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### Exploring the intersectionality of being deaf and black while accessing dermatological care

#### Abstract:

**Background:** In 2021, the United States (US) population was comprised of ~11.9% Non-Hispanic Black individuals and ~3.4% persons that are Deaf or hard of hearing (DHH); however, there was no sub-categorical data regarding race. This dearth of data makes it challenging to quantify the health disparities amongst Black DHH individuals in the US. This paper aims to identify trends and disparities to improve health outcomes for DHH and Black patients seeking dermatologic care.

**Methods:** This literature review utilized PubMed and Google Scholar. Keywords included Deaf or hard of hearing, Black population, health disparities, dermatology, and health outcomes. Forty articles were included due to relevance after full-text analysis.

**Results:** Health disparities within the Black and Deaf population: The literature demonstrates that racial disparities in the quality of care and outcomes exist for Black patients. Some include less preventative service utilization, disparate cardiovascular and cancer treatment interventions, less emergency department (ED) analgesia, decreased ED resource utilization, lower post-trauma survival, and 3-fold higher risk of maternal mortality and morbidity than White patients. DHH people also utilize less primary and preventative care compared to their hearing counterparts. When they do, they experience poorer treatment plan comprehension & adherence and health outcomes compared to hearing patients. DHH patients also experience delayed cancer treatment, higher rates of ED visits, obesity, mental health disorders, and intimate partner violence than hearing patients. One study found that Black DHH patients have a higher likelihood of cancer, diabetes, hypertension, and lung disease compared to Black hearing patients. Black and Black DHH patients' outcomes when seeking dermatological care: The literature reveals Black patients visit dermatologists less frequently than White patients. Black patients have lower survival rates with certain cutaneous neoplasms and poorer disease control compared to White counterparts. The literature is lacking the dermatologic care outcomes for Black DHH patients.

**Conclusion:** Shared themes impacting Black and DHH patients' care include discrimination (audism and racism), medical mistrust, disproportionate representation, low health literacy, and poor communication with clinicians. Unfortunately, the dermatological experiences of Black DHH patients are poorly documented. To minimize disparities and improve health access and outcomes for this population, clinicians must acknowledge them and partner with the community to investigate them. Financial disclosures: None to be disclosed.

## Biography

**Diamond Guy** is an MS3 at the University of Rochester School of Medicine and Dentistry, driven by a passion for improving healthcare accessibility in underserved communities, mirroring those in his hometown. Dedicated to translational research in skin disorders, Diamond has been actively engaged in various research projects since undergraduate studies, with several publications and regional conference presentations to his credit. Beyond research, he serves as co-dermatology clinic coordinator at UR Well and initiated DermU-nity, a community outreach program focused on dermatologic health and skin cancer prevention. Diamond also participates in the Deaf Health Pathway, aiming to enhance understanding of Deaf culture and health disparities, alongside learning medical American Sign Language for future clinical endeavors.