

The Impact of Dermatology Community Outreach Programs: Improving Health Equity Through Service

Kara Turner BA,^a Arielle Carolina Mora Hurtado BS,^b Abdulaziz Hamid BS,^c
Sarah Gonzalez MD,^d Nada Elbuluk MD MSc^c

^aAlbert Einstein College of Medicine, Bronx, NY

^bUniversity of Wisconsin School of Medicine and Public Health, Madison, WI

^cMedical College of Wisconsin, Milwaukee, WI

^dWayne State University School of Medicine, Detroit, MI

^eUniversity of Southern California, Keck School of Medicine, Department of Dermatology, Los Angeles, CA

ABSTRACT

Background: Dermunity™ is a Los Angeles-based community service program established in 2020 at the University of Southern California Department of Dermatology to provide dermatologic education to local underserved communities.

Methods: This study characterized the impact of Dermunity through retrospective analysis and a prospective survey given over a one-year period (2023-2024).

Results/Discussion: From 2020 to 2024, Dermunity reached 406 participants. Faculty and trainees led lectures on dermatologic health topics including how to access a dermatologist. Survey results demonstrated most participants were female (85.6%), Hispanic/Latinx (74.8%), and insured (88.2%). The largest age group were 35 to 44-year-olds (33.1%), and the most common highest education level was high school (39.8%). Most respondents found the information presented useful (92.3%), and half (50.9%) felt it would affect their skincare practices. Despite over half having prior skin, hair, or nail conditions, 61.3% had never seen their primary doctor for dermatologic issues. Less had been to a dermatologist (43.7%), nearly a third citing challenges accessing a dermatologist (30.5%). After presentations, the majority felt educated on when to see a dermatologist (79.5%), and 74.3% reported knowing how to schedule an appointment.

Limitations: Small sample size and non-response bias.

Conclusion: Community outreach programs like Dermunity increase the dermatologic knowledge of participants' and their confidence in when and how to access a dermatologist. Findings highlight how community-based educational outreach can bridge gaps to care in underserved communities and help improve health equity.

J Drugs Dermatol. 2025;24(11):1146-1147. doi:10.36849/JDD.8916

INTRODUCTION

Significant racial and ethnic disparities exist within dermatology, including a higher disease burden for numerous dermatologic conditions.¹ Black and Hispanic/Latinx patients are more likely than White patients to delay care due to structural barriers, including socioeconomic inequities and gaps in educational exposure.² Community outreach in dermatology has been shown to increase health literacy and skin care self-efficacy in underserved communities.³⁻⁵ Dermunity is a Los Angeles-based community service program established in 2020 by the University of Southern California Department of Dermatology to provide dermatologic education to local underserved communities.

This study sought to characterize the impact of Dermunity outreach through retrospective data analysis and a prospective 27-question survey given over a one-year period (2023-2024).

The survey examined demographics, skin care practices, and knowledge surrounding dermatologic health of community participants. Over a 4-year period (2020-2024), Dermunity conducted 15 events with Los Angeles organizations, reaching 406 participants. Lectures were led by residents, faculty, and medical students. Survey results demonstrated that most participants were female (85.6%), Hispanic/Latinx (74.8%), and insured (88.2%). The largest age group were 35 to 44-year-olds (33.1%), and the most common highest level of education was high school (39.8%). Lecture topics included skin cancer, dry skin care, acne, and how to access a dermatologist based on insurance status.

In terms of skin care practices, over half reported using sunscreen (56.8%). Of those using sunscreen, less than one-third reported daily use (30.9%) with nearly half (45.4%) reporting rare sunscreen use. Most answered that they currently wash

TABLE 1.

