

# Assessing Pediatric Dermatology Access for Black Patients with Skin Disease

University of Colorado Anschutz Medical Campus

BACKGROUND

Racially minoritized (Black, Hispanic, American Indian/Alaska Native (AIAN)) youth face unique barriers accessing dermatology care.

The negative effects of untreated skin disease disproportionately impact youth from racially and ethnically minoritized communities:

- Poorer quality of life
- Greater school absenteeism
- Higher number of visits to control extensive disease

We characterized how often minoritized youth access pediatric dermatology via the PEDSnet national database.

### METHODS



PEDSnet database = A national pediatric learning health system composed of multiple children's hospitals

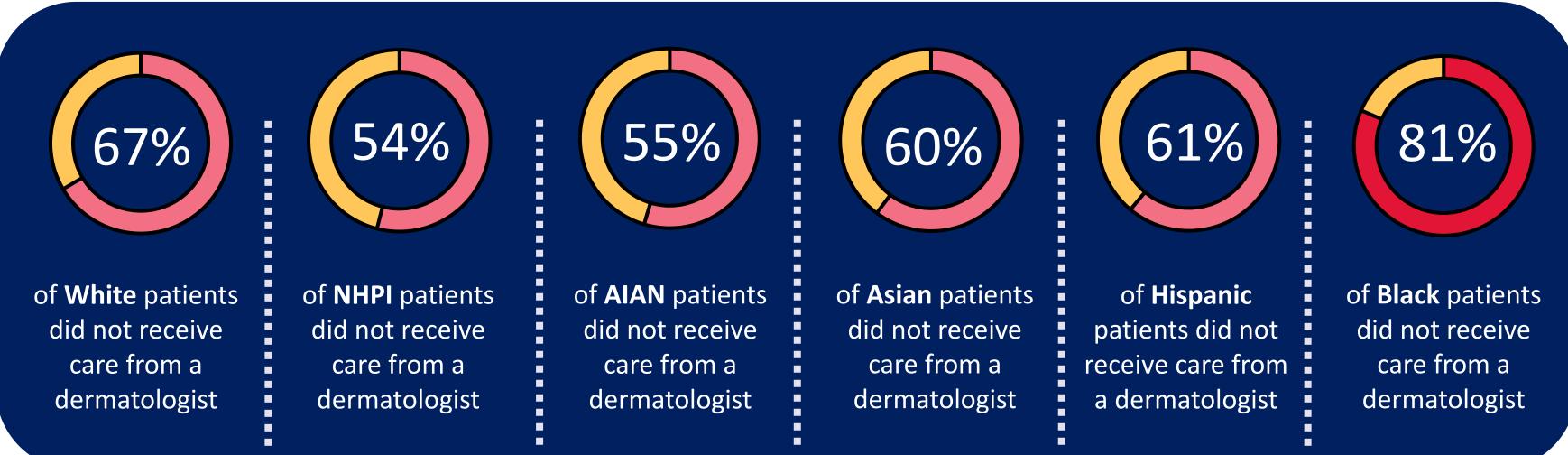
Our study included PEDSnet patients who were diagnosed with a skin condition

We extracted the following patient data:

- Demographics
- Skin diagnoses
- Healthcare (specialty care) engagement
- Rx history

### RESULTS

Figure 1. Percentage of patients with skin disease who *did not* receive care from a dermatologist, stratified by race/ethnicity. (NHPI: Native Hawaiian and Pacific Islander; AIAN: American Indian and Alaska Native)

