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Implementing Culturally Tailored Video-Based Patient Education to Improve Corticosteroid Adherence in Black and Hispanic Communities

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ABSTRACT

Implementing culturally tailored video-based patient education represents a transformative strategy for improving corticosteroid adherence among Black and Hispanic communities, addressing both clinical outcomes and health disparities. Corticosteroid medications are commonly prescribed for managing a variety of dermatologic conditions, yet adherence rates are often suboptimal, particularly in racially and ethnically diverse populations. Factors such as cultural beliefs, mistrust of the healthcare system, inadequate health literacy, and misperceptions about medication risks contribute to lower adherence and, consequently, poorer disease management outcomes. Culturally tailored, video-based education can bridge these gaps by delivering information in an engaging, accessible, and contextually relevant format that resonates with patients' values, experiences, and health concerns. Such videos can incorporate community-specific language, imagery, and examples to address common barriers to adherence, such as fear of side effects, misunderstanding of the treatment regimen, or lack of confidence in the prescribed medication's effectiveness. Evidence shows that patients who receive personalized education are more likely to engage in their treatment plans, improve medication adherence, and experience better therapeutic outcomes. Furthermore, video-based platforms allow for the dissemination of this critical information in a format that is easily accessible and scalable, ensuring that patients can revisit the material at their convenience. The implementation of culturally relevant,

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multimedia patient education programs can empower Black and Hispanic individuals to make informed decisions about their treatment, increasing trust and improving engagement with healthcare providers. To effectively reduce health disparities, integrating patient-centered educational tools into routine clinical practice is essential. By doing so, healthcare systems can enhance corticosteroid adherence, ultimately improving disease management, reducing health complications, and advancing health equity within these communities.

Keywords: Culturally Tailored Education, Video-Based Intervention, Corticosteroid Adherence, Patient-Centered Communication

INTRODUCTION

Corticosteroids remain the primary treatment of choice in the management of inflammatory dermatoses, including psoriasis, atopic dermatitis, and lichen planus. When used appropriately, both topical and systemic corticosteroids yield substantial clinical benefits by reducing inflammation, controlling disease flares, and enhancing patient quality of life [1,2]. However, these outcomes hinge upon consistent patient adherence, which continues to remain a challenge across diverse patient populations in clinical practice. Understanding the barriers to adherence is therefore critical for optimizing treatment effectiveness and ensuring patients derive the full benefit of these therapies.

Adherence to topical corticosteroids is particularly low among Black and Hispanic patients. This disparity stems from a complex set of influential factors such as cultural beliefs surrounding corticosteroids, apprehensions regarding adverse effects, limited health literacy, and underlying mistrust of the healthcare system [3,4]. Patients' personal experiences, community narratives, and prior interactions with healthcare providers can all shape their perceptions and willingness to engage with prescribed treatments. In addition, communication barriers between providers and patients, along with the chronic and relapsing nature of inflammatory dermatoses, further contribute to poor adherence. These cumulative barriers impair disease management and contribute to greater disease burden and reduced quality of life in these populations.

These adherence challenges reflect broader disparities in dermatologic care, with Black and Hispanic patients often facing delayed diagnosis, limited access to specialists, and unequal treatment outcomes compared to their white counterparts [5]. Addressing these disparities is not only a matter of improving individual outcomes but also of promoting equity and trust within the healthcare system more broadly. Addressing these disparities requires a patient-centered approach that incorporates cultural norms, language preferences, and varying levels of health education. One emerging intervention involves the use of culturally tailored, video-based patient education [6]. This educational tool provides visual and narrative formats that directly address common patient concerns, accommodate varying levels of health literacy, and reflect cultural perspectives. Similar interventions have demonstrated success in other chronic conditions such as asthma, chronic obstructive pulmonary disease, hypertension, and diabetes [7-9]. These successes highlight the potential for multimedia approaches to bridge knowledge gaps, foster self-efficacy, and ultimately improve health outcomes across diverse patient populations. Incorporating these interventions into dermatologic care holds promise for addressing disparities and enhancing outcomes within these populations.

This review explores the potential of culturally tailored, video-based education to improve corticosteroid adherence among Black and Hispanic patients. It emphasizes the need to address barriers related to health literacy, cultural perceptions, and systemic mistrust. Furthermore, it examines the design, implementation, and scalability of accessible multimedia interventions aimed at improving patient engagement, optimizing clinical outcomes, and advancing equity in dermatologic care.

