Paving the Way to Healthcare Equity: Raising Awareness of Existing Gaps in the Dermatologic **Care of Diverse Populations in the United States.** 

# Andrew Alexis<sup>1</sup>, Meena Hansen<sup>2</sup>, Marta Casillas<sup>2</sup>, Maria Jose Rueda<sup>2</sup>, Tanja Bosshard Becker<sup>3</sup>, Raj Chovatiya<sup>4</sup>

<sup>1</sup>Department of Dermatology, Weill Cornell Medicine, New York, NY, USA <sup>2</sup>Eli Lilly and Company, Indianapolis, IN, USA <sup>3</sup>Executive Insight, Zurich, CH <sup>4</sup>Department of Dermatology, Northwestern University Feinberg School of Medicine, Chicago, IL, USA

**Sponsored by Eli Lilly and Company** 

METHODOLOGY

#### BACKGROUND

• The field of dermatology has long recognized the heterogeneity of clinical manifestations, disease burden, and management approaches across diverse populations. Nonetheless, a comprehensive overview of existing care gaps is lacking

### OBJECTIVE

Despite growing awareness of the disparities in dermatologic health outcomes among populations with skin of color (SOC) in the United States (US), there is a need to synthesize the current literature to facilitate evidence-based decision-making, guide future initiatives, and ultimately, achieve healthcare (HC) equity

## CONCLUSIONS

- Although numerous initiatives have sought to address the disparities in dermatologic health outcomes across diverse populations in the US, there is a need for more targeted, empirically-rooted engagement
- To provide optimal care for patients of all backgrounds, understanding the factors that contribute to these incongruities is a crucial step towards the development of potential solutions
- This study aims to inspire future initiatives by evaluating existing care gaps in dermatology and proposing a structured framework for periodic assessment of the outcomes attained from these actions

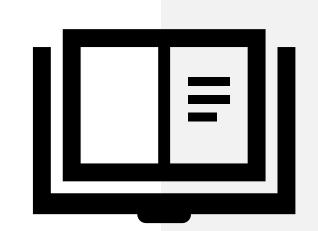
Skin of Color Update; New York, NY; October 6 – 8, 2023

# **RESULTS – PROPOSED ROOT CAUSES OF CARE GAPS**

2

**Related to Patients** 

**Related to HCPs and HC System** 



### Literature Search

PubMed Search included English language articles published in the US between January 2020–April 2022 and specific search term combinations related to subpopulations, indications, and stakeholders

## **Review and Analysis**

Search results yielded 70 high-priority articles, from which care gaps were extracted and categorized into 4 fundamental root causes

## **Literature Prioritization**

Titles and abstracts of the resulting articles were screened for their significance to populations with SOC (high-, mid-, or low-priority). *High-priority* articles had a high degree of relevance to SOC care; *medium-priority* articles were inconclusive; *low-priority* articles were not relevant to SOC care

#### Cultural diversity

- Socioeconomic factors lead to low levels of health literacy in some patients with SOC
- Latino patients struggle with language barriers
- Community-driven cultural practices and traditions influence the approach to care for patients with SOC
- Mistrust in the HC system

These factors lead to variations in HC seeking behaviors and barriers/difficulties in understanding and communicating with healthcare professionals (HCPs)

#### Income status

Due to low-income levels, some patients with SOC

- Have public or no insurance
- Live in areas where specialty care is lacking
- Struggle to schedule/keep an appointment (i.e., absenteeism from work/affordability of transportation)

#### **Racial biases/inequities**

- HCPs lack awareness regarding stereotypes 3 and racial biases influencing care decisions
  - HCPs may lack awareness of disease-specific inequities that may impact disease presentation and management
  - Clinicians with SOC are more likely to tailor care to patients with SOC, but are underrepresented among HCPs

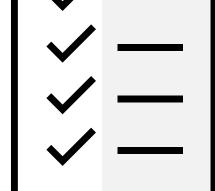
These factors negatively affect the quality of care received by patients with SOC

Underrepresentation in medical research and training

- 4 Underrepresentation of patients with SOC in clinical trials leads to a lack of evidence on potential differences in diverse populations
  - Lack of coverage on cultural competency in medical training

< —

### **Summary Map**



Based on need category and targeted stakeholders, the study identified and mapped 17 distinct care gaps. These findings were subsequently validated by expert thought leaders.

