Rural Dermatology in Louisiana



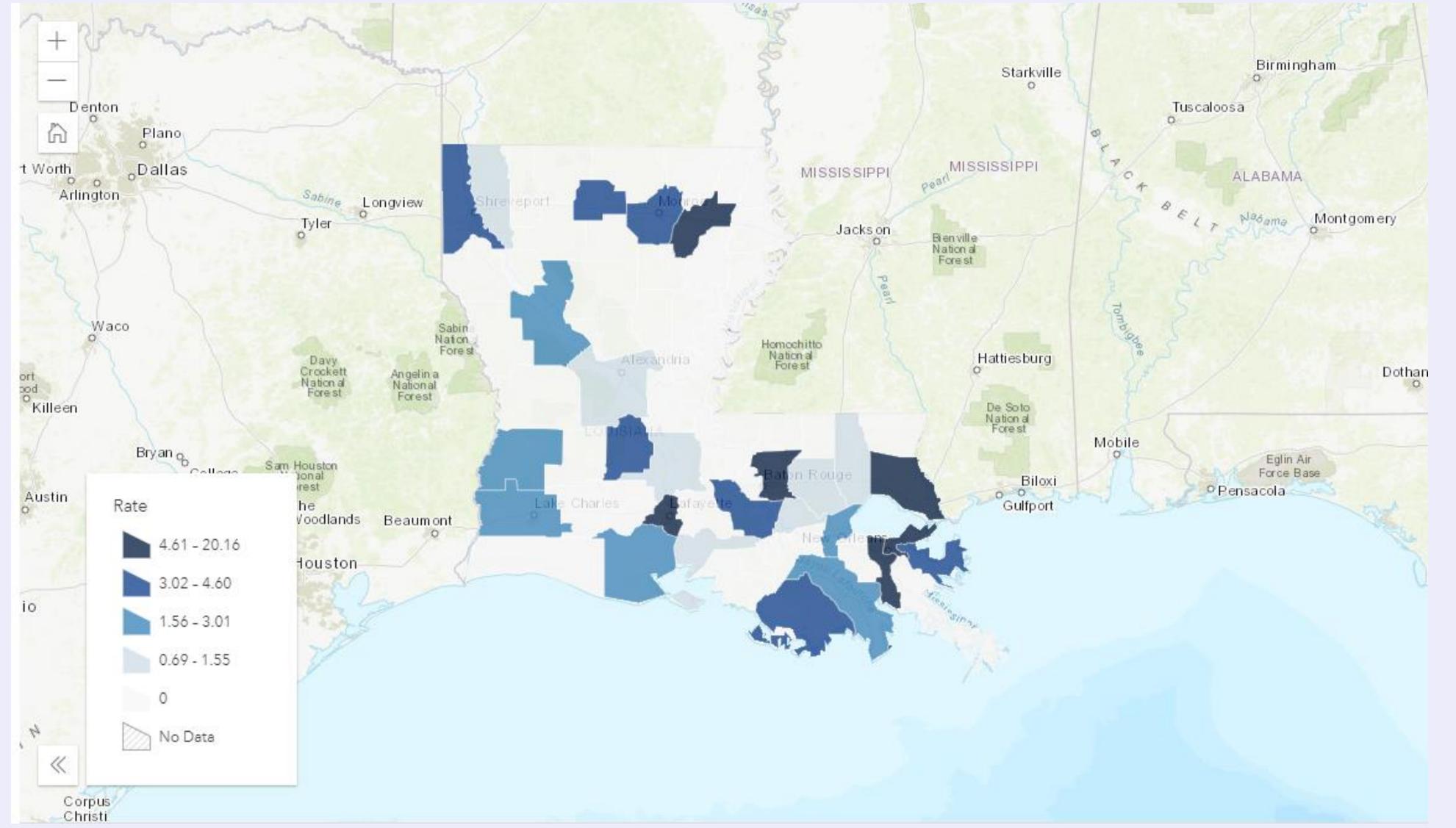
Ty Theriot¹, Alexandra Streifel, MD¹, Christopher Haas, MD¹

¹Department of Dermatology, LSU Health Sciences Center, New Orleans, LA, USA.



Introduction

BACKGROUND: Access to healthcare is not a unique problem to rural areas, but it is especially prevalent in reference to dermatology. There are many factors that influence a dermatologist's



Results

Conclusions

Most of the dermatologists in the state practice in the urban areas (specifically the greater New Orleans area). This can be attributed to many factors: the two Louisiana dermatology residencies are localized to New Orleans,

decision whether to practice in rural vs urban areas, and it is far more common to choose the latter. For example, it has been shown that medical school graduates from public medical schools or rural tracks are more likely to practice in rural areas. Additionally, it is becoming increasingly common for dermatologists to practice in group practices; therefore, running a solo, rural practice presents its own challenges.

