure

HR 1.37; (95% CI, 1.01–1.86)

Mexican American HR 0.67 (0.45–1.01)
Non-Hispanic Black HR 0.82 (0.62–1.09)


Health Equity Solutions
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

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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)

---


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

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.
Key Takeaways

- Health begins upstream of disease risk factors with the SSDOH.
- 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 SSDOH.
- Achieving health equity begins with you!

Acknowledgements

Mentors
- Naga Chalasani, MD
- Susan Rawl, PhD
- Patrick Monahan, PhD
- Brownsyn Tucker Edmonds, MD

Research Team
- Nicole Garcia
- Cirrhosis Research Pod
- Indiana CTSI Patient-Centered Core
- Kawthar Mohamed, MD
- Gabriella Aitcheson, MD

Funding
- Indiana CTSI KL-2
- NIMHD K23
- Jerome A. Joseph Transplant Innovation Award
- HEAL-R Health Equity Award
- IUSOM