

Community Dermatology: Skin Health for All

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ABSTRACT

The increased emphasis on skin health awareness is a mandate given by WHO especially for the developing world to effective global health. The high and increasing global burden of skin diseases with the attendant morbidity, economic and psychological effects has been severally documented in literature. Dermatologists are few and mainly in the urban areas operating mostly at tertiary level of care. The framework to achieve the goal of WHO differs with the peculiar nature of each community. Community Dermatology is a tool for outreach to underserved areas and this promotes equity in skin health. The involvement of the patient and all stakeholders in the communities combined with bridge building with other members of health care team by the dermatologist is mandatory to achieve the vision of skin health for all. We cannot meet all the needs with the current status of waiting for referrals in our tertiary hospitals. We need to reach out into communities and connect all to our expertise. This write up highlights the need to raise awareness that global skin health for all requires a paradigm shift in approach to give difficult-to-reach communities access to quality skin care.

INTRODUCTION

Skin diseases have a great impact on the productivity and the quality of life of individuals. Skin diseases can also be a manifestation of serious underlying systemic disorder. There has been a call for increased awareness by World Health Organization (WHO) concerning the impact of skin diseases in various communities and especially the developing world⁽¹⁾. The appropriate response to the global burden of skin diseases will make an appreciable impact on global economy and quality of lives of people. (See figure 1)

Primary care providers are usually not able to diagnose and treat skin diseases effectively and referrals are made difficult because of distances, cost of transport and delay in getting appointments. The ratio of dermatologist to a patient is very low in the developing world and they are usually located in the towns and cities⁽²⁾.

The dermatological needs vary with different communities and assessment of these needs is a key step in accessing skin health for all. The skin health of a community is to a great extent affected by race, culture, local beliefs, literacy issues, climate, economy, basic social supplies and access to expert care. It is therefore necessary to operate within community specific and appropriate framework relevant to the need of each group to achieve a vision of skin health for all.

GLOBAL BURDEN OF SKIN DISEASES

Globally, skin diseases were found to be the fourth leading cause of non-fatal disease burden significantly in both low and high income countries⁽³⁾. The World

Health Organization's 2001 report on the global burden of disease indicated that skin diseases were associated with mortality rates of 20,000 in Sub-Saharan Africa in 2001 comparative with meningitis, hepatitis B and obstructed labour⁽⁴⁾. The Global Burden of Disease (GBD) Study 2010 estimated the GBD attributable to 15 categories of skin disease from 1990 to 2010 for 187 countries. Skin conditions ranged from the 2nd to 11th leading cause of years lived with disability at the country level. At the global level, skin conditions were the fourth leading cause of non-fatal disease burden⁽³⁾.

In a systematic review of research publications on Pyoderma between January 1970 and September 2014, using the search term 'impetigo', 'pyoderma' and 'developing world', it was found that 162million children in low to middle level income countries had impetigo at any one time⁽⁵⁾. This Impetigo burden is high making impetigo a public health priority. In another review of 2049 scientific articles on population based studies worldwide excluding North America, it was shown that the prevalence of scabies ranged from 0.7% to 71.4%. The highest figure was from the Pacific and Latin America, showing that a comprehensive community based urgent scabies control strategies is paramount in these areas using prevention and mass drug administration⁽⁶⁾.

The physical and economic cost of skin disease is difficult to assess. Studies in Africa showed that patients may spend up to 50% of their income in managing severe skin problems⁽⁴⁾. The appearance of HIV/AIDS and the cutaneous manifestations have increased the burden of skin diseases. The economic burden of skin

disease in the United State was put at \$35.9 billion in 1997⁽⁷⁾. The global burden of skin disease makes it imperative to include prevention and treatment of these disorders as a matter of urgency in global health strategies.

