

Understanding the Experience of Healthcare Access and Health-Related Impacts among Diverse Populations with Alopecia Areata



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Candrice R. Heath^{1,2,3}, Lisa Anderson⁴, Shamsa Damani⁴, Elizabeth D. Bacci⁵, Andrew Buchanan⁶, Julia R. Correll⁵, Evangeline J. Pierce⁶, Melissa L. Constantine⁵, Beth Mitchell⁶, Raj Chovatiya^{7,8}

¹Lewis Katz School of Medicine at Temple University, Philadelphia, Pennsylvania; ²Howard University, Department of Dermatology, Washington, DC; ³Center for Urban Bioethics, Temple University, Philadelphia, Pennsylvania; ⁴National Alopecia Areata Foundation, San Rafael, California; ⁵Patient-Centered Research, Evidera, Wilmington, North Carolina; ⁶Eli Lilly and Company, Indianapolis, Indiana; ⁷Chicago Medical School, Rosalind Franklin University of Medicine and Science, North Chicago, Illinois; ⁸Center for Medical Dermatology + Immunology, Chicago, Illinois

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OBJECTIVE

- This study aims to better characterize and evaluate for differences in perception of disease, healthcare access, and healthcare utilization among adults with AA from different racial/ethnic groups

CONCLUSION

- These results describe a diverse population with AA and their issues around access to healthcare, including access to culturally competent care for diverse patient populations
- Due to the limitation of small samples of some races/ethnicities, future studies are needed to understand 1) if these different perceptions among race and ethnicity continue to be observed in larger samples, 2) what possible extrinsic driving factors may cause these differences in perceptions, and 3) how HCPs can use these learnings to employ culturally competent care

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References

- Gelhorn HL, et al. *Dermatol Ther.* 2022;12(4):989-997.
- Mesinkovska N, et al. *J Investig Dermatol Symp Proc.* 2020;20(1):S62-S68.

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BACKGROUND

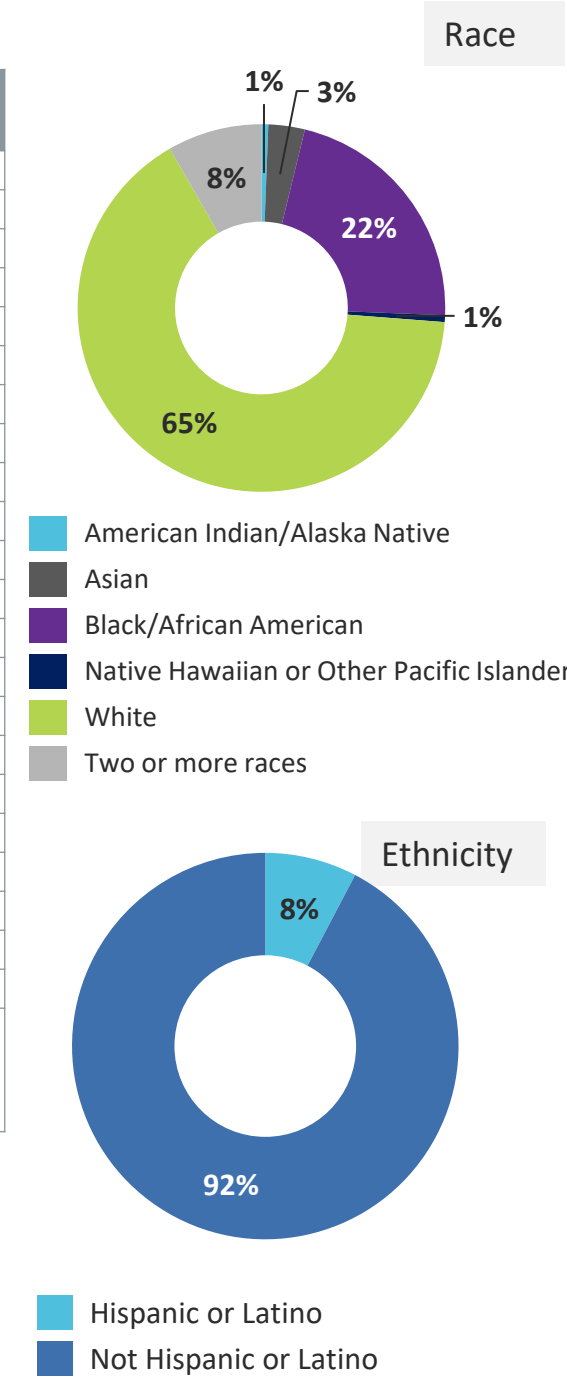
- Alopecia areata (AA) is an autoimmune condition that can result in extensive hair loss. Treatment of severe AA can be challenging
- Although some research has explored the social impact and healthcare utilization associated with this condition, more information is needed to fully understand its effects on patients^{1,2}
- In addition, prevalence rates of AA often vary by race and ethnicity; there is some evidence of inequities in healthcare utilization for patients with dermatologic conditions, limited research exists on the differences in outcomes of these conditions when stratified by race

