

Barriers and Facilitators to Pediatric Dermatology Care for Underserved Families

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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

Those less likely to access dermatology care identify as:



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

STUDY OBJECTIVES

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

METHODS

32 Parents/Guardians

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

Interview Domains

- Participant background and experiences
- Communication preferences
- Experience accessing pediatric dermatology care

Semi-structured interviews

- Zoom™ or phone call
- 30-60 minutes

Thematic Analysis

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

Themes

RESULTS: PARTICIPANT CHARACTERISTICS

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%.

RESULTS: THEMES

Barriers to Care	Facilitators to Care
Confusion over trainee involvement in medical care	Family perception that the provider understands their experiences due to shared minority identity
Distance to the hospital	Increased representation from the family's community at all levels of healthcare
Distrust of the healthcare system	Normalizing dermatology care
Household income	
Lack of awareness about dermatology	

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

DISCUSSION & SIGNIFICANCE

- 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.
- 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.

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