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DIVERSITY MATTERS IN THE CORE AESTHETIC SPECIALTIES WORKFORCE



Amidst a general lack of professional workforce diversity, the core aesthetic specialties may fare worse than others. So what can we do?

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It is widely recognized that the medical workforce in general lacks diversity, and while dermatology is making strides in terms of representation of women, other core specialties have low female representation and all core specialties have low representation of racial and ethnic minorities. Race demographics of US medical school applicants and matriculants fail to reflect the general population, with significant underrepresentation of racial and ethnic minorities.¹ Analysis shows the underrepresentation of black and Hispanic individuals has increased in most specialties. In fact, underrepresentation is more significant now than in 1990 across all ranks and specialties analyzed, with one exception: black women in obstetrics and gynecology.²

Lack of diversity of race, ethnicity, and sex in the physician workforce has multiple concerning consequences. Underrepresentation of racial and ethnic backgrounds in the medical community means that the insights and rich experience of persons of color are not proportionately influencing the practice of medicine and contributing to the innovation and advancement needed to improve patient care. Additionally, there is evidence that patient care may suffer as a direct consequence of lack of diversity in the medical community. Finally, inequity in any setting is an injustice that warrants correction.

Consider the case from this year of a 25-year-old, black Milwaukee daycare worker with an enlarged heart, experiencing chest pain and shortness of breath, who was made to wait 2.5 hours in an emergency room. She waited so long to be seen that she died before being treated. Studies show that black

patients wait an average of 69 minutes in emergency rooms nationwide, versus 53 minutes for white patients. This patient's wait time was double that average, and she died.

Gender bias holds women back from being hired and advancing in their careers. Racial bias does the same and holds back various ethnicities from achieving their economic goals. Sheryl Sandberg of *Lean In* fame has an activity called "50 Ways to Fight Bias." The digital versions are free. One can think through their own biases and call out others' biases when they appear.

GENDER TRENDS

Dermatology has made strides in terms of representation of women in the specialty. In 2015, 47 percent of practicing dermatologists and 64 percent of trainees were women.³ However, the so-called "leaky pipeline" still affects academic leadership. Whereas 61 percent of instructors and 56 percent of assistant professors in dermatology were women in 2015, just 31 percent of full professors are women, and women comprise less than one-quarter of dermatology chairs.⁴

In plastic surgery, current data indicate that 31 percent of residents are women. The same data show just five residents in Ophthalmic Plastic and Reconstructive Surgery, of which one is a woman. Among practicing plastic surgeons, the ratio of female to male surgeons is approximately 1:5, and there was a 62 percent increase in the number of female plastic surgeons from 2000 to 2013.⁵