ASDS
American Society for Dermatologic Surgery

Diversity, Equity and Inclusion Position Statement

In an effort to further fulfill ASDS's commitment to caring for diverse populations, including Black, Indigenous and People of Color (BIPOC); sexual and gender minority (SGM) persons, including lesbian, gay, bisexual, transgender and queer (LGBTQ) individuals, in accordance with the broader mission of ASDS / ASDSA, the following positions are hereby recognized:

Support:

- Systematic efforts to uncover, confront and address implicit bias in the culture and practice of dermatology.
- Policies and initiatives that ensure nondiscrimination, that are sensitive to the health and well-being of BIPOC and LGBTQ / SGM individuals, enhance the health of BIPOC and LGBTQ / SGM people and promote an understanding of issues of race, ethnicity, heritage, gender expression, gender identity and sexual orientation.
- Research and initiatives to improve recruitment, retention, promotion, compensation parity and career development for a diverse physician workforce, particularly individuals from groups that are underrepresented in medicine (URM) and individuals identifying as LGBTQ / SGM.
- Diversity-specific accountability within all ASDS / ASDSA programming, conferences and other initiatives, including a more visible and supported diversity presence in organizational leadership, membership and education.
- Comprehensive research that will expand knowledge of social determinants of health and mitigate health disparities facing BIPOC communities as well as LGBTQ/SGM individuals.
- Evidence-based coverage of all gender-affirming therapy and procedures which help the mental and physical well-being of gender diverse individuals.
- Gender-affirming procedures and treatments and recognizes they are not "cosmetic" or "elective" or for the mere convenience of the patient. These procedures are not optional in any meaningful sense but are understood to be medically necessary for the health and well-being of the individual.
- Both public and private health insurance coverage of gender affirming treatment.
- Routine and frequent collection of racial, ethnic and SOGI (sexual orientation and gender identity) data broadly in research as well as within the organizational membership to inform awareness and knowledge of health disparities as well as institutional support and climate concerns among dermatologists.
- Inclusive curricula in undergraduate, graduate, and continuing medical education that comprehensively address the unique health concerns of racial/ethnic minorities as well as LGBTQ/SGM individuals.

Oppose:

- All forms of bias and discrimination based upon and regardless of background, race, color, disability, gender, gender identity, gender expression, genetic information, national origin, sex, sexual orientation, religion or veteran status. [1]

- Barriers to health care and access to appropriate and timely referrals as clinically indicated regardless of background, race, color, disability, gender, gender identity, gender expression, genetic information, national origin, sex, sexual orientation, religion or veteran status. [1]

A commitment to diversity, inclusion and equity is critical to the practice of dermatology and to the provision of quality, unbiased patient care. The mission of ASDS / ASDSA is to advance the skin health and well-being of patients and community through education, research and innovation in the art and science of surgical, medical and cosmetic treatments. Without a dedicated commitment to the advancement of diversity, inclusion and equity across health care and organized medicine, such a mission cannot be approached in a way that ensures the needs of all individuals are met such that they are able to thrive. As a cornerstone of such a commitment, this position statement is intended to serve as a guidepost for ASDS / ASDSA as it moves forward in its pursuit of the highest quality of equitable dermatologic care for all patients.

Efforts and initiatives are needed to increase diversity in the physician workforce inclusive of BIPOC and LGBTQ / SGM individuals, ensuring that workforce representation reflects the diversity of the US population. Dermatology is one of the least ethnically and racially diverse specialties.[2] The American Association of Medical Colleges (AAMC) defines the term underrepresented in medicine (URM) as "racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population."[3] Included in this term, Black or African American and Hispanic dermatologists represent only 3% and 4.2%, respectively, of all dermatologists while comprising 13.4% and 18.3%, respectively, of the United States population.[2,4-5] Other BIPOC communities, including Native Americans, are also significantly underrepresented in the field. These discrepancies between the general population and composition of the dermatology workforce are widening over time and are notably worse for dermatology compared to other medical specialties and for physicians overall.[4-5]

