

Evaluating Access to Full-Body Skin Examinations in Los Angeles County, California

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PRACTICE POINTS

- Socioeconomic and racial disparities impact access to full-body skin examinations (FBSEs) in Los Angeles County.
- Most dermatologists included in this study were accepting new patients for a FBSE.
- There are significantly more dermatologists in predominantly non-Hispanic White zip codes than in predominantly Hispanic zip codes in Los Angeles County.

To the Editor:

Early skin cancer detection improves patient outcomes¹; however, socioeconomic and racial disparities may impact access to dermatologic care.² Although non-Hispanic White individuals have a high incidence of skin cancer, they experience higher melanoma-specific survival rates than non-White patients, who often receive later-stage diagnoses and experience higher mortality.² Furthermore, racial/ethnic minorities often face longer surgery wait times after diagnosis and have lower socioeconomic status (SES) and less favorable health insurance coverage, contributing to poorer outcomes.^{2,3}

To examine access to full-body skin examinations (FBSEs) by board-certified dermatologists in Los Angeles (LA) County, California, we analyzed the availability of FBSEs based on racial demographics, income, and insurance type (Medicaid [Medi-Cal] vs private [Blue Cross Blue Shield (BCBS)]). Demographic data by zip code were obtained from the US Census Bureau.⁴ This validated metric

highlights socioeconomic disparities and minimizes data gaps^{5,6} and was used to assess health care access among different population subgroups. Dermatologists' contact information was obtained from the Find a Dermatologist page on the American Academy of Dermatology website and the listed phone numbers of their practice were used to contact them. Practices with board-certified dermatologists accepting new patients were included in the study; practices were not included if they had exclusive insurance plans; were pediatric, cosmetic, or research only; or were nonresponsive to calls. From August 2022 to September 2022, each practice was called twice within a 36-hour period—once by a simulated patient with Medi-Cal and once by a simulated patient with BCBS—and were asked about availability for new patient FBSE appointments and accepted insurance types. Data were analyzed using SAS software (SAS Institute Inc.).

Los Angeles County comprises 269 zip codes, of which 82 (30.5%) have dermatology practices. Of 213 total dermatologists in LA County listed on the American Academy of Dermatology website, 193 (90.6%) met preliminary criteria, and 169 (79.3%) were successfully contacted. Almost all (94.6% [160/169]) accepted new patients for FBSEs; of those, 63.1% (101/160) accepted only private insurance, 16.9% (27/160) accepted both private insurance and Medi-Cal, and 16.2% (26/160) did not accept any insurance. Racial predominance for each dermatology practice was analyzed by zip code (Table). Dermatologists included in our study were significantly more concentrated in predominantly non-Hispanic White areas of LA County vs predominantly Hispanic areas ($P < .0001$). Notably, the average income in predominantly non-Hispanic White zip codes (\$114,757.74)

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TABLE. Racial Demographic Data By Zip Code in LA County, California

Race	No. of racial-predominant zip codes in LA County (%)	No. of dermatologists providing FBSEs in a racial majority zip code (%)	Average income in racial majority zip codes, \$
Non-Hispanic White	74 (27.5)	106 (66.2) ^a	114,757.84 ^b
Hispanic	76 (28.3)	14 (8.7) ^a	58,278.54 ^b
Asian	5 (1.9)	2 (1.2)	93,594
Black	6 (2.2)	0 (0)	N/A
No racial majority	108 (40.1)	38 (23.7)	N/A
Total	269	160	N/A

Abbreviations: FBSEs, full-body skin examinations; LA, Los Angeles; N/A, not available.

^aSignificant difference between non-Hispanic Whites and Hispanics ($P<.0001$).

^bSignificant difference between non-Hispanic Whites and Hispanics ($P=.001$).

was significantly higher than in predominantly Hispanic areas (\$58,278.54) ($P=.001$) (Table).⁴

In LA County, 40.1% (108/269) of zip codes have no racial majority, 28.2% (76/269) are predominantly Hispanic, 27.5% (74/269) are predominantly non-Hispanic White, 2.2% (6/269) are predominantly Black, and 1.9% (5/269) are predominantly Asian.⁴ There are no dermatologists in predominantly Black zip codes, 2 in predominantly Asian zip codes, 14 in predominantly Hispanic zip codes, 38 in zip codes with no racial majority, and 106 in predominantly non-Hispanic White zip codes. There are significantly more dermatologists in predominantly non-Hispanic White zip codes compared to predominantly Hispanic zip codes ($P<.0001$). In LA County, the average income in predominantly Asian, non-Hispanic White, and Hispanic zip codes was \$93,594, \$114,757.84, and \$58,278.54, respectively, in 2021.⁴ The average income in predominantly non-Hispanic White zip codes was significantly higher than in predominantly Hispanic zip codes ($P=.001$). There were no income data available for predominantly Black zip codes or zip codes with no racial majority.

The results from our study revealed potential barriers to FBSEs for racial and ethnic minorities in LA County, which supports previous research on the impact of SES, race, and insurance on access to dermatologic care.^{2,3} Predominantly Hispanic zip codes have significantly lower income ($P<.0001$) and fewer dermatologists ($P=.001$) compared to zip codes that are predominantly non-Hispanic White, reflecting how lower SES correlates with worse health outcomes and higher melanoma mortality. Conversely, predominantly non-Hispanic White areas with higher income have better access to dermatologists, which may contribute to the improved melanoma survival rates among White patients. Additionally, most dermatologists accept only private insurance, further highlighting the disparity in FBSE access for non-White patients across LA County. While our study focused on FBSE access, our findings may point to a wider barrier to dermatologic care, especially in zip codes with fewer dermatologists. Further studies are needed to determine whether these areas also face barriers to accessing primary care.

Our study was limited by the exclusion of nonphysician providers (eg, nurse practitioners, physician assistants), a small sample size, and lack of available economic data for predominantly Black zip codes.⁴ Additionally, the exclusion of practices with exclusive insurance plans (eg, Kaiser Permanente) limited the generalizability of our findings, as our results did not account for the populations served by these practices. Furthermore, our analysis did not account for variations in practice size or the proportion of care provided to patients with different insurance types, which could impact overall accessibility. Additional studies are needed to explore the impact of these factors on access to general dermatologic care and not just FBSEs.

Racial/ethnic minorities and lower SES populations face major barriers to FBSE access in LA County, such as difficulty finding a dermatologist in their area or one who accepts Medi-Cal. Addressing these disparities is crucial for improving skin cancer outcomes. Further research is needed to develop strategies to eliminate these barriers to dermatologic care, such as increasing access to teledermatology, offering mobile dermatology clinics, and improving insurance coverage.

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