STUDY DESIGN

- This study consisted of a cross-sectional, non-interventional design with web-based survey methods for data collection
- Adults living with self-reported AA in the United States were recruited through the National Alopecia Areata Foundation (NAAF) and the AmeriSpeak panel, a national sample of adults
- Soft targets for race/ethnicity were set and defined by the US Census
- Participants completed a one-time electronic survey, and the data were analyzed using descriptive statistics

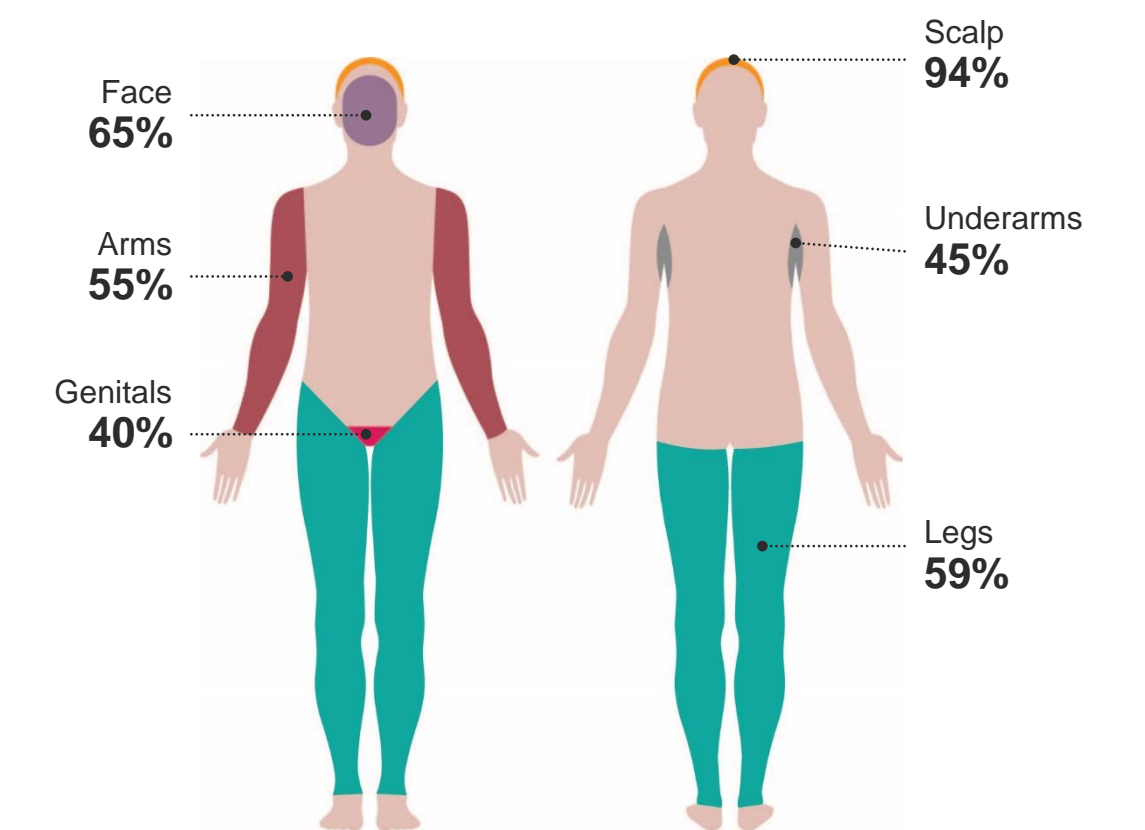
Participant Sociodemographic Characteristics

Characteristic	Overall (N=156)
Age (years)	
N	156
Mean (SD)	48.6 (15.55)
Range (Min - Max)	19 - 84
Sex assigned at birth (n, %)	
Male	25 (16%)
Female	131 (84%)
Education (n, %)	
Less than high school degree	3 (2%)
High school diploma or GED	24 (15%)
More than high school	129 (83%)
Marital status (n, %)	
Married	69 (44%)
Widowed	5 (3%)
Divorced	26 (17%)
Separated	2 (1%)
Single, never married	54 (35%)
Employment status (n, %)	
Unemployed	58 (37%)
Employed	98 (63%)
Recruitment source	
AmeriSpeak (survey vendor)	39 (25%)
National Alopecia Areata Foundation (patient advocacy group)	117 (75%)



