

Reply to “The Psychosocial Burden of Skin Disease and Dermatology Care Insights Among Skin of Color Consumers”

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INTRODUCTION

We read with great interest the Cartwright et al paper “The Psychosocial Burden of Skin Disease and Dermatology Care Insights Among Skin of Color Consumers.”¹ Within dermatology, there is now a greater awareness regarding the need for exposure to skin of color in educational resources and training during medical education.² The results from Cartwright et al indicate that even as recently as 2022, almost half of patients felt their dermatologist did not know how to treat their skin, and nearly all believed dermatologists are not trained to treat people with darker skin.¹ We believe the solution to addressing patient dissatisfaction is rooted in improving the cultural competence and knowledge of physicians and health care providers. Racial and ethnic-concordant patient interactions, while preferred by SOC patients, are not a requirement nor practical for every dermatologist visit.³ A requirement however for all dermatologists is adequate training to provide excellent care for patients of all backgrounds.

As the demand for dermatologic care quickly outpaces the dermatologist workforce, there is a pressing need to ensure all dermatologists and members of their team feel well-equipped to identify and treat diseases of all skin colors.⁴ Yet beyond diagnostic identification and treatment, cultural competency is crucial to ensuring patients feel respected and understood. In one study, knowledge of Black hair and skin was most important to Black patients, regardless of race-concordance.³ The historical legacies of racism are directly intertwined with the perception of skin of color and are reflected in terminology like colorism, texturism, and featurism. Even if some skin diseases such as psoriasis in the Black population, have a lower incidence in SOC, patients report more severe psychosocial stress compared to

their White counterparts, as evidenced by the 79.6% of patients in Cartwright et al who rated their skin complaints as moderate to extremely bothersome.¹⁻²

A 2011 survey indicated that 47% of dermatologists felt their training was inadequate to confidently treat skin of color.⁵ A decade later, the patients surveyed in Cartwright et al's study continue to doubt the competence of their physicians. While SOC-focused curriculum updates may benefit trainees and physicians in academic spaces, there is inevitably a population of the workforce that has already completed their training and does not benefit from this learning. Moreover, medical resources seldom discuss concepts such as colorism and texturism which are often considered non-medical issues. For example, alopecias such as central centrifugal cicatricial alopecia (CCCA) can be contextualized through knowledge of Black hair, texturism, and protective styles.⁶ These valuable contexts can be gleaned by examining texts that focus on skin and hair phenotypes that are historically perceived and treated within Black, Hispanic, and Indigenous communities. When asking physicians to take time out of their work to learn new concepts, it is easiest to integrate these concepts into existing requirements for medical practice such as continuing medical education (CME). We suggest a proactive approach to understanding SOC through 1) engaging with CME topics on SOC dermatology and 2) encouraging dermatologists and trainees to understand the historical context of racism in the Western Hemisphere, and how it impacts people of color's perceptions of their skin and hair. There are multiple valuable resources to guide dermatologists and members of their team on skin of color, cultural competency, and health equity-based CME (Table 1).

TABLE 1.

Educational Resources and Conferences	
Category	Links/Titles*
AAD Resources (CME)	<p>Skin of Color Curriculum Overcoming Intended Bias in Practice</p> <p>Dialogues in Dermatology Podcasts (selected transcripts linked below):</p> <ul style="list-style-type: none"> • Melanoma in Special Populations: Jennifer Powers interviewed by Carlos Garcia, MD • Unmasking Facial Hyperpigmentation: Amit G. Pandya, MD, FAAD interviewed by Benjamin Stoff, MD, FAAD • Skin Conditions in Asian Patients You Do Not Want to Miss: John Koo, MD, FAAD interviewed by Keira Barr, MD, FAAD • High Yield Tips for Care of Afro-Textured Hair: Crystal Aguh, MD, FAAD interviewed by Steven Chen, MD, MPH, FAAD • JAAD Game Changer: Dermoscopy of Black Skin: Bruna Tuma, MD interviewed by Vesna Petronic-Rosic, MD, FAAD • November JAAD: Gaps in Medical Education Curricula on Skin of Color in Medical School, Residency, and Beyond: Nada Elbuluk, MD, MS interviewed by Susan Taylor, MD, FAAD <p>AAD CME Articles:</p> <ul style="list-style-type: none"> • Visual perception, cognition, and error in dermatologic diagnosis: Key cognitive principles: Christine Ko, MD, FAAD, et al. • Visual perception, cognition, and error in dermatologic diagnosis: diagnosis and error: Eve Lowenstein, MD, PhD, FAAD, et al. • Gaps in medical education curricula on skin of color in medical school, residency, and beyond: Part 1: Nicole Syder, MD, et al. • Racial and ethnic disparities in clinical research and the dermatology workforce: Part 2: Deega Omar, MD, MPH, et al.
Skin of Color Conferences	<p>Skin of Color Update Skin of Color Society</p> <ul style="list-style-type: none"> • Annual Symposium • Diversity in Clinical Trials Summit <p>Pigmentary Disorders Exchange Symposium Indigenous Skin Spectrum Summit - Canada Diversity in Dermatology Conference (for PAs and NPs)</p> <p>Meetings with SOC Symposia: American Society for Dermatologic Surgery LiVDerm Conferences Montagna Symposium 2024 (topic changes annually) European Academy of Dermatology & Venereology AAD Annual Meeting Society for Investigative Dermatology ODAC Dermatology Conference</p>
SOC Textbooks and Additional Readings	<p>Comprehensive list of SOC Textbooks and Atlases can be found on the UCSF Guide and https://skinofcolorsociety.org/resources/soc-dermatology-textbooks</p> <p>Pigmentocracies: Ethnicity, Race, and Color in Latin America The Melanin Millennium: Skin Color as 21st Century International Discourse Color Struck: How Race and Complexion Matter in the "Color-Blind" Era</p>