To adequately provide dermatologic care for a community, it is estimated that 4 dermatologists per 100,000 individuals are needed. The current US average is about 3.4 dermatologists per 100,000 individuals, and urban areas have 40 times the concentration of dermatologists per 100,000 citizens in rural areas.

OBJECTIVES: The objective of this study is to analyze the distribution of dermatologists throughout the state of Louisiana, the factors that influence this distribution, and the distribution of LSU Dermatology graduates.

| Parish | Rate (per 100,000 population) |
|----------------------|-------------------------------|
| Ascension | 0.78 |
| Beauregard | 2.73 |
| Bossier | 0.77 |
| Caddo | 4.29 |
| Calcasieu | 2.92 |
| East Baton Rouge | 7.06 |
| Evangeline | 3.10 |
| Iberia | 1.45 |
| Iberville | 3-35 |
| Jefferson | 10.61 |
| Lafayette | 4.91 |
| Lafourche | 2.05 |
| Lincoln | 4.15 |
| Livingston | 0.69 |
| Natchitoches | 2.70 |
| Orleans | 20.16 |
| Ouachita | 3.78 |
| Rapides | 1.55 |
| Richland | 5.05 |
| St. Bernard | 4.52 |
| St. John the Baptist | 2.38 |
| St. Landry | 1.22 |
| St. Tammany | 8.17 |
| Tangipahoa | 0.74 |
| Terrebonne | 4.60 |
| Vermillion | 1.75 |

more opportunities to join group practices in urban areas,

etc.

Next Steps

Further studies can be done to identify influencing factors as these are not well defined in the literature. Further analysis of similar statistics of distribution of dermatologists and practice locations of dermatology graduates across other southeastern states may shine light on common trends and factors influencing where dermatologists choose to practice.



Methods

The 2021-2022 Area Health Resource File was used to gather data regarding distribution of dermatologists throughout Louisiana. A list of LSU Dermatology graduates from 2006-2023 was evaluated. Graduates' hometowns and current practice locations were used to calculate the percentage of graduates who returned home, are from rural areas, and currently practice in rural areas.

Fig 1. Rate of Dermatologists per 100,000 population by parish. A map of the state showing the rates per parish is included along with the specifics rates of parishes that have practicing dermatologists.

| LSU Dermatology Alumni | |
|-------------------------------------|-----------------------------------------------------------|
| Returned to hometown | 57.4% |
| Graduates from rural areas | 14.5% (5/9 returned to their home rural area to practice) |
| Currently practicing in rural areas | 5.9% |

Ashrafzadeh S, Peters GA, Shi CR, Nambudiri VE. Demographic and medical school characteristics associated with urban versus rural dermatology practice: A national cross-sectional study. Dermatol Online J. 2021 Jan 15;27(1):13030/qt4bn5t4b3. PMID: 33560785.

"Dermatology Workforce Data - Louisiana." Area Health Resources *Files*, data.hrsa.gov/topics/health-workforce/ahrf. Accessed 4 Oct. 2023.

Ehrlich A, Kostecki J, Olkaba H. Trends in dermatology practices and the implications for the workforce. J Am Acad Dermatol. 2017 Oct;77(4):746-752. doi: 10.1016/j.jaad.2017.06.030. Epub 2017 Aug 4. PMID: 28784330.

Glazer AM, Rigel DS. Analysis of Trends in Geographic Distribution of US Dermatology Workforce Density. JAMA Dermatol. 2017 May 1;153(5):472-473. doi: 10.1001/jamadermatol.2016.6032. PMID: 28296988; PMCID: PMC5470415.

Pearlman RL, Brodell RT, Byrd AC. Enhancing Access to Rural Dermatological Care: The Time to Start Is Now. JAMA *Dermatol.* 2022;158(7):725–726. doi:10.1001/jamadermatol.2022.1470

Streifel A, Wessman LL, Farah RS, Gaddis KJ, Byrd A, Brodell RT, Smith CF. Rural residency curricula: potential target for improved access to care? Cutis. 2021 Jan;107(1):54-55;E2. doi:



Fig 2. Distribution of LSU Dermatology alumni. Distribution of LSU Dermatology alumni from 2006-2023.

This research project was supported through the LSU Health Sciences Center, School of Medicine.