Dear Editors,

The American Academy of Dermatology (AAD) annual meetings are seminal meetings for continuing medical education for the specialty. The purpose of this study is to evaluate trends in sessions on diversity, equity, and inclusion at AAD annual meetings between 2013 and 2019.

The authors reviewed program books from 2013 to 2019 for sessions that mentioned the following: diversity, skin of color (medical and procedural/cosmetic), ethnicity, race, gender, sex, sexual orientation, pregnancy, religion, disparity, immigrants, refugees, and bias. These items were broadly categorized as medical, cultural competence, diversity, and cosmetic. Sessions with more than one category were classified as having multiple categories. Cultural competence is defined as “the importance of culture, assessment of cross-cultural relations, vigilance toward the dynamics that result from cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs” (Betancourt et al., 2003). Individual presentations in general sessions that did not focus on diversity were not included in this analysis.

Using the total sessions at the meeting as the denominator, the percentage of diversity-focused sessions has steadily increased (from 2.5% in 2013 to 6.8% in 2019) (Fig. 1). In particular, the number of the following sessions have increased or had a constant presence: lesbian, gay, bisexual, queer, transgender, and intersex populations; female-specific medical dermatology; immigrant and refugee populations; homeless individuals; patients of the Veterans Affairs Health System and American Indian Health Service; and gender diversity in academic dermatology.

An analysis of the absolute number of sessions within each category as defined showed that the greatest increase was in medical dermatology and in sessions whose content covered multiple categories (Fig. 2). In 2013 and from 2015 to 2019, there were sessions specific to Latinx populations, people of Asian descent, and people of African descent. There has been a general paucity of presentations on cosmetic dermatology exclusively in skin of color.

The steady increase in the number of sessions focused on diversity, equity, and inclusion and lesbian, gay, bisexual, queer, transgender, and intersex populations at AAD annual meetings in the past 7 years reflects well on the AAD. As the demographics in the United States continue to change, it is important that education specific to the concerns of these populations continue to be provided to help to address the persistence of health disparities in dermatology and medicine (Bae et al., 2016; Frey, 2018; Pritchett et al., 2018).

Previous studies have shown that our specialty has vigorously responded to the need for greater gender diversity in our meetings (Mujahid et al., 2018). The annual AAD Diversity Champion workshop, started in 2019, provides dermatologists with tools to increase racial diversity in their departments and residency programs. Attendance at similar events can help leaders in academic dermatology better understand how to support the career development of faculty and trainees with interests specific to marginalized populations.

Recent social movements highlighting the disproportionate impact of race in the United States on Black and Latinx populations in health care, and human rights have demonstrated that education on issues specific to these populations is necessary to aid in the resolution of these disparities. Efforts by the AAD, and medicine in general, to educate physicians and health care providers should continue to be encouraged.

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Conflicts of interest

None.

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Study approval

The author(s) confirm that any aspect of the work covered in this manuscript that has involved human patients has been conducted with the ethical approval of all relevant bodies.
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