



# Foreword



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*Consulting Editor*

Candace Feldman has taken on the task of assembling information for Rheumatologists that address health disparities in our rheumatic diseases. This is a very large topic and we will approach it in two separate Clinics issues; each will address the concept that racial bias is embedded in all aspects of society, affecting rheumatologic care of individual patients, education of our trainees, and most importantly, research design and interpretation. For the current volume, Sam Lim and Christina Drenkard discuss the importance of including social determinants of health within the framework of large data collections intended to ask research questions; Arora and Yazdany address many of the reasons why poor access to specialty care afflict the systemic lupus erythematosus (SLE) community and why quality measures are useful as research tools to identify these gaps. De Quattro and Yelin tackle the issue of residence in areas of concentrated poverty as primary reasons why individuals with SLE have severe negative health outcomes; Cheryl Barnabe points out why adherence to quality-of-care indicators and patient experience in rheumatology care can close gaps in the highly variable care delivered to rheumatoid arthritis patients today. Liz Ferucci notes the excessive burden of rheumatic diseases experienced by indigenous North American populations and how the understudied areas of epidemiology, genetics, and environmental risk contribute to this burden. Rubenstein and Knight highlight the fact that childhood-onset SLE is clearly understudied in terms of our appreciation for the health inequities present in this special population.

Guillen and colleagues address the underappreciated area of disparities in gout burden and its management that occur across the world; health literacy and cultural understanding impose major barriers to effective gout management, and these must be addressed by health organizations and systems. Moore and Steen point out the understudied areas of health inequities in both incidence and severity of systemic sclerosis, focusing on the possibility that more equitable access to care might close the gaps in this disease. The final 3 articles in this remarkable collection address SLE disparities in a fine-tuned way: Peschkin points out how mistrust and poor communication contribute to worse outcomes in nonwhite ethnicities and how hazardous environmental exposures contribute to risk; Falasinnu and colleagues at Stanford discuss

how inadequate inclusion of race/ethnic minorities in SLE clinical trials contribute to our lack of understanding of the heterogeneous responses to treatment interventions; and Anandarajah identifies for us the importance of a team approach to care coordination strategies for SLE patients where depression and education inequities clearly affect the quality of care for SLE patients.

This issue is incredibly timely and important as we all are confronting the explicit and implicit biases in ourselves and our institutions. The downstream effect of these feelings, emotions, and actions in the world of Rheumatology are given a strong boost to be placed on the front burner of our conduct. Dr Feldman has done a remarkable job.

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