



# Recognizing and Rectifying Dermatologic Health Disparities in People of Color

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## Learning Objectives

- To critically examine the roots and manifestations of dermatologic health disparities in Black, Indigenous, and People of Color (BIPOC)

## Background

- The aftermath of George Floyd's murder in May 2020 and the critical contemplation of race and systemic racism that followed is considered a watershed moment in American history. Unfortunately, this deep-seated racism is a recurring theme in the long-silenced narrative of BIPOC communities in this country.
- One manifestation of this systemic racism within healthcare is the differential rates of morbidity and mortality for melanoma and non-melanoma skin cancer (NMSC) between White and BIPOC individuals. While dermatologic disparities in BIPOC communities are not limited to skin cancers, their disproportionate rates of morbidity and mortality calls for a critical reflection of:
  - (1) Epidemiology of Melanoma and Non-melanoma skin cancers (NMSC) in BIPOC vs. White individuals
  - (2) Inclusion of skin of color (SoC) in dermatologic medical education
  - (3) Patient access to dermatologic care

| Textbook        | Dark | Light | Indeterminate | Total | Dark skin images |
|-----------------|------|-------|---------------|-------|------------------|
| Bologna         | 254  | 1011  | 61            | 1326  | 19%              |
| Freedberg       | 240  | 1339  | 67            | 1646  | 15%              |
| Rook            | 178  | 1255  | 79            | 1522  | 12%              |
| Fitzpatrick 5th | 97   | 721   | 39            | 857   | 11%              |
| Fitzpatrick 4th | 73   | 602   | 26            | 701   | 10%              |
| Sauer's         | 57   | 550   | 8             | 615   | 9%               |
| Habif           | 36   | 944   | 32            | 1012  | 4%               |

Figure 1. Proportion of various skin phenotypes in dermatology textbooks

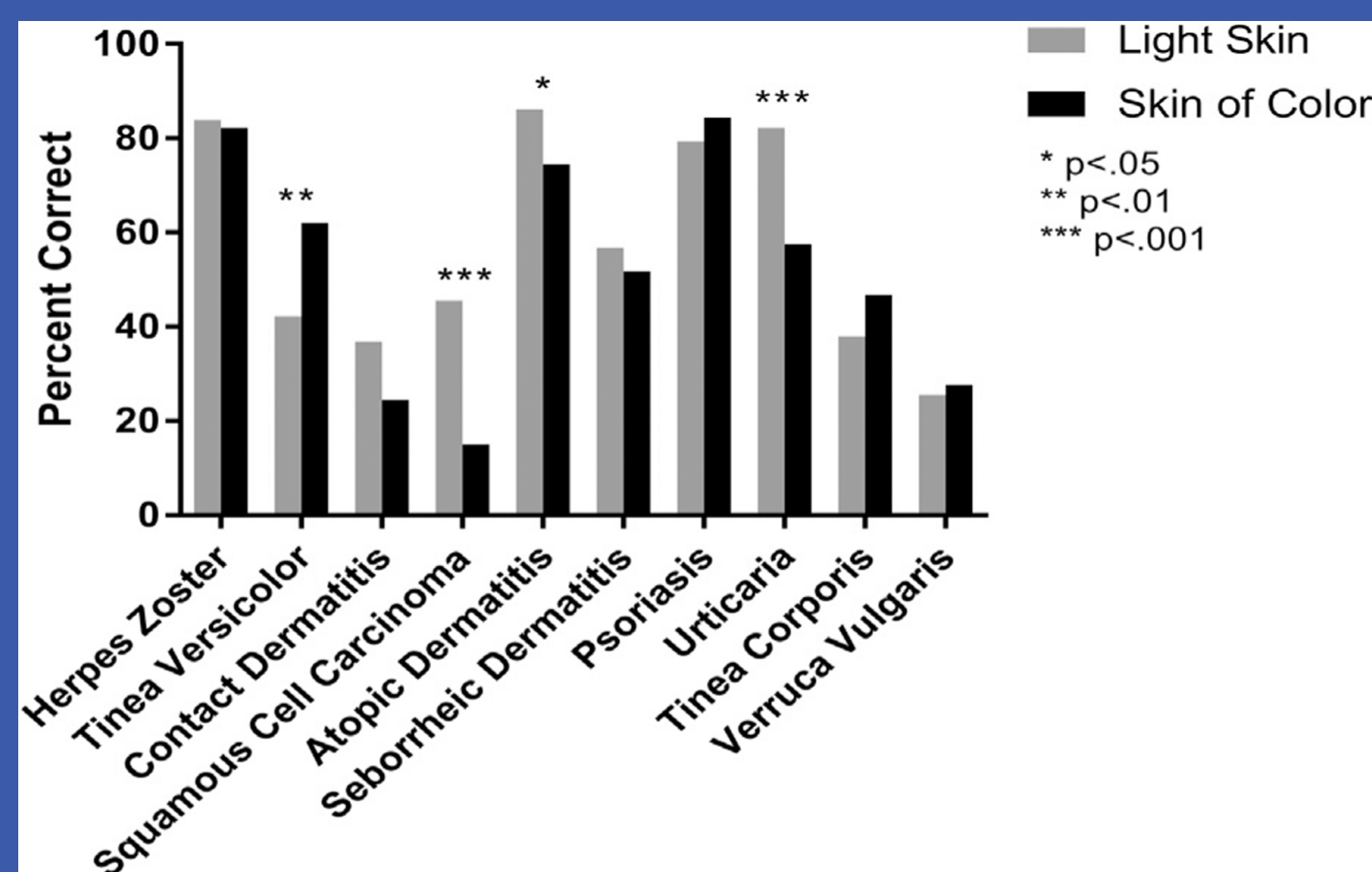


Figure 2. Differential capability of diagnosing dermatologic conditions on skin of color

## Discussion

### EPIDEMIOLOGY

- Per review of data from NIH's SEER program, melanoma survival is 73% for black individuals and 94% for white individuals
- BIPOC individuals experience:
  - 20-40% metastasis rate for squamous cell carcinoma (SCC), compared to 1-4% in White individuals
  - 1.5 times more likely to die from melanoma, compared to white individuals

### ROOTS OF DERMATOLOGIC DISPARITIES: MEDICAL EDUCATION

- Review of 7 dermatology textbooks determine BIPOC representation average ~11% (Figure 1), with overrepresentation of colored skin representing STIs
- Medical students were less accurate in diagnosing SCC, atopic dermatitis, and urticaria in BIPOC (Figure 2)

### ROOTS OF DERMATOLOGIC DISPARITIES: BARRIERS TO ACCESSING CARE

- Medicaid reimbursement rates are 66% that of Medicare, and are even lower than that of private insurance
- BIPOC comprise ~75% of Medicaid recipients in California
- 31% of physicians nationwide do not accept Medicaid patients, among these physicians, dermatologists refuse Medicaid at a rate of 44%

### IN SUMMARY

- Efforts to diminish difference in dermatologic morbidity and mortality can be accomplished by:
  - Incorporating skin of color and discussions of disparities within BIPOC communities into the medical education curriculum
  - Improving access to dermatologic care by encouraging participation with Medicaid amongst dermatologists

## References

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