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

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Introduction & Objectives: Alopecia areata (AA) is a chronic autoimmune condition that can result in extensive hair loss. Treatment of severe AA can be challenging. This study aims to better characterize perception of disease, healthcare access, and healthcare utilization among adults with AA from different racial/ethnic groups.

Materials & Methods: 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. Sampling targets were used to achieve condition-based population proportions across multiple ethnic and racial categories. Participants completed a one-time electronic survey, and the data were analyzed using descriptive statistics.

Results: Of the 156 participants (NAAF n=117; AmeriSpeak n=39) racial/ethnic distribution was White 65% (n=102); Black/African American (B/AA) 22% (n=34); Two or More Races 8% (n=13); Asian 3% (n=5) and (not mutually exclusive), Hispanic/Latino 8% (n=12). Involvement of 50% or greater of scalp hair loss (i.e., severe AA) was reported among Whites (69%; 70/102), B/AA (65%; 22/34), and Hispanic/Latino (42%; 5/12) respondents. Overall, 69% (108/156) reported hair loss affecting eyebrows and/or eyelashes with B/AA (47%; 16/34) participants being least affected. In terms of access to health care, 17% (2/12) of Hispanic/Latino participants and 39% (40/102) of White participants did not see an HCP for AA. B/AA (4%; 1/24) participants felt that their HCP was able to effectively treat their AA compared to 16% (10/62) of White participants. Additionally, 60% (3/5) of Asian, 50% (6/12) of Hispanic/Latino, and 38% (13/34) of B/AA 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. In terms of access to diverse care providers, all Asian (100%; n=5/5), B/AA (38%; 13/34), Two or More Races (23%; 3/13), and White (11%; 11/102) respondents all reported never seeing HCPs *similar to them* in race, religion, or native language. Half (17/34) of B/AA participants along with 40% (2/5) of Asian participants, 25% (25/102) of White participants, and 23% (3/13) of participants of Two or More Races reported it was 'very important' to see an HCP who understands or is *similar to them*.

Conclusion: These results illustrate patterns of AA across racial groups and issues around access to healthcare, including access to culturally competent care for diverse patient populations.

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