Participant Locations Affected by AA

Most prevalent locations affected by AA:



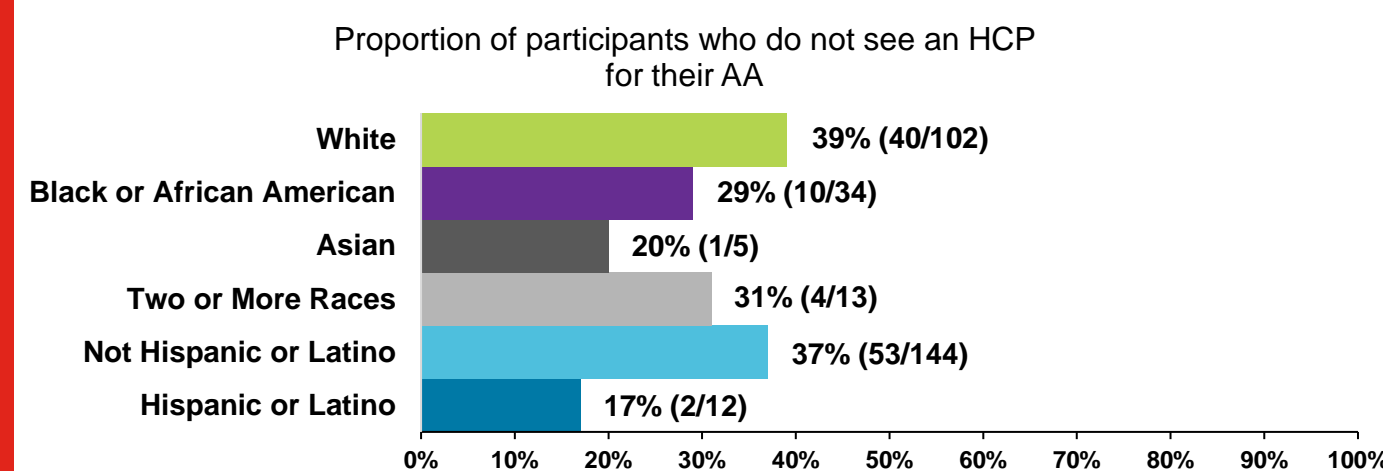
Results are not mutually exclusive but did vary by racial and ethnic groups for some locations.

- The scalp and face were the most commonly reported locations affected by AA
- Involvement of 50% or greater of scalp hair loss (i.e., severe AA) was reported among White participants (69%; 70/102), B/AA participants (65%; 22/34), Two or More Races (46%; 6/13), Asian participants (40%; 2/5), Not Hispanic/Latino participants (66%; 95/144), and Hispanic/Latino participants (42%; 5/12)
- Overall, 69% (108/156) reported hair loss affecting eyebrows and/or eyelashes with B/AA (47%; 16/34) participants being least affected

Healthcare Access among Study Participants

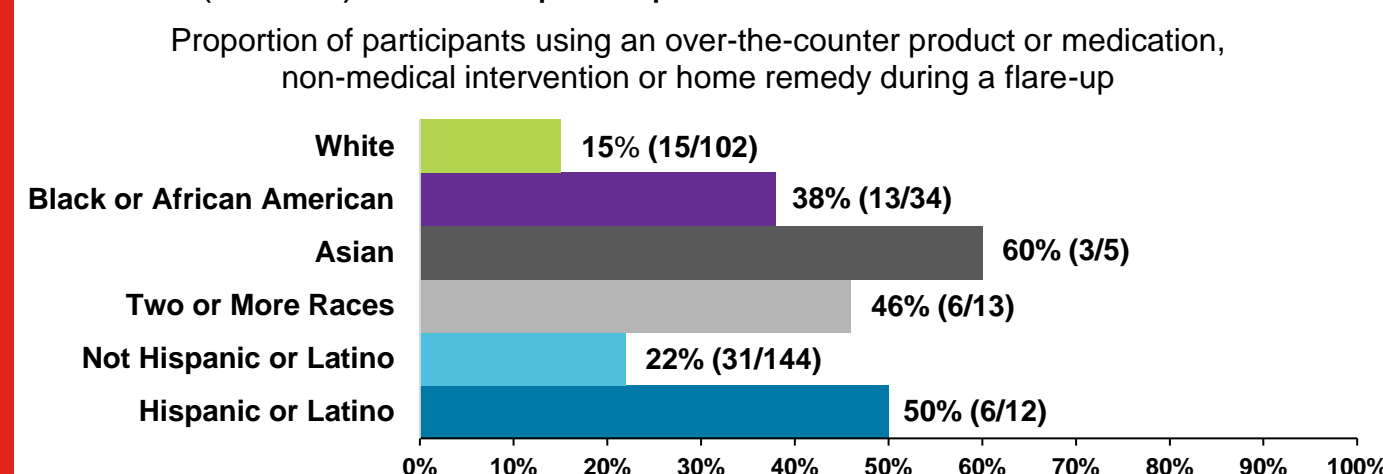
Q: When asked, what type of healthcare provider or medical specialist do you primarily see for medications to treat your AA?