*Live links available on JDDonline.com

DISCLOSURES

Dr. Elbuluk has served as a consultant, advisory board member, and/or speaker for Avita, Scientis, Incyte, VisualDx, La Roche Posay, Beiersdorf, Unilever, Eli Lilly, Galderma, Pfizer, La Roche Posay, L'Oreal, McGraw Hill, Dior, Medscape, Abbvie, Takeda, Sanofi. She has received royalties from McGraw-Hill. She has stock options in VisualDx. Dr. Taylor has served as a consultant, advisory board member, and/or speaker for Mercer Strategies, AbbVie, Arcutis Biotherapeutics, Inc., Armis Biopharma, Avita, Beiersdorf, Biorez, Bristol-Myers Squibb, Cara Therapeutics, Catalyst Medical Education, Dior, Eli Lilly, EPI Health, Evolus, Galderma, GloGetter, Hugel America, Johnson&Johnson, LearnSkin, L'Oreal, Medscape, MJH Lifesciences, Pfizer, Piction Health, Sanofi, Scientis, UCB Vichy Laboratories, McGraw-Hill, Allergan Aesthetics, Practical Dermatology, Cutis, Archives in Dermatologic Research, British Journal of Dermatology, Concert Pharmaceuticals, and Croma-Pharma. She has received royalties from McGraw-Hill. She has served as an investigator for Allergan, Concert Pharmaceuticals, Croma-Pharma, Eli Lilly, and Pfizer and has stock options in Armis Biopharma, GloGetter, and Piction Health. Sriram Palepu has no disclosures to report.

REFERENCES

1. Cartwright MM, Kamen T, Desai SR. The psychosocial burden of skin disease and dermatology care insights among skin of color consumers. *J Drugs Dermatol.* 2023;22(10):1027-1033. doi:10.36849/jdd.7713
2. Narla, S. et al. (2022) 'Racial disparities in dermatology', *Arch Dermatol Res* [Preprint]. doi:10.1007/s00403-022-02507-z.
3. Scott, K. et al. (2023) Patient views on race concordance and cultural mindfulness in dermatology: A cross-sectional study among people of color in the United States. *J Am Acad Dermatol.* Available at: [https://www.jaad.org/article/S0190-9622\(23\)00921-0/fulltext](https://www.jaad.org/article/S0190-9622(23)00921-0/fulltext) (Accessed: 15 January 2024).
4. Gronbeck, C. et al. (2022) Dermatology workforce in the United States – part I: Overview, transformations, and implications. *J Am Acad Dermatol.* Available at: <https://www.sciencedirect.com/science/article/abs/pii/S019096222202240X> (Accessed: 15 January 2024).
5. Buster K, Stevens E, Elmets C. (2012) Dermatologic Health Disparities, Dermatologic health disparities. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3742002/#R44> (Accessed: 15 January 2024).
6. Agor A, Ward K. Camouflaging techniques for central centrifugal cicatricial alopecia (CCCA) patients. *International Journal of Women's Dermatology.* Published online November 2020. doi:<https://doi.org/10.1016/j.ijwd.2020.11.003>

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