

The *Chronicle of Skin & Allergy*, in partnership with the Dermatology Industry Taskforce on Inclusion, Diversity and Equity (DiTiDE), sponsored a short essay competition for Canadian dermatology residents in 2022.

This contest was open to any resident enrolled in a dermatology training program at a Canadian medical school, with enrolment confirmed by their Program Director. Entrants submitted a 350- to 500-word composition reflecting on matters relating to inclusion, diversity, and equity. Eight winners were announced.

The selected essays will be published in each issue of *The Chronicle* during 2023. The Grand Prize winner is

Dr. Samantha Bizimungu of Université de Montréal for her essay “Getting to the Root.”

DiTiDE is a volunteer working group composed of Canadian life sciences managers and executives, dermatologists, patient association leaders, and allied parties committed to improving the patient experience and outcomes of under-represented skin types and underserved ethnicities through developing physician education and resources.

The 2nd annual short-essay competition for Canadian dermatology residents is now open for entries. Details are available at <http://derm.city/for-residents>

References

- ¹ Loussouarn G, El Rawadi C, Genain G: Diversity of hair growth profiles. *Int J Dermatol* 2005; 44(s1):6-9.
- ² Haskin A, Aguh C: All hairstyles are not created equal: What the dermatologist needs to know about black hairstyling practices and the risk of traction alopecia (TA). *J Am Acad Dermatol* 2016 Sep; 75(3):606-611.
- ³ Mayo TT, Callender VD: The art of prevention: It's too tight—Loosen up and let your hair down. *Int J Womens Dermatol* 2021 Jan 29; 7(2):174-179.
- ⁴ Koval CZ, Rosette AS: The natural hair bias in job recruitment. *Social Psychological and Personality Science* 2021; 12(5):741-750.
- ⁵ Bizimungu S: Is this hair professional enough? *CMAJ* 2021; 193(7):E254-E255.
- ⁶ Tripathi R, Knusel KD, Ezaldeen HH, Scott JF, Bordeaux JS: Association of demographic and socioeconomic characteristics with differences in use of outpatient dermatology services in the United States. *JAMA Dermatol* 2018; 154(11):1286-1291.
- ⁷ Gorbatenko-Roth K, Prose N, Kundu RV, Patterson S: Assessment of black patients' perception of their dermatology care. *JAMA Dermatol* 2019 Oct 1; 155(10):1129-1134.

Getting to the Root

“WHY DIDN'T YOU CONSULT EARLIER?” I asked my patient, while examining the large hairless patches on her scalp.

“To be honest,” she replied, “I didn't think a doctor could do anything about this.”

“Mm-hmm...” I said, glancing at her knowingly.

The patient in front of me was a Black woman. She suffered from progressive hair loss along the temporal hairline, after years of wearing high-tension hairstyles. It was a slam dunk diagnosis: traction alopecia.

Beneath the seemingly straightforward nature of this case, however, more complex issues were at play. These spun through my head all morning as I assessed patients in the dermatology clinic.

Traction alopecia affects an estimated one in three women of African descent.¹ It is often linked to hairstyling practices that are common among this demographic, such as braiding, hair weaves, and the use of chemical relaxers.² There is no cure for this condition, and its progression can lead to irreversible hair loss.³

One might wonder: Why would an individual continue to wear such a hairstyle if it is responsible for their hair loss? Unfortunately, the answer isn't so simple. Hair is seen as a sign of beauty and a source of self-esteem in many cultures. Western beauty standards favour straight and wavy hair textures over the curly and coily ones that occur naturally in people of African descent. Additionally, Black women often feel the need to conform their appearance, including hairstyle, to fit in to the workplace and avoid discrimination.⁴ Whether consciously or subconsciously, these pressures lead many Black women to use damaging methods to achieve straighter hair.⁵

These women can then be reluctant to seek medical help if hair loss occurs. American data shows that Black and Hispanic patients are less likely to receive outpatient dermatological care than their White counterparts.⁶ Barriers to care include mistrust of the medical system and lack of knowledge of the dermatologist's role in managing certain conditions.

As initiatives to represent diverse skin and hair types in educational resources become more widespread, it is equally important to acknowledge the cultural practices, lifestyle habits, and deeper societal issues that contribute to these patients' conditions. Diversifying the dermatology workforce will also help to reduce health disparities. Black patients report higher satisfaction when receiving race-concordant care, due to factors such as shared experience, cultural sensitivity, and knowledge about skin of colour.⁷ Furthermore, in order for dermatology to be more inclusive for racialized patients and providers alike, anti-racism and cultural safety should be incorporated into training and practice.

My patient encounter that morning reinforced my place in dermatology. As one of the few Black women in the field, I feel privileged when I can use my position to spread awareness on inequities and racial disparities. I hope to be part of a future where all patients, especially those who have been historically marginalized and underserved, have access to quality dermatological care.

Dr. Samantha Bizimungu is a second-year dermatology resident at Université de Montréal. With an extensive background in advocacy, she is passionate about working to eliminate disparities in healthcare.



Support for Perspectives/2023 comes from **Dermtek Pharma**