Health equity in focus: introducing the Association of Black Gastroenterologists and Hepatologists

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ABGH

Health equity, defined as the absence of unfair, avoidable and unjust differences in health between and among population groups, requires transformation of approaches to patient care, care delivery, teaching, learning, research, and community engagement. To achieve health equity, academic and health-care professionals must become trustworthy partners to populations that have been historically disenfranchised and mistreated within clinics, labs, classrooms, and hospitals. Academic and health- care professionals must also be active participants in identifying, repudiating, and dismantling the racism and discrimination which impede progress towards this end.

Furthermore, diversity and inclusion are necessary catalysts to driving excellence and innovation in achieving health equity. Unfortunately, the faces of academia, health care, and science neither reflect the diversity of the communities in which these establishments are anchored nor the inclusive environments they aspire to be. The lack of diversity and inclusion in health care and science is due to structural racism and discrimination, which also leads to health disparities among racial and ethnic minorities. For affected communities, structural racism and discrimination are most visible through social and political determinants of health such as limited access to high quality housing, jobs, education, food, and health care. The cumulative toll of limited access across generations is poor health and premature death.

For more information on **statistics on diversity in gastroenterology** see https://www.aamc.org/data-reports/workforce/report/diversity-facts- figures; https://www.acgme.org/About-Us/Publications-and-Resources/Graduate-Medical-Education-Data-Resource-Book

For more information on the **Association of Black Gastroenterologists and Hepatologists** see www.blackingastro.org

Within gastroenterology, Black people have the highest rates of pancreatic, small bowel, and oesophageal squamous cell cancers compared with other racial and ethnic groups. In the USA, Black people are 20% more likely to be diagnosed with colorectal cancer and 40% more likely to die once diagnosed compared with non-Hispanic White people. For non-malignant gastrointestinal disorders, Black people hospitalised with ulcerative colitis are less likely to receive a colectomy than are other racial and ethnic groups, and Black people with end-stage liver disease are less likely to be referred for and undergo liver transplantation than are non-Hispanic Whites. Taken together, these disparities across the gastrointestinal care continuum highlight areas where solutions are desperately needed to achieve equity in gastrointestinal health.

This narrative can be changed. Improving diversity of the gastroenterology workforce is one step towards doing so. Diversity in the gastroenterology workforce has been inadequate for many decades, with under-representation of racial and ethnic minorities, women, those living with disabilities, and sexual and gender-identity minorities. In the USA, Black people represent 13% of the population, yet in 2018, only 3·7% of academic gastroenterology faculty were Black and, between 2019 and 2020, only 4·6% of gastroenterology fellows identified as Black. Lack of racial representation in gastroenterology is a crisis that must be addressed by enriching the pipeline of trainees and leaders from these backgrounds. Beyond representation, deliberate approaches to mentor, sponsor, and promote Black faculty and those from other underrepresented backgrounds must also be created to improve retention and faculty success.

The Association of Black Gastroenterologists and Hepatologists (ABGH) aims to remedy this crisis in the USA and, ultimately, globally. The mission of ABGH is to promote health equity in Black communities, advance science, and develop the careers of Black gastroenterologists, hepatologists, and scientists. Our vision is to improve gastrointestinal health outcomes in Black communities, foster networking and sponsorship among Black students, trainees, gastroenterologists, and hepatologists, develop the pipeline of Black gastroenterologists and hepatologists, and promote scholarship. We aim to accomplish this through peer and senior mentorship, community engagement, brand development, creation of culturally sensitive patient education materials, professional and social networking, curation of a speaker's directory, and research centred on reducing health disparities.

Our inaugural event during Black History Month was a celebratory and enriching moment that affirmed our need for community. Most importantly, this event underscored how current and future gastroenterologists, hepatologists, and scientists can take intentional steps to prioritise the betterment of Black patients' health.

Although ABGH was incorporated in 2021, our organisation stands on the shoulders of trailblazers such as Dr Leonidas Berry, the first Black gastroenterologist in the USA, and Dr Sadye Curry, the first Black female gastroenterologist in the USA, who demanded that health- care institutions confront social injustices in health, science, and society. It is this legacy that fuels our mission, vision, and programming. However, ABGH cannot do this alone. Working collaboratively with professional societies, patient advocacy groups,

research agencies, and civic and community partners, ABGH exists to eliminate barriers to achieving health equity locally and globally.