

More than

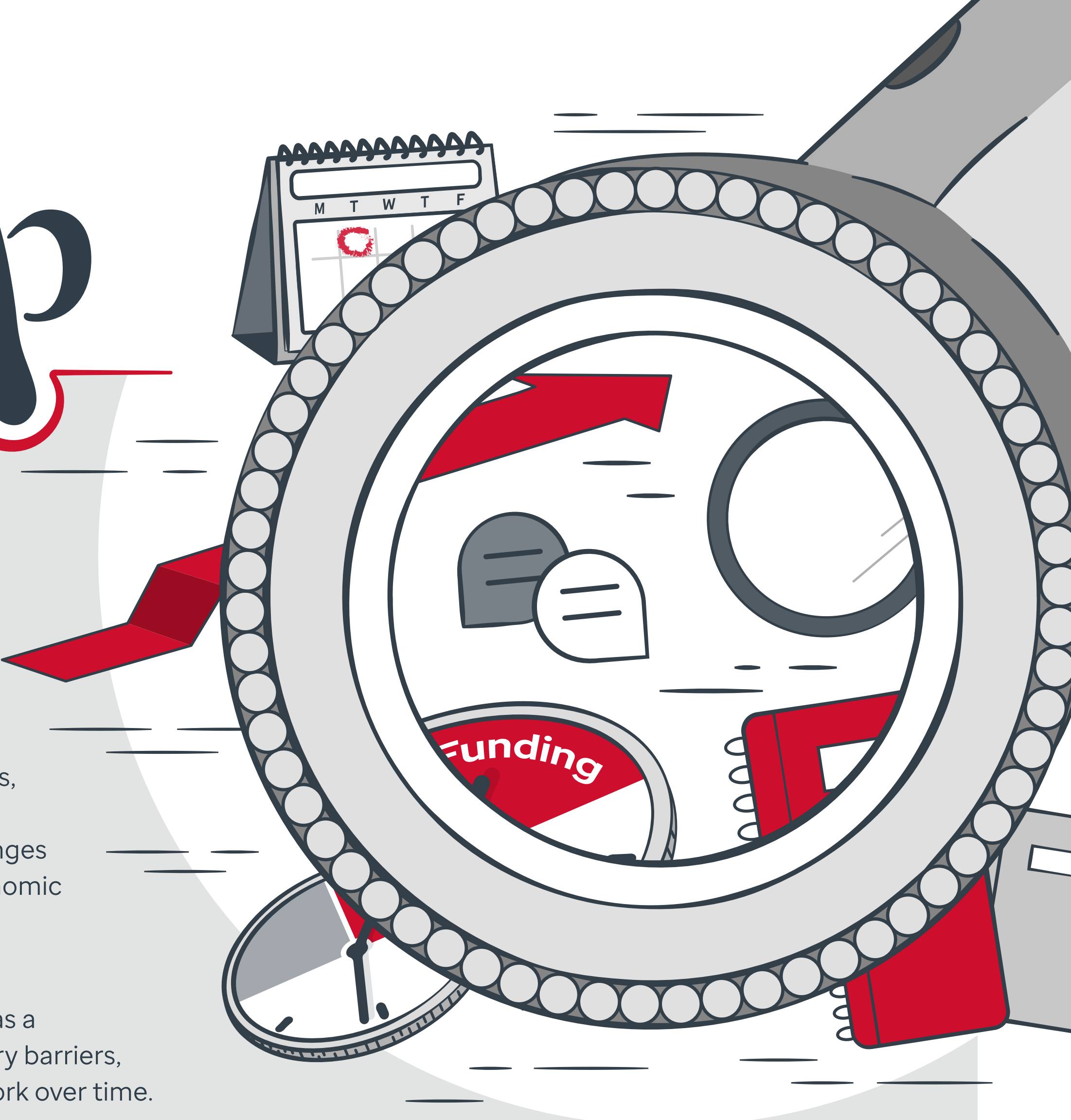
skin deep

Designing equitable dermatology programs

Nearly **1 in 4 Americans**¹ have a skin condition, yet systemic barriers shape who enters care, how quickly they are diagnosed, and whether they remain engaged over time. Workforce shortages, referral complexity, long wait times, and mistrust create gaps at multiple points along the dermatology care journey. These challenges can disproportionately affect certain racial, ethnic, and socioeconomic groups and are often driven less by patient behavior than by how dermatology care is designed, funded, and delivered.