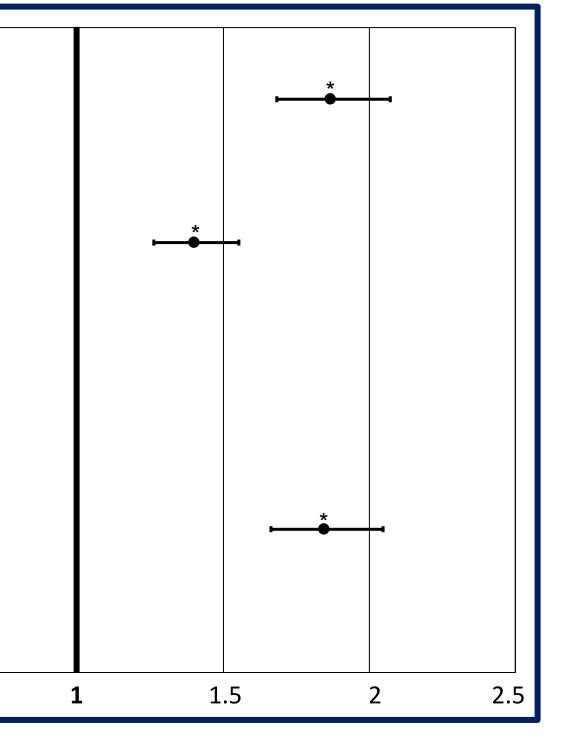


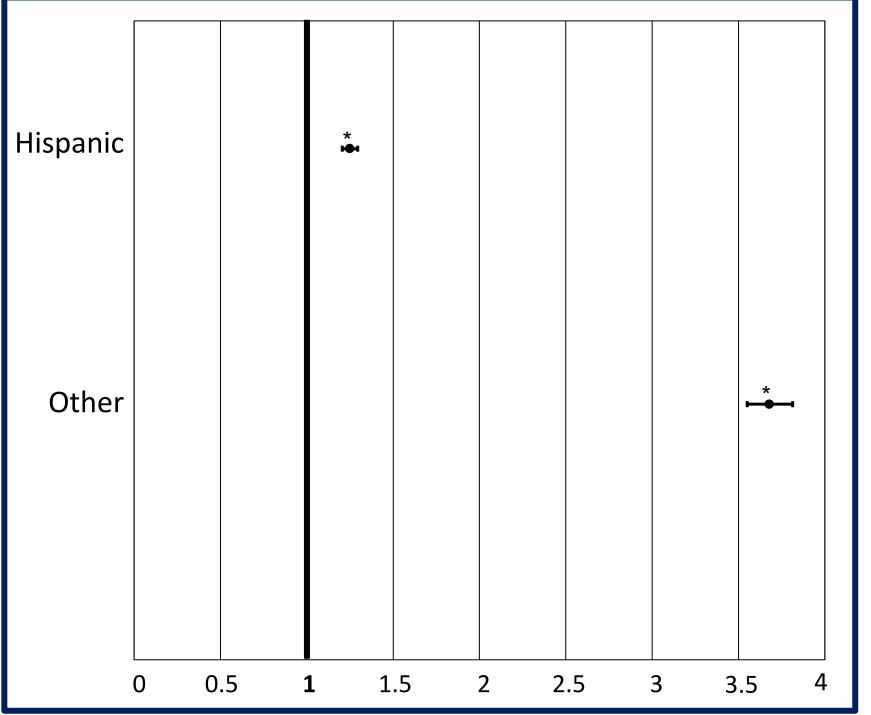
**Figure 2.** Likelihood of seeing dermatology, stratified by race. "White" race is reference. \* = statistically significant difference

AIAN		
Asian		
Black		<b>⊷</b> ••
NHPI		
	0	0.5

Molly Thapar, BS; Briana Kille, PhD; Josh Tucker, MS; Sarah Schmiege, PhD; Lucinda Kohn, MD, MHS **Department of Dermatology, University of Colorado** 

> Figure 3. Likelihood of seeing dermatology, stratified by ethnicity. "Non-Hispanic" ethnicity is reference. \* = statistically significant difference.







### CONCLUSIONS

Most notably, 81% of all Black patients with skin disease did not receive care from a dermatologist.

Black patients with a skin condition are onethird as likely to see dermatology.

### There are ongoing disparities in receiving dermatology care, past studies suggest:

- Inadequate familiarity in the delivery of culturally competent dermatology care
- Workforce shortage
- Barriers related to socioeconomic status, language proficiency, geographic variation

### **IMPLICATIONS**

There are substantial differences in pediatric dermatology access for racially minoritized patients.

Future directions include further quantitative investigation within PEDSnet & exploring why youth from racially minoritized communities access pediatric dermatology care less.

## ACKNOWLEDGEMENTS

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### REFERENCES

1. Kohn L, Manson S. Dermatology on American Indian and Alaska Native Reservations. 2021. 2. Tripathi R, Knusel KD, Ezaldein HH, Scott JF, Bordeaux JS. Association of Demographic and Socioeconomic Characteristics With Differences in Use of Outpatient Dermatology Services in the United States. JAMA Dermatol. Nov 01 2018;154(11):1286-1291. doi:10.1001/jamadermatol.2018.3114 3. Siegfried EC, Paller AS, Mina-Osorio P, et al. Effects of variations in access to care for children with atopic dermatitis. *BMC Dermatol*. Dec 20 2020;20(1):24. doi:10.1186/s12895-020-00114-x 4. Gorbatenko-Roth K, Prose N, Kundu RV, Patterson S. Assessment of Black Patients' Perception of Their Dermatology Care. JAMA Dermatol. Oct 01 2019;155(10):1129-1134 doi:10.1001/jamadermatol.2019.2063

5. Narla S, Heath CR, Alexis A, Silverberg JI. Racial disparities in dermatology. Arch Dermatol Res. Jul 2023;315(5):1215-1223. doi:10.1007/s00403-022-02507-z