



Editorial

Embracing diversity in dermatology: Creation of a culture of equity and inclusion in dermatology



Given the racial injustices, social tragedies, and health care inequities highlighted throughout the COVID-19 global pandemic and in multiple layers of our society over the past year, the implementation of strategies to support diversity, equity, and inclusion (DEI) has become necessary. Medical organizations play a crucial role in setting the stage for physician education, mentorship, research efforts, community knowledge, and advocacy.

As dermatologists, we are committed to creating a diverse and inclusive environment where members have the opportunity to succeed. DEI initiatives serve to provide the greatest quality of care for our patients, inclusive of their race, ethnicity, gender, religion, or sexual orientation. We aim to promote diversity and inclusion within dermatologic organizations and their respective governance structures and programs, improve the quality of dermatological education to encompass conditions across all skin colors, address health inequities, and increase the number of underrepresented minority physicians, both in the field of dermatology and in leadership positions (*American Academy of Dermatology [AAD], 2021*).

By the year 2044, minorities will comprise greater than 50% of the U.S. census. This greater diversity will require better equity and better inclusion. As of yet, the racial diversification seen in the general population has not been reflected in medical schools, particularly more competitive medical specialties, including dermatology. Although Black individuals represent 12.8% and LatinX individuals 16.3% of the U.S. population, only 3% of dermatologists are Black and 4.2% are LatinX (*Henderson et al., 2012*). According to a 2021 survey of pediatric dermatologists, 2.5% of individuals self-identified as Black and 8.5% identified as Latino (*Pritchett et al., 2018*). The medical community at large is becoming more and more aware of and addressing this disparity.

In dermatology, many organizations, such as the AAD, American Society for Dermatologic Surgery (ASDS), Skin of Color Society (SOCS), Women's Dermatologic Society (WDS), Association of Professors in Dermatology (APD), American Society of Dermatopathology (ASDP), and American Contact Dermatitis Society (ACDS), exist to support dermatologists and subspecialists. Furthermore, the International League of Dermatological Societies works globally as a unifying body of all dermatological organizations. In short, even as a small specialty in the collective house of medicine, dermatology has a plethora of active, robust, and dynamic organizations whose goals are to serve their respective memberships.

Our goal is to openly discuss DEI efforts, identify room for improvement, and acknowledge and encourage historical steps taken by various dermatologic organizations. We hope that this is an opportunity for reflection, understanding, introspection, and growth,

thereby allowing groups within dermatology to better align their missions and goals to encourage the betterment of our specialty and, most importantly, our patients.

The SOCS, established in 2004, was founded to promote excellence in understanding and treating patients with skin of color. The SOCS also serves to promote awareness of issues related to skin of color for the greater dermatology community. From its initial 15 founders in 2004, SOCS has grown to its current size of >1000 members of various ethnicities, representing 41 U.S. states and 32 countries around the world.

The SOCS has focused on three foundational pillars: education, mentorship, and research. These pillars aim to address diversity, equity, and inclusion within dermatology. To promote skin-of-color education, the SOCS not only hosts expert speakers and research presentations at the Annual SOCS Scientific Symposium, but also provides patients with educational resources online. In addition, the SOCS Networking and Educational Symposia also help increase diversity in dermatologic education. The SOCS is developing a Speakers Bureau, giving leading expert speakers the opportunity to speak on various skin-of-color dermatology topics. To foster mentorship, a 1-year mentorship program is available to connect young physicians (both dermatology residents and young practicing dermatologists) with an approved skin-of-color expert from the SOCS. The SOCS Observership Grant program enables medical students, dermatology residents, or junior faculty to spend a 4-week rotation with an SOCS mentor at their institution. The SOCS and WDS have worked with Procter & Gamble to host a 2-day summit, called the P&G Science Behind Symposium (Dermatology Technology Symposium), bringing together top health professionals with leading industry scientists, researchers, and marketers to inspire collaboration, innovation, and scientific exchange. The SOCS also supports research in skin-of-color dermatology through annual research grants and career development award opportunities. Collaboration with other dermatologic organizations, such as the Dermatology Section of the National Medical Association, AAD, and Intersociety Task Force, aims to increase the number of underrepresented individuals in medicine (URMs) in dermatology. The Diversity Champions Workshops have been particularly instrumental in the diversification in medicine.