- 17% (2/12) of Hispanic/Latino participants and 39% (40/102) of White participants **did not see** an HCP for AA



Q: When asked, when you have a flare-up of symptoms of AA, which of the following steps do you usually take?

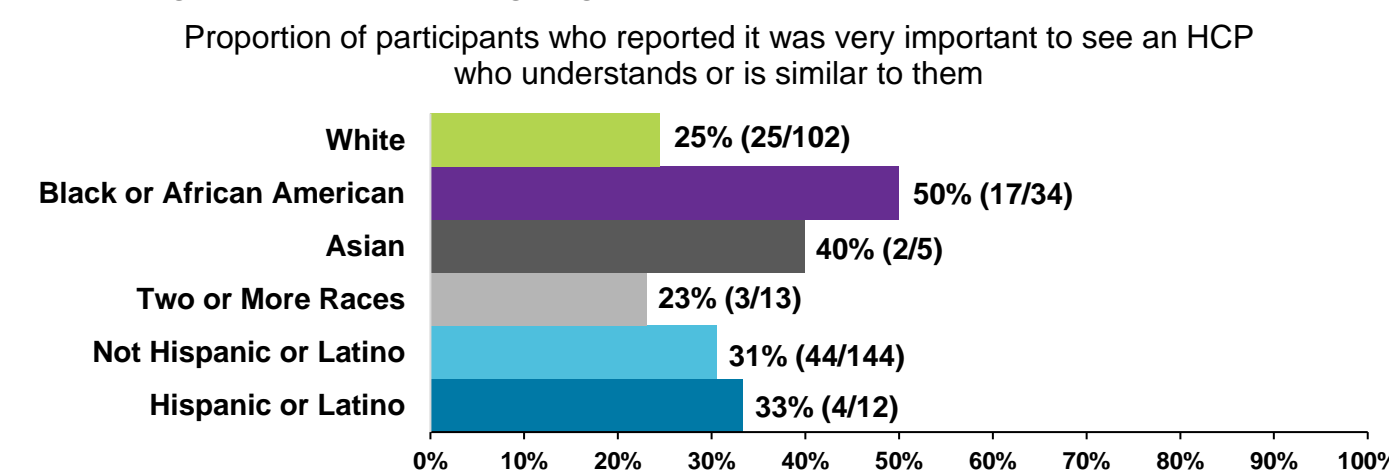
- 38% (13/34) of B/AA to 60% (3/5) of Asian participants reported using an over-the-counter product or medication, non-medical intervention or home remedy when a flare-up occurred compared to 15% (15/102) of White participants



