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## Socioeconomic and geographic barriers to dermatology care in urban and rural U.S. populations

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Access to dermatology is affected by sociodemographic factors such as socioeconomic status, rurality and distribution of providers; patients of lower socioeconomic status and patients residing in rural areas may experience longer wait times, treatment delays and disease progression. Limited data is available that examines the distribution of dermatologists and dermatology provider supply in the context of population, socioeconomic status, poverty and income levels, rurality and race. Examining these associations may influence interventions to minimize barriers to care. County-specific information pertaining to dermatologist locations in the U.S., dermatologist: population ratios, dermatologist counts, population count, poverty status, household median income, rurality and racial majorities were obtained from the AAD Members Services Team and U.S. Census Bureau. These variables were compared via T-test between counties with and without dermatologists and between counties with a dermatologist: population ratio  $>3.5/100,000$  and  $<3.5/100,000$ . The mean dermatologist: population ratio in the U.S. is  $1.10/100,000$ . Twelve percent ( $n=378$ ) of counties have a dermatologist: population ratio  $>3.5/100,000$ . Counties with a ratio  $>3.5$  have significantly greater populations and median incomes and have Caucasian American majorities (97%). A trend was identified ( $r^2 = .970$ ) between a county's median income vs. dermatologist:population ratio. The majority of counties with an African American, Hispanic and Caucasian majorities and those in rural/frontier areas do not have a dermatologist. Counties with larger populations and in urban areas have more dermatologists and higher dermatologist: population ratios. In addition, counties with higher poverty rates have a lower dermatologist: population ratio and counties with a higher median income have a higher dermatologist: population ratio. These discrepancies have also been reported in other medical specialties. The association between dermatologist distribution and presence of underrepresented minorities is the most concerning; African American, Latin American and Native American majorities had significantly fewer dermatologists than average and those Native American majorities had 0 total dermatologists.

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