The pipeline of URM and LGBTQ / SGM students entering medical school as well as dermatology residency programs and fellowships needs to be increased. It is well-established that disparities in health care, access and outcomes present immediate and existential threats to marginalized populations.[6] Dermatologic health care disparities experienced by racial / ethnic minority patients are increasingly described in the medical literature.[7-16] Diversity in medical training and in the medical work force optimizes preparedness to serve diverse communities, improving patient care for not only racial / ethnic minority populations but for all patients.[5] Additionally, studies have shown that URM physicians are more likely to practice in areas where health care disparities are prevalent, thereby more broadly contributing to the mitigation of critical access and outcome gaps. Studies highlight that race-concordant clinical encounters are more successful than race-discordant encounters on a variety of metrics, indicating that increasing racial / ethnic diversity among physicians improves the health care experience for minority populations.[17] The achievement of greater URM representation in dermatology must be realized at all levels of the educational continuum from the premedical and medical school years through residency, fellowship and continuing medical education.

Inclusive curricula in undergraduate, graduate and continuing medical education needs to address the unique health concerns of racial / ethnic minorities as well as LGBTQ / SGM individuals. Opportunities for structural change include: joint collaboration with educational institutions, development of mentorship networks and publicly accessible resources regarding dermatologic concerns in racial / ethnic minority populations, facilitation of earlier exposure to dermatology in medical training, increasing the pipeline of URM students into medical school and dermatology residency programs and fellowships, consistent reevaluation and adaptation of dermatology residency program and fellowship selection criteria and revision of dermatology curricula to increase representation of skin of color.

Comprehensive research that will expand knowledge of social determinants of health and mitigate health disparities facing BIPOC communities as well as LGBTQ / SGM individuals is needed. SGM persons, including LGBTQ and non-binary individuals, represent a rich diversity of gender expressions and identities, sexual orientations, attractions and behaviors. SGM / LGBTQ persons' unique health care needs, and the health care disparities they experience, have increasingly received widespread recognition and demand urgent action.

The social and cultural discrimination faced by LGBTQ / SGM individuals is perpetuated by inadequate access to high-quality, sensitive and respectful health care. Such inequity results in avoidance of the health care setting with subsequent care delays due to legitimate concerns about discrimination and harassment.[18-21] Adequate training of medical professionals with regard to the unique health care needs of LGBTQ / SGM people and continued research into best care practices are necessary to provide care that facilitates trust and resilience while ensuring the ability of LGBTQ / SGM individuals to thrive.

Importantly, racial and ethnic minority persons who also identify as LGBTQ / SGM face additional stigma and health care disparities, emphasizing the importance of intersectionality, as inequity in these marginalized populations is appropriately addressed.[22-23] Moreover, many LGBTQ persons seeking dermatologic care have concerns that are not LGBTQ-specific; dermatologists should demonstrate structural competence and cultural humility in caring for LGBTQ patients in these cases as well.

Transgender and other gender diverse individuals should have access to and coverage for gender-affirming therapy and procedures. For transgender and other gender diverse individuals, access to gender-affirming care is critical for holistic health and well-being and leads to improvement in health outcomes.[22,23] The benefits of gender-affirming care are numerous, a few of which include improved mental health and substantial reduction in suicide attempts, improved self-esteem and body satisfaction with the achievement of congruence, decreased substance use, and healthier, more rewarding human relationships.[24-29] Across the country, disparities and inequities exist with regard to insurance coverage for gender-affirming care and services. Voices across the house of medicine affirm that such care is medically necessary and should not be excluded from public or private insurance programs.[30-36]

Students, trainees, employees, dermatologists and other health care providers as well as organization staff should be trained in cultural humility and structural competency. Looking to the future of SGM health and dermatology, educational curricula in dermatology should include LGBTQ / SGM health issues throughout the span of training, including undergraduate, graduate and continuing medical education, in accordance with implementation goals for curricular and institutional climate change in LGBT health set forth by the American Association of Medical Colleges (AAMC).[18,24-25] Training should emphasize the development of structural competence, including familiarity with and comfort utilizing appropriate terminology, while fostering cultural humility.[26-28] Dermatologists should ensure that their practices and practice settings are welcoming and affirming safe spaces for LGBTQ / SGM patients as well as for individuals of color.[36]

ASDS / ASDSA recognizes and affirms the identity and dignity of LGBTQ / SGM individuals and recognizes their unique health needs. In alignment with the above priorities, the health and well-being of SGM persons must be integrated into all broader diversity and inclusion efforts.

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