

Findings from a Large Safety Net Hospital in Georgia regarding Inflammatory Bowel Disease Patients' Awareness and Perceptions of the Restroom Access Act

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Introduction

The Restroom Access Act, also known as Ally's Law, is a law in place in 16 states that allows any person with a medical condition requiring emergent bathroom access, including inflammatory bowel disease (IBD) patients, to be able to use any on-site toilet in a public facility without restrictions. Many patients with IBD experience flares, which often consists of intractable abdominal pain and an imminent need to defecate. The fear of having such flares, particularly in a public location, can be worrisome for an IBD patient and can affect quality of life. The aim of our study is to assess patient awareness of the Restroom Access Act in a state where the law is nonexistent and provide IBD patients' perspectives on the need for such a law.

Methods

We hypothesized that none of the IBD patients in our study would be aware of the existence of the Restroom Access Act. We also hypothesized that 25% of the IBD patients in our study had been denied restroom access at a public facility in Georgia. We reviewed electronic medical records (EMR) of IBD patients at a large safety net hospital to obtain data regarding ED admissions for flares. A standardized questionnaire was administered over the phone to assess if patients had previously needed emergent restroom access, had ever been denied restroom access at a public facility, awareness of the existence of the Restroom Access Act, and view of whether it should exist in Georgia. Microsoft Excel and SPSS software version 21 were used for data management and analyses. Two-sided P-value < 0.05 was considered statistically significant.

Results

62 patients were included in the study, 54.8% were female and 45.2% were male. The mean age was 46 years and majority were African American (85.5%). 56.5% had Crohn's disease, 38.7% had Ulcerative Colitis, and 4.8% had both. 48.4% had been admitted less than 5 times for flares. 58.1% stated they avoid social outings due to fear of having a flare. 72.6% had emergently needed bathroom access while at a public location during a flare. 33.9% of patients had been denied bathroom access at a public facility in Georgia. 95.2% had never heard of the

Restroom Access Act prior to this survey and 98.4% thought the Restroom Access Act should exist in Georgia.

Conclusion

Our study revealed the majority of our IBD patients were unaware of the existence of the Restroom Access Act. There was no association between frequency of flares and severity of disease and restroom access denial ($p=0.14$). Given that >50% of patients avoid social outings and >25% have been denied restroom access, restroom access denial could negatively impact quality of life. With this study, we highlight the need for a Restroom Access Act to be passed in Georgia to ensure IBD patients are no longer being denied what should be a basic human right.