SOCS was honored to collaborate in 2020 with VisualDx and the New England Journal of Medicine Group on a virtual series last year, entitled "The impact of skin color and ethnicity on clinical diagnosis and research." This four-part series examined racial bias, inequities in health care, and conditions that disproportionately occur in skin of color. The SOCS is currently working with VisualDx, the New England Journal of Medicine Group, and other dermatol-

ogy organizations on Project IMPACT, an initiative dedicated to reducing health care bias in patients with skin of color. Furthermore, the SOCS is creating an online learning platform in collaboration with SkinCeuticals. Continuing medical education content on skin-of-color topics will be available to SOCS members as a benefit and at a cost to nonmember dermatologists.

Furthermore, racial disparities exist at the level of exposure to clinical research (Shaw et al., 2009). The SOCS plans to address this by convening a clinical trial summit next year. The objective is to convene 40 to 50 key stakeholders across numerous disciplines and sectors to define the scope of the underrepresentation of minorities in dermatologic studies, identify the challenges that impede progress in creating a diverse cohort of study participants, and develop recommendations to overcome these barriers to progress. The SOCS will continue to grow as the 5-year strategic plan is leveraged to envision a more diverse and equitable future.

It is important to acknowledge that DEI efforts in dermatology have been ongoing for decades by numerous leaders in the specialty, as well as by several organizations (e.g., AAD, National Medical Association, SOCS, WDS). The current efforts, which have notably increased in scope and reach, are built on the foundation of the aforementioned efforts over the preceding decades. The intentional broadening of DEI by AAD leadership started when Bruce Wintroub, MD, and Henry W. Lim, MD, addressed the importance of the DEI in 2016 and 2017, respectively. In his inaugural address in March 2017, Dr. Lim highlighted that the face of dermatology should reflect the face of our patients, as he decided to spearhead a diversity initiative. Subsequently, an AAD President's Diversity conference was held in August 2017, attended by AAD leadership, members of the Diversity Task Force, and leaders from the APD, Society for Investigative Dermatology, and American Dermatological Association. The societal collaboration resulted in a publication outlining a roadmap for improvement (Pritchett et al., 2018). In addition, booths at the Student National Medical Association and Latino Medical Student Association meetings were established, jointly sponsored by the AAD, APD, Society for Investigative Dermatology, SOCS, and WDS. Planning for the annual Diversity Champion Workshop was initiated by a committee, and the first workshop took place in 2019. Attendees consisted of members of dermatology departments across the country. Representatives attended the 2020 virtual workshop from >100 residency programs (Pritchett et al., 2018).

Increased focus on DEI has now been implemented throughout the AAD organizational structure. The board of directors adopted a statement committing to DEI in August 2020. Subsequently, the AAD developed a 3-year plan on DEI (AAD, 2021). Diversity-focused sessions at AAD annual meetings have increased from 2.5% in 2013 to 6.8% in 2019 (Seale et al., 2021). Many academic dermatology departments now use a holistic review process to evaluate residency applicants, taking into account distanced traveled, resilience, and cultural competence in the evaluation. Implicit bias training and DEI grand rounds are now commonly done in many departments, as is the establishment of departmental DEI committees.

To address the inadequate educational training for skin-of-color conditions, particularly in Black patients (Buster et al., 2012), education of the dermatology workforce on the unique needs of and disorders in patients with skin of color remains a priority. An intentional effort is underway to facilitate robust and sustainable inclusion of these topics in all AAD educational activities. The goal is to further increase inclusion of topics on skin of color, such as health disparities, implicit bias, and cultural humility. Academy members are also leading efforts to create a complete curriculum for the diagnosis and treatment of diseases in patients with skin of color. The >70 module curriculum will be available on a web-based platform for dermatology residents and AAD members. Going forward, the AAD will modify the curriculum to meet the edu-

cational needs of medical students. To achieve the goal of creating a long-lasting process, continued efforts to assure a culture change in dermatology are needed to reflect the needs of our patient population.

Another dynamic organization within our specialty is WDS, founded almost 50 years ago to support women, who were a minority group in dermatology. The mission of the WDS is to be the premier organization cultivating the personal and professional development of female dermatologists dedicated to excellence in patient care, mentorship, volunteerism, and leadership. Although the number of women in our specialty has increased significantly, women still face unique professional challenges, as do other groups who are URM.

