

## Abstract

**Background:** The negative effects of untreated skin disease disproportionately impact youth from racially and ethnically minoritized (i.e., Black, Hispanic, and American Indian/Alaska Native (AIAN)) communities. Minoritized youth face unique barriers related to social determinants of health when accessing pediatric dermatology.

**Methods:** We conducted a multicenter, retrospective study, utilizing the PEDSnet national database, to characterize access to pediatric dermatology. This study included patients who possessed a skin disease diagnosis and engaged in any ambulatory care visit from database inception (2009) to 07/01/2022.

**Results:** Of the 1,127,516 pediatric patients included, approximately half were female (n = 576810, 51.2%) with races/ethnicities most reported as White (n = 573098, 50.8%), Black (n = 237468, 21.1%), Hispanic (n = 172813, 15.3%), Asian (n = 62948, 5.6%), Native Hawaiian and Pacific Islander (n = 3050, 0.3%), or AIAN (n = 2984, 0.3%). Most notably, 81% (n = 193381) of all Black patients with a skin disease diagnosis did not receive care from a dermatologist.

**Conclusions:** Documenting the national gap that exists between pediatric patients with skin disease is a critical first step towards increasing access and improving disease control. Our data confirm ongoing racial and ethnic disparities in receiving dermatology care, especially within the Black community. Previous studies suggest inadequate familiarity in the delivery of culturally competent dermatology care, well-recognized pediatric dermatology workforce shortage, and barriers related to social determinants of health as large contributors. Future directions include correlating primary language preference, geographic residence, insurance payer type, and socioeconomic status with pediatric dermatology access.