Participant Access to HCPs Similar to Them

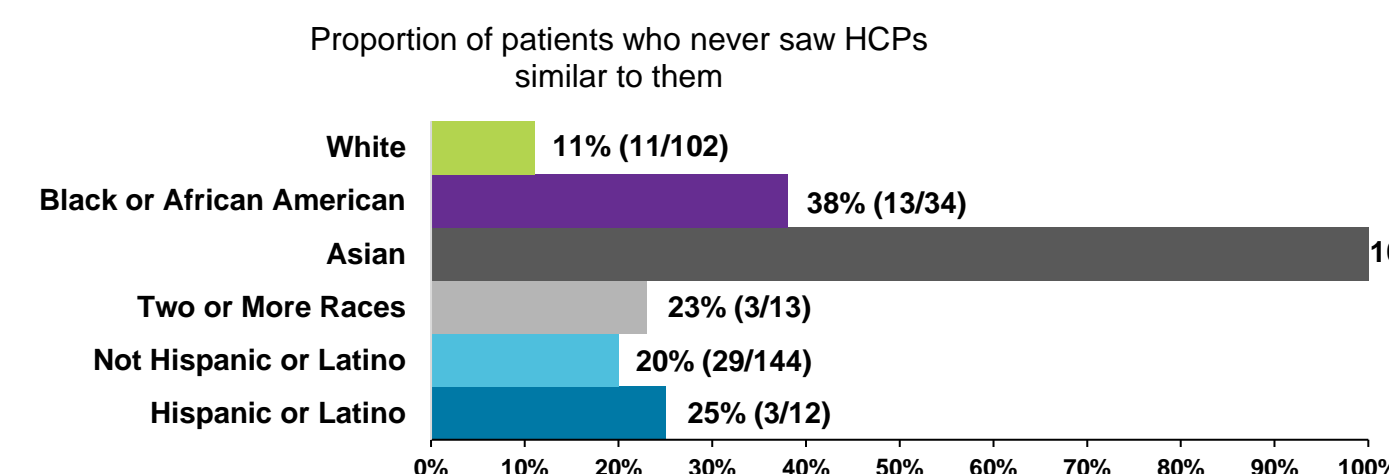
Q: How important is it to you that your doctors or healthcare providers understand or are similar to you in any of these ways (e.g. race, religion, or native language)?

- Half (17/34) of the B/AA participants reported it was **very important** to see an HCP who understands or is similar to them regarding race, religion, or native language



Q: How often were you able to see doctors or healthcare providers who were similar to you in any of these ways (e.g. race, religion, or native language)?

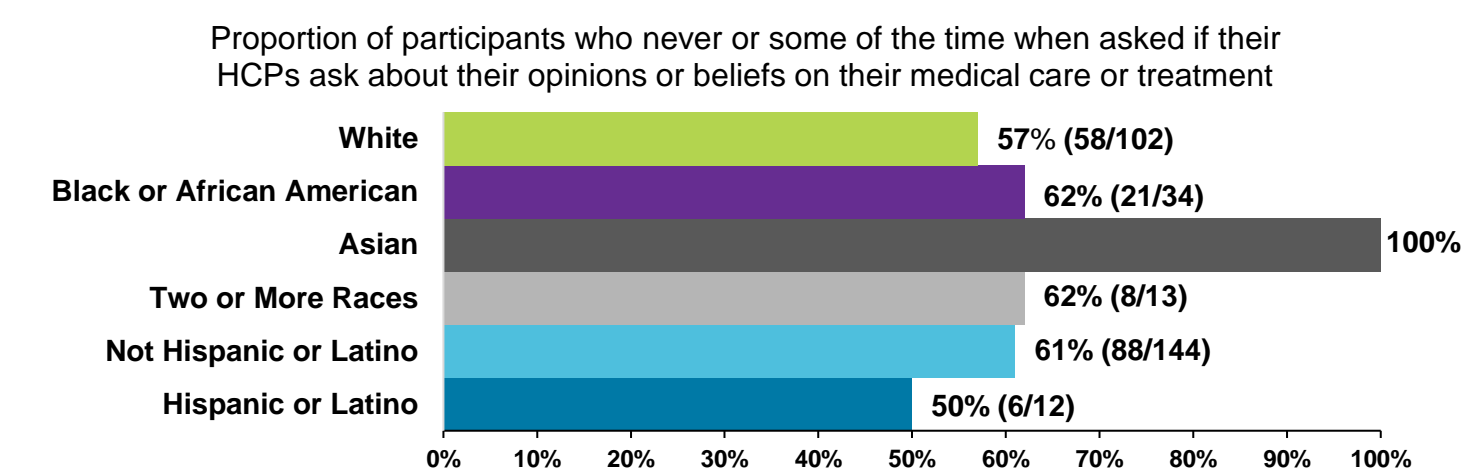
- All Asian participants (100%; n=5/5) reported **never** seeing HCPs similar to them in race, religion, or native language, along with 11% to 38% of participants from other races sharing the same opinion



Participant Interactions with HCPs Regarding Treatment

Q: How often do your doctors or healthcare providers ask for your opinions or beliefs about your medical care or treatment?

- All Asian participants (100%; 5/5) reported their HCPs **never or only some of the time** asked about their opinions or beliefs on their medical care or treatment



Q: How much do you trust that your HCP is able to effectively treat your AA? ?

- Only 4% (1/24) of B/AA participants** felt that their HCP was **very much** able to effectively treat their AA compared to 16% (10/62) of White participants