COMMUNITY DERMATOLOGY

A community is a group of people living in the same area (town, city, and neighborhood) or having a particular characteristic in common. Apart from the location, they may be defined by their culture, beliefs, occupation and common risk factors pertaining to disease. By this contextual definition, market place, mechanic village, motor-parks, schools, student campuses, village groups are community populations with specific health care needs. There is a need for Dermatologists to make a greater impact in our communities; by taking our skills to where they are needed (*See Figure 2*). The developing world is largely characterized by poor doctor patient ratio, inadequate supply of technological tools and concentration of experts in the tertiary hospital outfits which in most cases is inaccessible to the general populace. Skin diseases in the developing world are part of the global health challenges with public health consequences such as increasing morbidity, mortality, stigmatization and poor body image. There should be simpler entry points for patients to access care for easily treatable skin conditions as well as receive information on skin care. Dermatology training should encompass tools that would enable delivery of care in a context that would meet local needs as a priority. The end result of Medical Education is to provide care, prevent disease and provide evidenced based research for intervention. It will be a failure on our part if we fail to deliver effective service to the very community where we swore the Hippocrates oath.

In the United Kingdom National Health Service, a new Dermatology pathway has been developed incorporating Community based Dermatology to provide services that are convenient for patients; review routine referrals and provide onward signposting to the most appropriate service; treat those patients identified as being suitable for the community service; and provide patient appointment within 2 weeks. Though Consultant dermatologist led, the programme has a partnership approach, delivering skin health information to General Practitioners, pharmacists and nurses. Images are sent by internet to community dermatologist with returns within 48hours and the network includes effective pathologists' services hence prompt processing of biopsies. This award winning set up is an example of the effectiveness of community based programmes in skin health care delivery⁽⁸⁾.

Forefront Dermatology is a network of dermatology practices in the Midwest and Mid-Atlantic comprised of community-based, caring physicians and specialists providing general, surgical and cosmetic dermatology

care along with related laboratory services. Acquired by a private equity firm, it has a network of over 80 clinics and 90 Board certified dermatologist delivering community oriented excellent dermatological services⁽⁹⁾.

The International Society of Dermatology has also launched a 'Task Force for Skin Care for All' with pilot Community Dermatology projects^(10,11). This project is also supported with a publication of a Community Dermatology Journal.

SKIN HEALTH FOR ALL

In 1948, the WHO defined health as Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Despite several calls for modification of this definition, a more comprehensive one is yet to be available. I therefore define skin health as a state of complete physical, mental and social well-being in things pertaining to the skin and not merely the absence of skin disease or infirmity. The mission of 'Healthy skin for all' is an offshoot of WHO 'Health for All' first adopted by the International League of Dermatological Societies and later by some of its members⁽¹⁰⁾. This mission focuses on low cost interventions, low technology and acquisition of simple diagnostic skills for skin diseases⁽¹¹⁾.

The significant scarcity of dermatologists worldwide, with the majority based in the secondary/tertiary hospital sector, means that expertise in skin care cannot always be delivered to those who need it. To realize healthy skin for all, there is need for increased professional networking, inter-professional team work, educative and counseling services, with increased involvement of patients and relatives in self skin care. Increased skin health education will raise awareness and allow for improved skin care seeking behavior. 'Healthy skin for all' Campaigns, jingles, posters, seminars, market place outreaches and involvement of local stakeholders/community leaders/union leaders is paramount in achieving the goal. It is time to take the campaign out to those who will vote for the Dermatologist and demand for their expertise. It is time to change the public perception of this noble discipline. It is time to showcase the importance of the largest organ that not only offer cover for other organs, but is also, a mirror for early detection of internal diseases. Dermatologists need to build bridges, networking with other our colleagues in other specialties, with allied health professionals and also the communities to have improved outcomes in skin care delivery and research. (*See Figure 3*)