METHODS

A narrative review of the literature was conducted to synthesize current evidence and perspectives related to implementing culturally tailored video-based patient education to improve corticosteroid adherence in black and hispanic communities. Relevant articles were identified through targeted searches of PubMed and Google Scholar using combinations of keywords including atopic dermatitis, culturally tailored education, and steroid phobia. Reference lists of selected articles were also reviewed to identify additional relevant sources.

Articles were selected based on relevance to clinical practice, educational value, and contribution to the thematic aims of the review rather than strict methodological criteria. The literature was then organized into conceptual sections

reflecting recurring themes and clinically meaningful domains within the field. This approach was chosen to allow for a broad, integrative discussion of emerging trends and gaps relevant to practicing clinicians and trainees.

Understanding the Adherence Gap

Corticosteroids are widely used in dermatology for the treatment of inflammatory dermatoses. Topical formulations are routinely used for conditions such as psoriasis and atopic dermatitis, which are characterized by inflammation and keratinocyte hyperproliferation. Therapeutic response varies depending on the formulation and potency of corticosteroid, as well as the anatomic location of the disease. For instance, topical corticosteroids are a vital therapy in mild-to-moderate psoriasis and atopic dermatitis (AD), with over 75% of AD patients showing improvement after 2-4 weeks when compared to placebo groups [10]. When selecting appropriate treatment, clinicians must consider factors such as age, disease severity, and affected body surface area to ensure adequate relief of symptoms and treatment of the disease. In general, mucocutaneous or dry lesions should be treated with ointments, exudative lesions with creams, and areas with dense hair with solutions or lotions [11]. Therefore, tailored prescriptions targeting the nature of the disease and affected skin area are essential for effectiveness and patient compliance.

Despite their clinical utility, corticosteroid use is often met with concerns regarding adverse effects and hesitation due to misinformation, both of which greatly contribute to varying adherence rates. In a study by Aubert et. al, adherence rates to topical therapies vary from 30% to 60%, impeding treatment outcomes and increasing disease burden [12]. Factors such as fear and misinformation surrounding topical corticosteroids can lead to increased medication nonadherence, particularly among individuals with chronic skin conditions. A study by Li et al. defined topical corticosteroid (TCS) phobia as the negative feelings and beliefs about TCS encountered by patients and their caregivers [13]. This perception strongly influences treatment preferences and may lead to avoidance of effective therapies and premature escalation to systemic agents. Assessing non-compliance is challenging, as it often relies on subjective patient reporting. The global prevalence of TCS phobia has been reported to range from 31% to 95.7%, with no statistically significant difference noted between racial or ethnic groups [3]. This is further compounded in patients with AD, with a prevalence of TSC ranging from 21.0% to 83.7% in this population [13]. The negative connotation surrounding corticosteroids can pose a considerable hurdle to managing patients with inflammatory skin conditions. Therefore, addressing the multifactorial aspects of topical corticosteroid use is essential, as negative perceptions significantly contribute to poor adherence and disease control.

Corticosteroid phobia is recognized as a primary contributor to poor adherence in the treatment of chronic dermatologic conditions. A significant driver of this fear stems from external influences such as negative reports from family, friends, and media sources [14]. These concerns are often intensified by the circulation of unverified claims and anecdotal reports, particularly in the absence of clear, consistent guidance from providers. Misinformation and limited education around the use of topical corticosteroids, including their names, potencies, application techniques, and side effect profiles, can perpetuate these fears and reinforce hesitancy and nonadherence [3]. Considerable variability persists among clinicians in the prescribing and counseling of corticosteroids for inflammatory dermatologic conditions [12,15]. As a result, inconsistent messaging may lead to patient mistrust and further complicate adherence, especially when long-term treatment is needed for flares or widespread disease. Another prominent root cause of low adherence is the concern about side effects. Parents and patients report fears of skin thinning, growth suppression, weight gain, acne, immune suppression, and other systemic effects. Notably, some parents of patients with AD perceive topical corticosteroids as inherently harmful, displaying a broader anxiety that extends beyond specific adverse effects [3]. These findings highlight the importance of clear communication, comprehensive patient education, and a strong provider-patient relationship in reducing steroid phobia and improving treatment adherence.