WDS recognized the maxim "representation matters" early in its growth. In fact, the WDS has had four nonwhite presidents between 2002 and 2018, and the current president-elect is also from a skin-of-color background; thereby making the WDS the only non-skin of color-focused dermatologic organization to have this distinction of representation in the highest office of leadership. Representation within the WDS at the leadership level has created opportunities for cultural resonance, which have expanded its membership to include more skin-of-color groups and its programming to address the professional needs of these groups.

In partnership with Dove, the WDS Diversity Initiative was created in 2018 to provide summer research fellowships and networking opportunities for first- and second-year URM medical students. This program has been phenomenally successful in helping URM students develop an enriching academic footprint in dermatology, as well as connecting with supportive dermatologists who often serve as ongoing mentors. The program has also helped URM students navigate the dermatology application process.

Scientific publications spearheaded by the WDS have made skin of color and DEI issues a priority. In fact, the *International Journal of Women's Dermatology* dedicated a special issue on this topic in the March 2021 issue, which included 22 articles focused on skin of color and diversity and inclusion issues within dermatology. Specifically, criteria to evaluate the skin-of-color and DEI content of dermatologic literature and an evaluation of 52 dermatology journals using novel criteria created by dedicated WDS members and leaders were published (Wilson et al., 2021). Moving forward, the co-editors will continue to advocate for the creation of a culture of inclusion within dermatologic publishing, encouraging other editors to do the same.

A primary pillar of the WDS is volunteerism. There is a multitude of programs that serve to promote an understanding of skin health in the community. The WDS ensures concerted outreach to people spanning a wide range of skin colors and socioeconomic groups. Examples of these initiatives include the Congressional Black Caucus skin cancer awareness program and the women's shelter project. The women's shelter program was initiated in 2018 to address the skin care and social needs of women in shelters, who are often victims of domestic violence. Myriad programs have been established in major metropolitan areas throughout the United States. The program also has an international outreach, working with women in shelters in India.

In the future, the WDS hopes to continue to expand our diversity vision to include other underrepresented groups, such as the LGBTQ+ population, and to encourage global collaboration. The quest to create equality in our specialty is an ongoing and iterative process that should continue to be at the top of our minds.

The ASDS is the largest specialty organization in the United States dedicated to representing dermatologic surgeons and supports its >6400 members through education, networking, mentorship, public educations, leadership development, and advocacy. In April of 2020, the ASDS established a Diversity, Equity, and Inclusion Work Group to promote cultural competency and awareness

within dermatology surgery; increase diversity within the ASDS among members, leaders, volunteers, and speakers; and educate BIPOC, LGBTQ+, and all underrepresented minority patients about procedural dermatology. To date, the work group has developed a position statement regarding the society's commitment to addressing implicit bias, ensuring nondiscrimination, increasing sensitivity to the needs and health of BIPOC, LGBTQ+, sexual gender minority individuals, and supporting the recruitment and retention of such individuals and others URM.

Along with the establishment of the position statement, a well-received call-to-action video was shared at the 2020 ASDS Virtual Annual Meeting and posted on the ASDS website. The video urges ASDS members to recognize that a problem exists and to acknowledge their privilege and personal biases. The video further encourages dermatologists to speak up for those without a voice, acknowledge and address microaggressions, and accept responsibility for personal mistakes. It is pivotal that members sometimes be uncomfortable because discomfort is a pillar of change. The ASDS is committed to avoiding complacency and ensuring staff is engaged and trained to advocate for diversity and inclusion with industry.

In addition, the ASDS DEI Work Group launched a six-part webinar series, running from February to December, for society members. Kicking off the series was "Diversity, Equity, and Inclusion – What it means for Dermatologic Surgery," which was held in February 2021, followed by "Dermatologic Surgery and Skin of Color" in April 2021. Future webinars will discuss transgender issues in dermatologic surgery, diversifying your practice and inner circle, ensuring diversity in clinical trials, and addressing macro- and microaggressions in dermatologic surgery practice.

