

Supporting Equitable Outcomes in Black Canadians and Persons with Diversity in Sexual Orientation, Gender Identity and Expression Living with Rheumatoid Arthritis: Project Summary

By Cheryl Barnabe, MD, FRCPC, MSc



The Canadian Rheumatology Association (CRA) Guidelines Committee has been progressive in their work to embed equity considerations throughout the GRADE Evidence-to-Decision process and to promote implementation practices geared to eliminating or minimizing arthritis care inequities. While data gathering for six different population groups experiencing inequities in arthritis care (rural/remote residents; Indigenous peoples; elderly persons with frailty; first-generation immigrant and refugee populations; persons of low socioeconomic status; women of reproductive age) had previously been completed, concerns specific to Black Canadians and those with diversity in sexual orientation, gender identity and expression had yet to be explored.

With funding from the Canadian Initiative for Outcomes in Rheumatology cAre (CIORA), we conducted interviews with persons from these communities to understand how their identity contributed to their understanding of rheumatoid arthritis (RA), preferences for treatment, and outcome goals. We also interviewed clinicians with expertise in the care of these populations to provide guidance on supportive practices.

For members of the Black Canadian population, we learned that healthcare access was influenced by financial resources, racism, exclusion, and discrimination. We became aware that cultural norms in seeking health care within the community exist, and there is varying awareness about RA and other forms of arthritis. The arthritis care journey was characterized by health system fragmentation, and difficulty connecting to arthritis care supports outside of physician care. When approaching treatment decisions, the legacy of oppression and history of medical experimentation on Black people, along with providers em-

phasizing biomedical approaches, were impacting uptake of recommendations. To counteract these realities, we need to practice differently, promoting holistic and cultural approaches in care plans, offering safe and flexible service models, and partnering with Black community organizations to promote knowledge about arthritis and to offer support mechanisms within the community.

Persons diverse in sexual orientation, gender identity and expression experience stigmatization in society and in healthcare spaces, and face being denied healthcare outright based on their identity. For transgender persons, they may miss important health screening activities as these tend to be offered on the basis of biological sex, or have their labs misinterpreted if reference ranges are applied that do not align with their gender identity. It is important not to make assumptions about identity, and to use preferred names and pronouns, while also providing a safe and inclusive clinic environment. Rheumatologists are encouraged to work in partnership with the transgender medicine team to assess disease control and medication risks when the person is seeking gender-affirming hormonal treatment and surgeries.

You will continue to see these facilitators promoted in upcoming CRA Guidelines and can also learn more by taking the "Equity in Rheumatology Care" modules that were developed from this research. The program is free to CRA and AHPA members and eligible for Section 3 Credits. Check the weekly newsletters from the CRA to gain access to the program.

*Cheryl Barnabe, MD, FRCPC, MSc
Professor, University of Calgary
Calgary, Alberta*

CRA member exclusive! Are you passionate about advancing rheumatology research? Let the CRA support your cause! The CRA is here to champion your research endeavours with Letters of Support. Visit rheum.ca/research/letters-of-support/ for more details.