The Case for Culturally Tailored Interventions

Culturally tailored health education has emerged as a critical strategy in improving patient engagement and reducing disparities, particularly among populations with diverse cultural backgrounds and health beliefs. In the context of inflammatory skin conditions, patient education plays a vital role in promoting adherence. Cultural tailoring of health education involves adapting messages based on the norms, values, preferences, and beliefs of a specific population to optimize the relevance and acceptability of the information

[16]. By aligning education content with the lived experiences and perspectives of diverse communities, cultural tailoring can impact overall trust and communication and improve treatment outcomes.

Culturally tailored education has been shown to enhance health knowledge by delivering information in ways that resonate with the beliefs, values, and learning preferences of specific communities. Among Alaskan Native participants in an online cancer education program, culturally tailored approaches such as honoring traditional values, using multiple learning modalities, recognizing the value of everyone, and meeting learners at their level of understanding were associated with increased engagement and an overall positive response. [17,18]. Therefore, tailoring educational content to reflect patients' cultural contexts can enhance message relevance and promote greater engagement by fostering a learning environment aligned with their values and beliefs.

Tailored patient education practices have shown particular promise in addressing chronic diseases such as diabetes and hypertension. In a systematic review focusing on Black adults with cardiovascular disease, hypertension, and diabetes, Singh et al. reported that community-based culturally tailored education programs led to improvements in health knowledge and behavioral changes [19]. These programs succeeded by incorporating community representation and refining interventions to align with cultural norms. Similarly, interventions that integrated traditional storytelling and addressed racial dynamics, cultural incongruence, and perceived provider bias helped empower African American patients to improve self-efficacy and achieve better clinical outcomes [20]. These outcomes collectively emphasize the impact of tailored interventions and the ability to reduce health disparities and promote patient-centered care.

Why Video-Based Education Works

Video-based education is a promising strategy to improve patient understanding and treatment adherence, particularly in dermatologic care. Unlike pamphlets or verbal instructions, videos provide real-time demonstrations of application techniques such as fingertip unit dosing, appropriate potency selection, and recognizing signs of skin improvement, making them especially effective for visual learners. By combining spoken explanations with visuals, video-based learning can make complex medical procedures and techniques easier to understand [21]. In addition, this multimodal format supports a variety of learning styles and is especially beneficial for individuals with limited health literacy. A randomized controlled trial in adults with atopic dermatitis showed a 37% reduction in disease severity and a mean increase of 1.2 points in disease-related knowledge among participants who received video-based education compared with traditional written materials [22]. These findings suggest that video-based educational approaches may more effectively reduce disease severity by presenting information in a more accessible and engaging format. By translating complex dermatologic concepts into clear visual content, video education enhances patient comprehension and retention of key information, thereby supporting potentially better clinical outcomes.

Importantly, video content can also be adapted for use in multiple languages to increase accessibility among diverse populations. For instance, the use of culturally and linguistically tailored video instruction in the Somali language led to improved health knowledge among Somali immigrant patients [23]. Similarly, Spanish-language audiovisual interventions improved medical understanding in Hispanic populations [24]. These examples emphasize the importance of tailoring video content not only by language but also by incorporating cultural frameworks that promote trust and relatability to enhance patient understanding. In addition to incorporating language preferences and cultural nuances, video education can use storytelling and relatable characters to engage patients emotionally. In a study by Brunner et al., a storytelling-based video approach was shown to reduce parental worry and fear surrounding topical steroid use in children with atopic dermatitis [25]. Suggesting that emotionally resonant education may be more powerful than factual instruction alone in shifting health beliefs and improving treatment adherence.

Another advantage of video-based education lies in its flexibility and scalability. Unlike one-time clinical conversations, videos can be paused, replayed, and revisited at the learner's convenience, allowing individuals and families to revisit and reinforce content at their own pace. This is particularly valuable in communities where health decisions are made collectively by a family. For example, Spanish-speaking patients often involve family members in care decisions [26], making video education an effective way to ensure that accurate health information reaches all decision makers. Moreover, with the growing availability of mobile technology, it is now feasible for educational videos to be distributed on a wider scale [27].

This wide-scale distribution allows videos to be shared across dermatology clinics, community centers, and social media platforms, helping to standardize and amplify evidence-based messaging. By combining visual clarity, cultural resonance, and wide accessibility, video-based education represents a promising strategy to reduce corticosteroid hesitancy and improve adherence across diverse patient populations.