The ASDS is also planning multiple other future activities, including creating tools for members to promote a culture of diversity and inclusion and serve the needs of BIPOC, LGBTQ+, and all URM patients; creating a mentorship program; and developing networking activities for URM members with the media and industry.

In mid-2020, the ACDS formed a diversity, equity, and inclusion task force to examine how the society could both examine itself and promote a culture of inclusiveness, equity, and diversity. The task force identified three main areas of focus (research, education, and membership/mentorship) and proposed several initiatives along those dimensions. The first task undertaken was to better understand the racial and ethnic demographics of the society. The goal is to ultimately help resources, such as Contact Allergen Management Program (CAMP), reflect the needs of our patient population. ACDS uniquely offers access to CAMP as part of its membership; this program provides a safe product list following patch testing to help patients navigate their allergens and offer acceptable alternative products. The lists and information provided to patients should be reflective of their personal care habits, which can differ with various skin, hair types, and cultural practices. With the objective of better understanding ACDS membership, as well as patients using society programs and resources, the executive committee of the ACDS expeditiously approved an initiative to query ethnic and race demographic information from the membership at the time of membership renewal. The ACDS has race and ethnicity demographic information on 43% of physician and 40% of nonphysician membership. Similar voluntary questions on race and ethnicity will be asked of patients in the newest CAMP version 2.0.

Research to advance the study of dermatitis and patients with skin of color will be promoted via ideas to increase publications and clinical studies in the DEI arena. To increase the visibility and recognition of research efforts, a new DEI research award was proposed, as well as a DEI poster award for the mid-year or annual meeting. In addition to collecting membership demographics, the goal of membership/mentorship efforts would be to advance a new generation of more diverse patch testers by supporting trainees at all levels (e.g., medical students, residents, and ACDS fellows) inter-

ested in DEI initiatives. In the area of education, efforts are being made to increase education regarding dermatitis in patients with skin of color via social media targeting, such as questions of the week and in-person and virtual education sessions focused on skin of color in patients with dermatitis. Recognizing that ACDS is part of larger dermatitis and American dermatology societies, as well as international societies, the task force also identified opportunities to collaborate with other societies in their DEI efforts, including SOCS, the International League of Dermatologic Societies (ILDS), and WDS.

Finally, at the 2021 virtual annual ACDS meeting, there was active discussion of DEI topics as a focus of the research presentations and a Hot Topic session. The ACDS DEI task force received grant funding to support these efforts to promote DEI research, education, mentorship, and member engagement.

The ACDS DEI task force was inaugurated as a full committee at the January 2021 ACDS board meeting with the mission "to develop research, education and mentorship opportunities that promote diversity, equity, and inclusion within the American Contact Dermatitis Society. We are committed to reducing healthcare disparities and advancing dermatitis care with a compassionate and socially conscious approach." The committee was granted funding support for these efforts to promote DEI research, education, mentorship, and member engagement. The ACDS is eager to support the DEI committee in its mission to elevate these efforts within the society, the field of dermatitis, and dermatology at large.

Without a doubt, academic dermatology departments are the key drivers of educating the next generation of dermatologists. The APD is deeply concerned about inequities in dermatology, including admissions to medical school, residency training, and beyond. For several years, the APD's annual meeting program has had free-standing comprehensive sessions specifically on issues pertaining to DEI. In addition, the APD has posted an antiracism statement on its website and is partnering with the AAD on the Diversity Champion Workshop. In June 2021, the APD indicated its commitment to collaborate with other allied organizations, including SOCS and the AAD, in supporting Project IMPACT. APD's executive committee is also in ongoing discussions about how to improve mentorship for dermatology residents and junior faculty, with potential new initiatives mainly focused on the needs of underrepresented minorities.

APD understands that structural barriers unfairly limit diversity in dermatology. As the primary dermatology professional society for program directors and other teachers of dermatology, APD is committed to actively working with its membership to increase opportunities for medical students from diverse backgrounds to train in dermatology. APD understands that there is much to be done in this regard. Beyond increasing the numbers of underrepresented minorities in dermatology residency, APD is concerned about providing adequate support to these individuals during their training and subsequent careers.