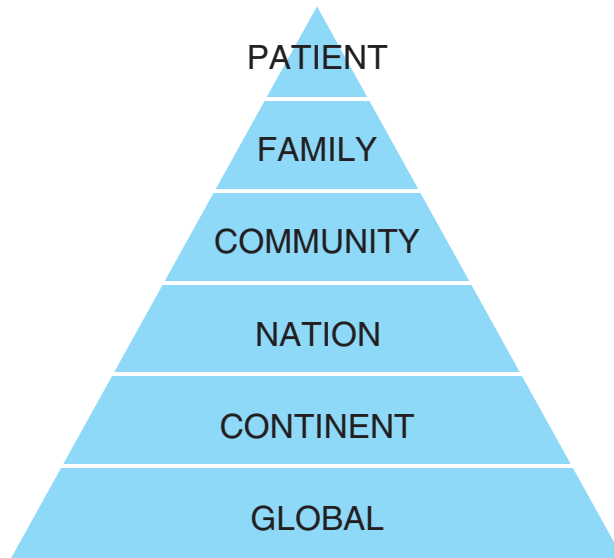


Figure 1: Gradient of Patient to Global Participation: Skin Health for All

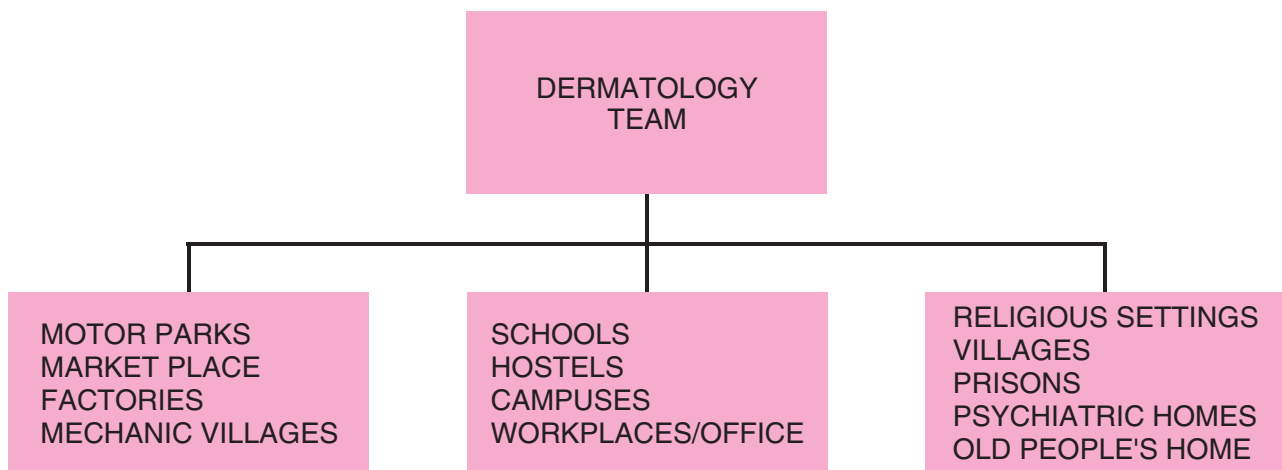


Figure 2: Proposed Community Outreach Programmes by Dermatology Care Teams

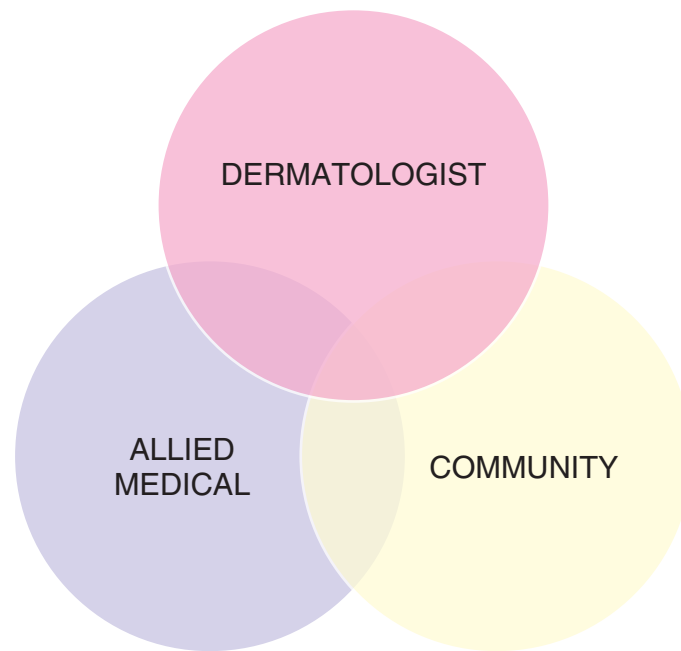


Figure 3: Tripod Interplay for Comprehensive Skin Health for All

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