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According to critical race theory (CRT), racism is ubiquitous in society. In the field of medicine, systems of racism are subtly interwoven with patient care, medical education, and medical research. Public health critical race praxis (PHCRP) is a tool that allows researchers to apply CRT to research. This article discusses the application of CRT and PHCRP to 3 race-related misconceptions in rheumatology: (1) giant cell arteritis is rare in non-white populations; (2) Black patients are less likely to undergo knee replacement because of patient preference; and (3) HLA-B*5801 screening should only be performed for patients of Asian descent.	
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Limitations in the ability to assemble large cohorts of patients with lupus from previously underrepresented groups have inhibited better understanding of many unanswered questions. The Georgians Organized Against Lupus (GOAL) Research Cohort is designed to overcome many of these limitations and is a rich and diverse repository of clinical, biological, sociodemographic, psychosocial, and health services data, and biologic material. Studies with the GOAL cohort will improve the understanding of how various factors interact and may lead to interventions on an individual and systems and societal level and help to mitigate the significant disparities that continue to exist in lupus.	
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Assessment of quality of care for people with systemic lupus erythematosus (SLE) provides opportunities to identify gaps in health care and address disparities. Poor access to specialty care has been shown to negatively impact care in SLE and is associated with poor disease outcomes. Racial/ethnic minorities and those with low socioeconomic status are at higher risk for poor access and lower quality of care. Quality	

measures evaluating processes of care have shown significant deficiencies in care of SLE patients across studies. High SLE patient volume correlates with better quality of care for providers in hospital and ambulatory settings.

Socioeconomic Status, Health Care, and Outcomes in Systemic Lupus Erythematosus 639

Kimberly DeQuattro and Edward Yelin

Systemic lupus erythematosus (SLE) disproportionately affects those with low socioeconomic status. Evidence from the past 2 decades has revealed clearer distinctions on the mechanisms of poverty that affect long-term outcomes in SLE. Poverty exacerbates direct, indirect, and humanistic costs and is associated with worse SLE disease damage, greater mortality, and poorer quality of life. Ongoing commitments from medicine and society are required to reduce disparities, improve access to care, and bolster resilience in persons with SLE who live in poverty.

II: Understanding Disease and Population-Specific Rheumatic Disease Disparities

Understanding the Disproportionate Burden of Rheumatic Diseases in Indigenous North American Populations 651

Elizabeth D. Ferucci

Studies have described a high incidence and prevalence of several rheumatic diseases in indigenous North American populations. Conditions studied most frequently with consistently high burden of disease include rheumatoid arthritis, spondyloarthritis, and systemic lupus erythematosus. Crystal-induced arthritis has been reported to have a lower prevalence than expected. Information about genetic and environmental risk factors is available for some of these conditions. An awareness of the epidemiology of rheumatic diseases in indigenous North American populations is important for clinicians involved in caring for patients in these populations as well as for planning health service delivery in these communities.

Disparities in Childhood-Onset Lupus 661

Tamar B. Rubinstein and Andrea M. Knight

Disparities in prevalence, disease severity, physical and mental morbidity, and mortality exist in childhood-onset systemic lupus (cSLE) that lead to worse outcomes in children with systemic lupus erythematosus from socially disadvantaged backgrounds. Important gaps exist in knowledge regarding many individual race/ethnicities across the globe, the interaction between race/ethnicity and poverty, and drivers for identified disparities. Large cSLE registries will facilitate investigating disparities in groups of patients that have yet to be identified. Social-ecological models can inform approaches to investigate, monitor, and address disparities in cSLE.

Health Disparities in Systemic Lupus Erythematosus 673

Christine A. Peschken

Systemic lupus erythematosus (SLE) is a chronic multisystem autoimmune disease characterized by autoantibody production and diverse clinical manifestations. The many complex, overlapping, and closely associated

factors that influence SLE susceptibility and outcomes include ethnic disparities, low adherence to medications, and poverty, and geography. Epigenetic mechanisms may provide the link between these environmental exposures and behaviors and the disproportionate burden of SLE seen in ethnic minorities. Attention to these modifiable social determinants of health would not only improve outcomes for vulnerable patients with SLE but likely reduce susceptibility to SLE as well through epigenetic changes.

Disparities in Rheumatoid Arthritis Care and Health Service Solutions to Equity **685**

Cheryl Barnabe

Proximal, intermediate, and distal social determinants of health inform the health of populations. Differences in rheumatoid arthritis outcomes between populations reflect inequities in these determinants. However, health service access, medication availability, and high-quality care interactions can be ensured through health system restructuring and innovations in individual-level care provision. This article summarizes disparities in rheumatoid arthritis care that have been recognized and described in the United States and Canada and proposes models of care and treatment approaches that can support better outcomes for population groups at risk for outcome inequities.

Gender and Ethnic Inequities in Gout Burden and Management **693**

Andrea Garcia Guillén, Leanne Te Karu, Jasvinder A. Singh, and Nicola Dalbeth

Although effective and low-cost urate-lowering therapy has been available for decades, inequities in gout management exist. Despite high impact of disease, rates of urate-lowering therapy prescription are low in women, in African-Americans in the United States, in Māori (Indigenous New Zealanders), and in Pacific peoples living in Aotearoa/New Zealand. Social determinants of health, barriers to accessing the health care system, health literacy demands, stigmatization, and bias contribute to inequities in gout burden and management. Approaches that focus on building health literacy and delivering culturally safe care lead to improved outcomes in gout, and offer important solutions to achieve health equity.

Racial Disparities in Systemic Sclerosis **705**

Duncan F. Moore and Virginia D. Steen

Racial and ethnic disparities in systemic sclerosis are abundant. The incidence, severity of end-organ manifestations, functional impairment, quality of life, and mortality of systemic sclerosis vary by ethnic group. This article summarizes such disparities and explores the role of socioeconomic status in their development and persistence.

III: Strategies to Begin to Reduce Disparities

Increasing Ancestral Diversity in Lupus Trials: Ways Forward **713**

Titilola Falasinnu, Yashaar Chaichian, and Julia F. Simard

Significant disparities exist in systemic lupus erythematosus (SLE) regarding prevalence, disease severity, and mortality, with race/ethnic

minorities being disproportionately affected in the United States. This review highlights that despite these disparities, race/ethnic minority underrepresentation remains an issue within SLE research. Decreased race/ethnic minority involvement in SLE research has real-world implications, including less understanding of the disease and less applicability of approved therapies among diverse groups of patients. Members of the SLE research community have an obligation to narrow this gap to ensure that future advances within the field are derived from and benefit a more representative group of patients.

Designing an Intervention to Improve Management of High-Risk Lupus Patients Through Care Coordination

723

Allen Anandarajah

Health care disparities are a major cause for large discrepancies in health outcomes between different populations with systemic lupus erythematosus in the United States. A team-based model that incorporates a care coordination strategy in the management of high-risk lupus patients can provide an effective method to overcome the obstacles posed by health care disparities. Access, behavioral modification, community outreach programs, depression, and education are key aspects that need to be addressed when designing interventions to improve the quality of care for high-risk lupus patients.