Barriers and Facilitators to Pediatric Dermatology Care for Underserved Families

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Barriers to Care



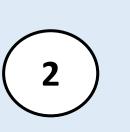
INTRODUCTION

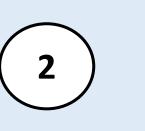
Despite the growing body of literature documenting differences in access to dermatologic care, little is heard from the voices of those affected. 1-2























Black, Hispanic, American Indian Alaska Native

Lower-income

Public insurance or no insurance

We want to understand these individuals' knowledge, attitudes, and beliefs about dermatology care access.

STUDY OBJECTIVES

- Characterize the experiences of minority families in accessing pediatric dermatology at a children's hospital.
- Understand how the hospital system and the medical team could better support these families.

METHODS



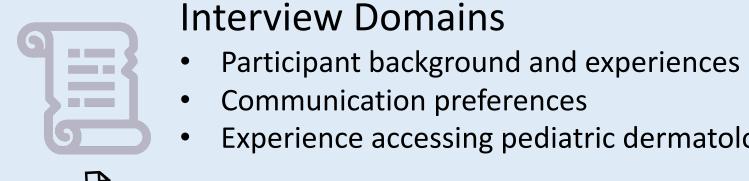
Parents/Guardians

- English- or Spanish- speaking
- ≥ 18 years old
- Black, Hispanic, or AIAN



Semi-structured interviews

Zoom[™] or phone call • 30-60 minutes



Experience accessing pediatric dermatology care

Thematic Analysis

- Reflexive, team-based inductive approach
- Grounded theory methodology, Atlas.ti (v24.0.1)

RESILITS. DARTICIDANT CHARACTERISTICS

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Mean Age (Range)	38.9 (18-65)	
Race and/or Ethnicity	No. participants (%)	
American Indian and/or Alaska Native ^a	12 (37.5)	
Asian ^a	0 (0.0)	
Black ^a	11 (34.4)	
Hispanic ^a	14 (43.8)	
Native Hawaiian and/or Pacific Islander ^a	0 (0.0)	
White ^a	4 (12.5)	

Table 1. Demographic characteristics of study participants (N=32). ^aResponse categories were not mutually exclusive and will sum to greater than 100%.

	Barriers to Gare	
	Confusion over trainee involvement in medical care	"It was kind of confusing in the beginning because I thought that the practitioner was the actual doctor. I didn't know that I hadn't seen the doctor [yet]."
	Distance to the hospital	"For us here in Trinidad, that's far. Some people don't have vehicles , although I do see the have the Med Rides, so I suppose you could do stuff like that [] Myself, I wouldn't trust somebody else's driving, especially with the weather."
	Distrust of the healthcare system	"A lot of Native Americans, from talking with my grandparents and relatives and stuff, there's a lot of distrust in doctors because of a lot of times when they go see a doctor on the rez it's a doctor that's been brought in so it's usually a white doctor and some people still have a problem with that."
	Household income	"There was a time that I could never had afforded to take off to Denver and get a [hotel] room and make my appointment. There was a time where I had to stay in my little town and get whatever came. Now I have the means and insurance to get me up to Auroraso I think that [cost/income] would be more of an issue It costs \$300-400 just to make the triup there."
	Lack of awareness about dermatology	"The only time I've lived on the rez was when I was young, so I just don't feel like the access is there I don't think [the community members] know the difference between some doctors. They don't necessarily know what a dermatologist is vs. different doctors in general."
	Facilitators to Care	
	Family perception that the provider understands their experiences due to shared minority identity	"When it's your own race, whether it's Black, Hispanic, or you know, we feel like when it's someone like me, they will look out for me moreWhen it comes to being Black and Hispanic, people of color, we look at how they're [Non-POC] treating us, we look at everything. We're pretty much studying them even though we're trying to tell them what's going on."
	Increased representation from the family's community at all levels of healthcare	"The more you see providers and people in a space that look like you, I think the more welcoming it will feel. And I don't just mean medical providers, but nurses, medical assistants, people that work at the front desk As a Black woman, if I walk into a space and I see more people that look like me then I don't have the feeling of being the only one. Especially when you're going to the doctor, if you're not familiar with interacting with providers or you don't have a huge advocate, it will not be helpful for you to feel like it's just you."

RESULTS: THEMES

Tables 2 and 3. Participant elicited themes for barriers and facilitators to accessing pediatric dermatology care.

be more than just a regular doctor."

"Letting it be known that going to the dermatologist is just like going to a regular doctor,

it's just specific to your skin and they'll be able to assist you better with the solution would

just you."

DISCUSSION & SIGNIFICANCE

Normalizing dermatology

• This is the first study to elicit families' voices regarding their pediatric dermatology care. Families shared critical perspectives for increasing dermatologic accessibility and health equity.

care

- Recommendations included broadening awareness of the specialty as well as improving racial and ethnic representation at all levels of healthcare.
- Preference for minority concordance was attributed to presumed shared life experience descending from inter-racial solidarity—a phenomenon recognizing shared challenges minority communities face.³ Thus, minority families may be more trusting towards a provider who can empathize with the barriers they have overcome.⁴⁻⁶
- This study improved understanding of how hospital systems and medical staff can better support underserved families.

References: 1. 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: An evaluation of the National Ambulatory Medical Care Survey from 2009 to 2015. Pediatr Dermatol. 2023;40(5):829-834. doi:10.1111/pde.15387. 3. Chan NKM, Jasso F. From Inter-Racial Solidarity to Action: Minority Linked Fate and African American, Latina/o, and Asian American Political Participation. Polit Behav. Sep 25 2021:1-23. doi:10.1007/s11109-021-09750-6. 4. Huerto R. Minority patients benefit from having minority doctors, but that's a hard match to make. Accessed Accessed Accessed August 12, 2024, https://theconversation.com/minority-doctors-but-thats-a-hard-match-to-make-130504. 5. Zewude R, Sharma M. Critical race theory in medicine. CMAJ. May 17 2021;193(20):E739-E741. doi:10.1503/cmaj.210178. 6. El-Kashlan N, Alexis A. Disparities in Dermatology: A Reflection. J Clin Aesthet Dermatol. Nov 2022;15(11):27-29.