These factors reduce overall access to high-quality/specialty care and to more efficient (innovative) therapies

Ρ

P D

These factors lead to clinicians being less comfortable making diagnostic and therapeutic decisions for patients with SOC

# **RESULTS – PROPOSED CARE GAPS**



**Ineffective patient education materials** due to language complexity and absence of non-English versions, hindering comprehension and accessibility Ρ



Limited patient awareness on skin disease causes and presentation among patients with SOC, leading to reduced knowledge about the necessity of seeking specialist care

Inadequate insurance coverage restricts guideline-recommended therapy, resulting in poorer outcomes

Shortage of dermatologists serving underrepresented patient populations

Insufficient adaptation of patient communication by HCPs to match the health literacy level of patients P D R

Absence of culturally safe patient education channels to acquire greater trust in the HC system

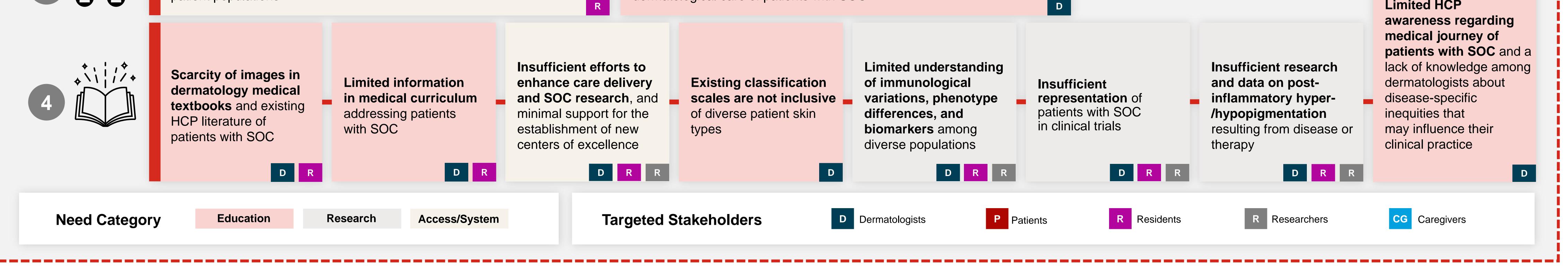
Inadequate access to dermatological care in areas with high density of patients with SOC, compounded by appointment difficulties due to work constraints and transportation costs

Limited efforts to address prevailing stereotypes in the dermatological care of patients with SOC

Insufficient HCP awareness of cultural norms affecting physical examinations



**Limited HCP** 



Acknowledgments: The authors would like to thank all interview participants for their thoughtful contributions. We thank Chiara Bostock at Node Medcom Inc. for her writing and editorial assistance.

Ρ

Disclosures: RC has served as an advisor, consultant, speaker, and/or investigator for AbbVie, Apogee Therapeutics, Arcutis, Argenx, ASLAN Pharmaceutics, Novan, FIDE, Galderma, Genentech, Incyte, LEO Pharma, L'Oréal, Nektar Therapeutics, Novan, Vistor Nov Inc., Opsidio, Pfizer Inc., Regeneron, Sanofi, and UCB. AA has served as an advisor, consultant, Eli Lilly, EPI, Galderma, Janssen, L'Oreal, Leo, Novartis, Ortho, Sanofi-Regeneron, Sol-Gel, Swiss American, UCB, VisualDx, Vyne. AA earns royalties with Springer, Wiley-Blackwell, Wolters Kluwer Health.

VV-MED-146503 © 2023 Lilly USA, LLC. All rights reserved.