Designing an Effective Educational Video Program

TAn effective video-based patient education program for Black and Hispanic communities should incorporate clear, evidence-based content, culturally resonant messaging, and visually engaging demonstrations. A primary goal of the program should be to dispel common misconceptions about topical corticosteroids and provide reassurance of their safety in managing inflammatory dermatoses [1,28]. Prior educational interventions that addressed misconceptions directly led to significant improvements in patient knowledge and confidence in treatment [29]. Therefore, the program should actively address concerns using evidence-based messaging developed in close collaboration with dermatologists. In addition to dermatologists, behavioral scientists also play a valuable role in shaping educational content to support treatment adherence [30]. By combining clinical accuracy with behavioral insight, such programs can build trust, empower patients, and lay the foundation for long-term success.

In addition, incorporating narrative storytelling and patient testimonials is a critical strategy in fostering engagement and trust. Storytelling formats have been shown to reduce fear around topical steroid use [25]. For example, a segment might portray a Black or Hispanic family who is initially uncertain about treatment, finds reassurance through a conversation with their dermatologist, and then sees noticeable improvement after appropriate steroid use. By weaving accurate education into authentic stories and testimonials, the program can build trust and foster more confident, informed use of topical steroids.

To ensure proper usage, the program should include a step-by-step demonstration of application techniques. Patients are often told to apply a "thin layer," a phrase that is vague and may lead to under- or overuse [31]. Visuals showing a fingertip length of ointment being applied to a defined area can help standardize application and enhance patient understanding. The program should also explain corticosteroid potency, emphasizing why different strengths are prescribed for different areas. This explanation can help patients understand why they may receive more than one prescription and why each should be used on a specific area. To reinforce this concept, a color-coded labeling system could be introduced to differentiate between potencies, helping patients quickly identify the appropriate medication and feel more confident in their treatment [32]. These visual aids can make corticosteroid regimens easier to understand and increase adherence.

To truly engage Black and Hispanic populations, the video's language and content must resonate with their communities. This means offering the content in their preferred language and dialect. The narration should avoid medical jargon and use expressions that align with the community's speech patterns. Rather than relying on direct translation, the materials should be "transcreated," infusing culturally relevant context, photos, and themes to meet the health literacy and informational needs of the target community [24]. This content can be developed with the help of community members. In fact, when members of the community are involved in creating the education material, it fosters a sense of ownership and relevance [27]. Representation within the video is also important. Viewers are more likely to identify with and act on health messages when they see individuals who reflect their own racial or ethnic background, as demonstrated in studies involving African American and Hispanic populations [33]. Therefore, a culturally sensitive corticosteroid education video should feature Black and Hispanic individuals as the main actors or demonstrators. Moreover, content should reflect concerns specific to these communities that may be absent from standard educational materials. For example, guidance and education on scalp and hair care, including how to apply topical treatments without daily hair washing, fair fragility, and potential hypopigmentation [34]. Finally, the program should include visual examples of skin conditions and treatment outcomes on skin of color, a component often overlooked in educational resources. Representation not only improves understanding but also increases confidence in the relevance and applicability of the information provided.

Implementation in Clinical Practice

Integrating culturally tailored video education into clinical practice offers a powerful tool to support adherence to topical corticosteroids among Black and Hispanic patients. Co-developing educational content with target communities ensures that content reflects patients' lived experiences, cultural values, and language, thereby fostering trust and

engagement [27]. Videos can be introduced as pre-visit resources through patient portals or appointment reminders, allowing patients to review key information at home before meeting with their provider. As seen in patients receiving sunscreen education via video-based models, individuals are more likely to revisit easily accessible audiovisual materials [35]. Thus, facilitating meaningful behavioral change through effective counseling. This approach has been shown to enhance patient empowerment and promote active participation in clinical discussions [36].

Within the clinic, videos can be delivered via tablets or displayed in waiting areas, reinforcing patient education in a time-efficient, engaging manner. Clinician-created videos introduced during wait times have demonstrated improvements in patient satisfaction, reductions in pre-consultation anxiety, and increased confidence in treatment decisions [37]. Embedding these materials into electronic health record systems such as MyChart further supports repeated access, reinforcing key messages outside of the clinical encounter [27]. Incorporating culturally relevant media across multiple touchpoints supports corticosteroid adherence by enhancing patient trust, education, and self-efficacy. Patients favor engaging and entertaining video formats, including songs and comedic presentations, which were associated with improved understanding of their disease and its management [38]. In turn, leading to more meaningful patient-provider discussions and encouraging better topical corticosteroid adherence.