Tips for Developing Community-Based Dermatology Service Programs

Preparation	<ul style="list-style-type: none"> Define a mission and goals. Identify specific populations to be supported in the local community as well as needs and/or educational gaps to be addressed. Assemble a team that can help lead and implement the community initiative in a longitudinal manner. Assess resources and capacity. Consider budget, volunteers, and physical space and equipment needs. Consider applying for grant support.
Developing Partnerships	<ul style="list-style-type: none"> Identify potential community partners, such as nonprofit organizations, health clinics, shelters, community centers, and places of worship. Identify pre-existing institutional partnerships, program, and established relationships with community organizations. Consider various formats for dissemination of information including lectures, workshops, panels, health fairs, free clinics, etc.)
Implementation of Outreach Events	<ul style="list-style-type: none"> Select the format (in-person vs virtual), date(s), and location of event(s) with the community partner. Determine whether bilingual volunteers or interpreters will be needed. Develop educational materials for the event according to the goals/needs of the community partner. Recruit physicians or trainees to lead community outreach events. Determine best route for promoting awareness of volunteer events. Maintain open communication with volunteers and community partners and offer ongoing support.
Evaluating Impact	<ul style="list-style-type: none"> Obtain feedback from the community partner and volunteers after each event. Reassess impact at regular intervals to improve programming and partnership. Explore opportunities for ongoing collaboration with the community partner. Show appreciation to volunteers. Design a volunteer management strategy to continue recruitment, engagement, and retention of volunteers.

their face once a day (65.8%) with a cleanser (57.1%). Less than half reported having prior knowledge of the dermatologic topic presented (42%). The majority found the information presented to be useful (92.3%) and when asked what was most helpful, the majority of participants (68%) responded, “knowing how to better care for your skin.” Approximately half (50.9%) felt the information presented would affect their skin care practices.

Before the event, nearly three-quarters of participants (75.2%) knew the role of dermatologists. Despite over half of respondents having prior skin, hair, or nail conditions, the majority (61.3%) had never seen their primary care doctor for dermatologic issues and less than half (43.7%) had ever been to a dermatologist with nearly a third (30.5%) citing challenges accessing a dermatologist.

After the presentation, the majority felt educated on when it was appropriate to see a dermatologist (79.5%), and nearly three-quarters (74.3%) reported that they knew how to schedule an appointment with a dermatologist. Most reported that they would likely see a dermatologist in the future if they had a skin, hair, or nail condition (84.3%), and just over two-thirds (68.7%) reported that they would be interested in attending more dermatology-focused educational events in the future.

Limitations for this study include small sample size and non-response bias. Overall, community outreach programs such as Dermcommunity increase exposure to dermatologic education and enhance participants’ confidence in when and how to see a dermatologist. Findings from this study highlight how community-based educational outreach can increase knowledge and bridge gaps to dermatologic care in underserved communities (Table 1). Community-based initiatives across the

globe play an important role in combatting health disparities and improving health equity.

DISCLOSURES

Dr. Elbuluk has served as a consultant, advisory board member, and/or speaker for Avita, Scientis, Incyte, VisualDx, La Roche Posay, Beiersdorf, Unilever, Eli Lilly, Galderma, Pfizer, L’Oreal, McGraw Hill, Dior, Medscape, Abbvie, Takeda, Sanofi, Janssen. She has received royalties from McGraw-Hill. She has stock options in VisualDx. The remaining authors have no disclosures to report.

IRB approval status: This study received approval by the University of Southern California Institutional Review Board (IRB). Study ID UP-23-00756.

REFERENCES

- Narla S, Heath CR, Alexis A, et al. Racial disparities in dermatology. *Arch Dermatol Res.* 2023;315(5):1215-1223. doi: 10.1007/s00403-022-02507-z.
- Nock MR, Barbieri JS, Krueger LD, et al. Racial and ethnic differences in barriers to care among US adults with chronic inflammatory skin diseases: A cross-sectional study of the All of Us Research Program. *J Am Acad Dermatol.* 2023;88(3):568-576. doi: 10.1016/j.jaad.2022.09.054.
- Jacobsen AA, Ufkes NA, Cain N, et al. Healthy skin for everyone: Long-term effectiveness of a multicomponent, community-based skin cancer intervention program for an underserved Hispanic population. *J Am Acad Dermatol.* 2021;85(4):1004-1006. doi: 10.1016/j.jaad.2020.09.071.
- Zhong CS, Nambudiri VE, Liu KJ. Theory-based community outreach curriculum improves skincare and foot care self-efficacy in Chinese-American older adults. *Geriatr Gerontol Int.* 2020;20(4):385-386. doi: 10.1111/ggi.13869.
- Kimball KM, Cowan RA, Krevh R, et al. Skincare from the inside out: a pilot project addressing social determinants of health through dermatology. *Int J Womens Dermatol.* 2023;9(3):e094. doi: 10.1097/JW9.000000000000094.

AUTHOR CORRESPONDENCE

Nada Elbuluk MD MSc

E-mail:..... nelbuluk@gmail.com