

Title: Barriers and Facilitators to Pediatric Dermatology Care for Underserved Families

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Disclosures: None

Introduction: Racially/ethnically minoritized (i.e., Black, Hispanic, and American Indian/Alaska Native (AIAN)) patients are less likely to access dermatology care. Our objective was to elicit families' knowledge, attitudes, and beliefs about pediatric dermatology care access and understand how we can better support these families.

Methods: English- or Spanish- speaking individuals 18 years and older who identified as Black, Hispanic, or AIAN were eligible to participate. 32 interviews were conducted by ZoomTM or phone call from October 17, 2023, to January 23, 2024. Interviews were between 30 and 60 minutes and conducted in English or Spanish. Domains focused on participant background and experiences, communication preferences, and experience accessing pediatric dermatology care. All interviews were audio recorded and professionally transcribed. Thematic analysis was conducted using a reflexive, team-based inductive approach, using grounded theory methodology via Atlas.ti (v24.0.1).

Results: Among 63 eligible participants identified, 32 completed the interview. Mean participant age was 38.9 (18-65) years; 43.75% (n=14/32) identified as Hispanic, 34.38% (n=11/32) as Black, and 37.50% (n=12/32) as AIAN (response categories were not mutually exclusive). Preliminary analysis of interviews elicited several themes. Barriers to receiving pediatric dermatology care include distrust of the healthcare system, generational and community lack of awareness about dermatology, perception of cost of dermatologic care, and distance to the hospital. Facilitators include family advocacy for the child with skin disease, availability of minoritized providers and an assumption of shared racially minoritized experiences with those providers, normalizing dermatology care, and increased representation from the family's community at all levels of healthcare.

Discussion: Families had strong feelings about their children's dermatology care and shared critical perspectives for increasing health equity. Recommendations included broadening awareness of the specialty as well as improving representation at all levels of healthcare. Parents valued shared identity from a comparable minority (i.e. non-majority) background with their child's provider. This preference is attributed to presumed shared life experience and likely descends from inter-racial solidarity—a well-known phenomenon recognizes similar challenges minority communities face compared to majority groups.

Significance: To our knowledge, this is the first study to elicit families' knowledge, attitudes, and beliefs about pediatric dermatology to better understand how hospital systems and the medical staff can better support these families.