Reaching patients where they live, gather, and socialize is a critical extension of culturally tailored corticosteroid education, especially for populations historically underserved by the healthcare system. Local health fairs, churches, and schools offer low-barrier opportunities to engage with the community through interactive demonstrations, video screenings, and direct interactions with health educators, helping build understanding and trust in prescribed treatments [27]. In addition, venues such as barbershops have long served as safe spaces where health conversations occur organically and can be reinforced through trusted relationships. This trust has allowed trained barbers to lead health programs, which were shown to improve health knowledge and support behavior change, making them effective sites for disseminating media-based health education [39]. Videos presented via tablets, QR codes, or even local broadcasts in these venues can reinforce messages in environments where patients feel comfortable.

Digital outreach through social media platforms adds another powerful dimension, enabling the dissemination of culturally relevant and shareable content that resonates with specific demographic groups [40]. When healthcare providers actively support and endorse these efforts, both in person and online, it adds credibility to the messaging and helps bridge the gap between clinical care and community engagement. Coordinating outreach across both physical and virtual spaces ensures a more comprehensive and culturally competent strategy to improve corticosteroid adherence and reduce health disparities.

Challenges and Considerations

While culturally tailored video education offers great promise to improve corticosteroid adherence, it also presents logistical, financial, and implementation challenges that must be carefully addressed. One of the initial barriers is securing adequate funding for video production, translation, and dissemination. Cost may include professional video production, culturally appropriate scripting, multilingual translation, clinician compensation, and platform hosting.

Strategic partnerships with healthcare institutions, community health organizations, federal grants, and private foundations committed to health equity are essential to help secure the resources needed to initiate and sustain these efforts [41,42]. Even after initial funding is obtained, long-term sustainability remains a challenge, as ongoing costs for content updates, technology maintenance, and video dissemination are rarely reimbursed. Without clear reimbursement guidelines or institutional financial support, these interventions may be challenging to sustain.

Accessibility is another essential consideration in the development of these tools. Educational content should be optimized for mobile viewing and made freely available via patient portals, community clinic websites, or social media platforms. In addition, larger distribution strategies might include broadcasting in waiting rooms, libraries, or community centers, where access to digital devices and the internet may be limited [43]. Despite these strategies, disparities in technological literacy and device or internet availability may limit engagement with the content among the very populations being targeted. As medicine and recommendations continue to evolve, ensuring timely updates to content is critical to maintaining community trust and relevance. With digital access, content can be easily updated

annually to reflect new recommendations and edited to reflect appropriate changes [43]. This helps ensure consistent, high-quality information is available across personal devices and public spaces, minimizing disparities in health education access. However, existing studies have primarily focused on short-term outcomes, leaving gaps in understanding the long-term durability of video-based adherence interventions.

Despite these challenges, investing in the thoughtful development and delivery of culturally sensitive, accessible, and up-to-date video education offers a powerful opportunity to improve trust, engagement, and adherence among Black and Hispanic patients. When executed with community input and support, these interventions can serve as meaningful steps toward addressing dermatologic disparities and promoting equitable care.

CONCLUSION

Culturally tailored, video-based education represents a transformative approach to improving corticosteroid adherence among Black and Hispanic patients with chronic dermatologic conditions. Cultural beliefs, fear of side effects, mistrust of the healthcare system, and limited health literacy contribute to the challenges these communities face, which are often exacerbated by misinformation and inadequate access to care. Addressing these concerns through visually engaging, language accessible content that incorporates storytelling, real patient testimonials, and clear demonstrations offers a proactive solution to close persistent knowledge gaps and build trust. By making dermatologic information more accessible and culturally relevant, patients feel more empowered and confident in managing their conditions. This sense of empowerment can improve treatment adherence and foster strong connections between patients and their providers. To truly advance accessibility and improve outcomes in dermatology, it is essential to normalize the development of personalized healthcare tools that meet patients where they are, confront stigma, and respect cultural values. Ultimately, these video-based strategies represent a step toward dismantling disparities and ensuring that historically underserved populations receive dermatologic care that is both effective and culturally attuned.

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