ASDP's DEI effort is nascent. The ASDP does not track the race, ethnicity, or sexual orientation of its members, so data on these areas are not available. A member initiated, institutional review board-approved survey on DEI was recently disseminated to members and should help the society to level set, determine areas of need, and identify opportunities to build on the strengths of ASDP members. The data collected from this survey can potentially be used to address this significant national issue. A DEI initiative can potentially be integrated into the framework that is already in place with the existing Young Physician Committee.

The Society for Pediatric Dermatology (SPD) is a close-knit community that prides itself on its collegiality and inclusion of individuals from all backgrounds. The organization also has an overarching objective to advocate for excellence in dermatologic care for all pediatric populations. With the increased awareness of disparities in so many different aspects of societal institutions and patient

care, the SPD has decided to be more intentional with its diversity efforts to execute the principles of global representation that have been esteemed since the organization's inception.

To further accomplish this goal, the SPD established an Equity, Diversity and Inclusion Committee in the summer of 2020. The Equity, Diversity and Inclusion Committee was tasked with confirming that the society fulfills its allegiance to diversity and inclusion within the organization by monitoring its intraorganizational diversity and inclusion efforts. Similarly, the Pediatric Dermatology Research Alliance, the research arm of the SPD, has established a DEI Task Force to assess and address diversity needs within research in the field.

The SPD is in the formative stage of its advocacy, currently identifying any significant problems or successes of inclusion and equity within SPD activities and investigating disparities that exist within our field, whether in the realm of representation education, clinical care, or research. Some of the current initiatives include publishing a special issue of *Pediatric Dermatology*, the SPD's journal, dedicated to DEI issues (Fall 2021 circulation), expanding the Visiting Lectureship program to include an annual visit to dermatology residency programs with a high proportion of URM residents, establishing a peer mentorship group for URM members, creating a patient perspective handout specific to skin-of-color issues annually, translating patient perspective handouts into Spanish, and ensuring that at least one invited lecture at the annual meeting focuses on DEI-related issues. SPD leaders are also collecting demographic information on SPD members to better identify what disparities may exist. DEI-related questions will be included in the Member Needs Assessment that will help inform and construct the next Strategic Plan (2022–2024).

Since its early formation in 1889, through the World Congress of Dermatology, ILDS has represented a diverse membership from across the globe. Now, with >200,000 dermatologists in >90 countries, the ILDS is as committed as ever to reducing global health inequalities and achieving universal access to health care. This dedication to skin health is for all people regardless of race, skin color, religion, country, disability, age, social background, gender, and sexual orientation.

Governed by a geographically diverse board to ensure representation and inclusion, the ILDS has seen an increase in participation diversity at global events and is launching a program this year to ensure education and training is shared among stakeholders through the Global Partnership of Education and Care. Special care has also been taken to ensure inclusion of more women as speakers at events, such as the World Congress of Dermatology, as well as providing travel grants to speakers and participants from low- and middle-income countries to ensure equity in opportunities to learn and share at a global level. In 2020, the ILDS launched their statement on equity with a particular focus on working with members and partners in global health dermatology to break down discriminatory and intolerant attitudes, promote diversity in the dermatology workforce, and promote equal consideration of all individuals in dermatologic research, policy, practice and, where possible, public life.

As a small specialty within the broader house of medicine, we in dermatology are fortunate to have so many active, engaging, and member-focused organizations dedicated to serving their respective memberships. Although we have specifically discussed many of these organizations in this editorial, we acknowledge that many other valuable dermatologic organizations exist. This editorial and the information shared here within will hopefully serve as a call to action for all of our dermatologic organizations to develop a comprehensive DEI strategy. We hope that this includes educational opportunities for members, training opportunities for young physicians, named lectureships, mentorship opportunities, and ways to examine bias among other activities. The COVID-19 pandemic, re-

cent social tragedies, and devastating disparities in health care have highlighted why, now more than ever, DEI must play a role in every organization's growth and initiatives. To that end, we feel that this editorial represents a pivotal opportunity to discuss and learn from one another, share ideas, and look at further collaboration opportunities. Ultimately, we do not want these initiatives to be a swift but fleeting reaction to a much-needed social reckoning. Instead, we are committed to a more intentional, long-lasting process of progress based on the identified needs within our professional medical community and the populations we serve. We, as a specialty, must commit to enhancing the culture of dermatology by incorporating DEI in our daily activities.

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