TuSalud

Minorities With Autoimmune Disorders Face Worse Health Outcomes

Unequal social status can affect whether poor Latino and Black people with autoimmune diseases receive access to good medical care.

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Many people take it for granted that health care is accessible to everyone. However, recent study findings published in JAMA Neurology showed that factors such as lower income and education and a lack of meaningful employment options, aka social determinants of health, increase health disparities and inequities for Latino and African-American people with autoimmune disorders, such as multiple sclerosis and neuromyelitis optica spectrum disorder, reports a press release from the Keck School of Medicine of USC.

The causes of multiple sclerosis (MS) are unknown. The disease of the nervous system, also considered an autoimmune disorder, affects the brain and spinal cord. The illness can impair vision, coordination and balance and trigger muscle weakness, cognitive issues, numbness and a tingling feeling in the hands or feet.

Also of undetermined causes, neuromyelitis optica spectrum disorder is a central nervous system disorder that targets the eye nerves and spinal cord. The condition can result in blindness, weakness or paralysis in the legs or arms, spasms, a loss of sensation, uncontrolled vomiting and hiccups and a dysfunctional bladder or bowel from damage to the spinal cord.

For the investigation, researchers reviewed medical literature from three life sciences and biomedical information databases. Scientists concentrated on studies published between January 2014 and March 2021 and checked for terms pertaining to race, ethnicity, disparity and inequity in reference to MS, NMOSD and other autoimmune diseases. Researchers wanted to assess the influence of social determinants of health on access to health care.

“Normally, one would expect there to have been much more data available for a survey like this, but racial and ethnic populations, particularly with regard to MS, are quite underrepresented. In prior studies, only about 1% of literature reflects these minority populations,” said Lilyana Amezcua, MD, an associate professor of clinical neurology at USC’s Keck School of Medicine and the lead study author. “In clinical trials, less than 10% include African Americans or Latinos.”

The results showed that Latino and Black people with MS and neuromyelitis optica spectrum

disorder are at a huge disadvantage as a result of having low income, education and health literacy. Researchers also determined that Latino and Black people experience more health inequity, such as more severe and accelerated development of disease compared with white Americans. Findings also uncovered inequalities in securing health care early resulting in delayed diagnoses.

“Our study shows that before we look at biological factors as the cause of the disparities we see in health outcomes, we should first assess the role of SDOH [social determinants of health] and how we might modify them to make a difference,” noted Amezcua.

The effect of social determinants of health was particularly important when it came to MS. For example, people of color with low income and education underutilized health services. In addition, a lack of employment was linked with worse outcomes for Black individuals.

Another social determinant of health linked with health inequities was the negative perception of illness exhibited by some in minority populations.

“Our analysis confirms the power of the health belief model—that what you think about your disease will lead you to take action, or not, in order to advocate for yourself as a patient,” continued Amezcua. “For many communities of color, there is a sense of fatalism about their ability to improve their MS, which only serves to reinforce the impact of the disease on their lives.

“What we learned from this study is that education can change this,” she added, “and that perceptions are modifiable with the right intervention that promotes health literacy.”

To learn more about multiple sclerosis, read “Latinos Face Several Barriers to Health Equity.”

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