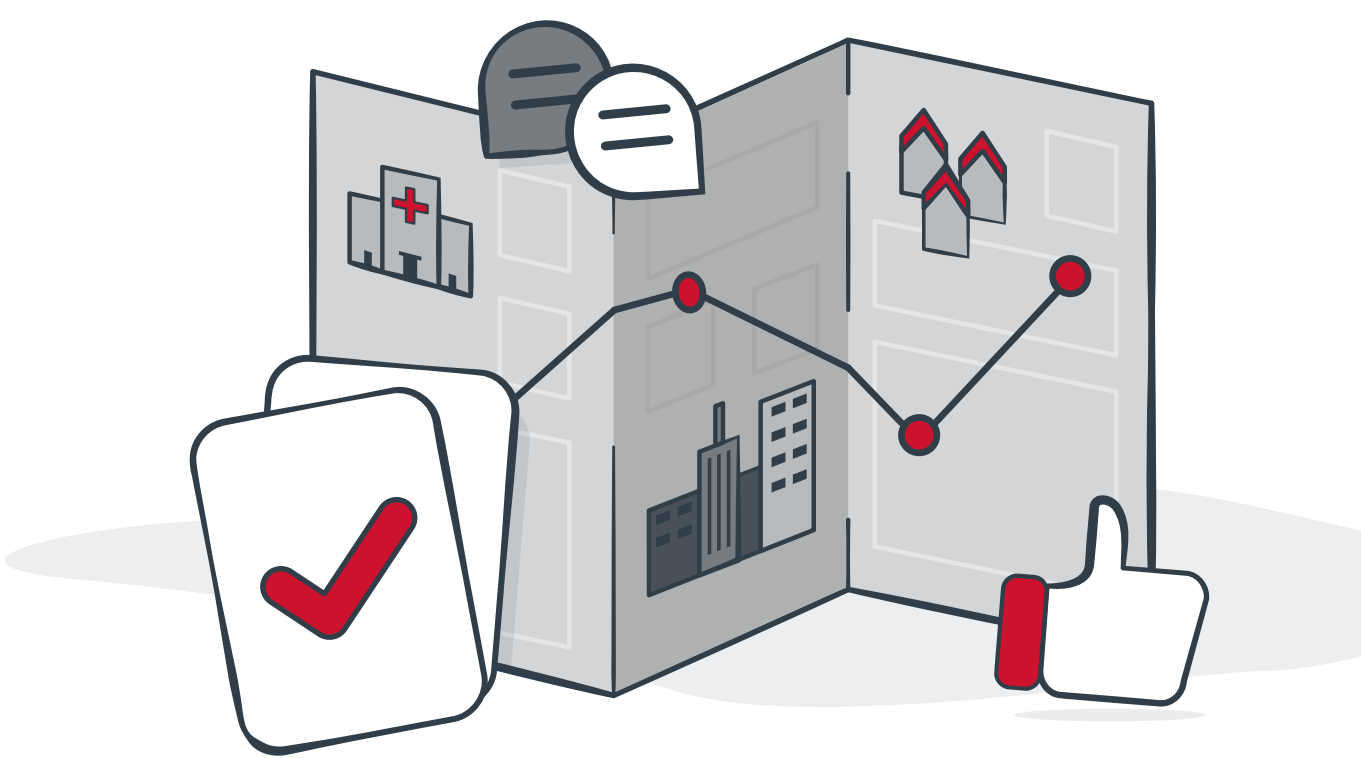
Advancing health equity in dermatology requires rethinking care as a connected, end-to-end system – one that builds trust, lowers entry barriers, equips clinicians, signals inclusion, and sustains equity-focused work over time.

Read on for the five strategies you should consider.



STRATEGY 01

Build trust through community-based patient education



Design dermatology education that prioritizes trust, visibility, and cultural relevance by meeting patients in the settings and channels they already rely on. Rather than one-time outreach, this approach makes patient education a sustained presence that validates lived experience and lowers psychological barriers to care.

- **Implementation considerations**
 - Partner with trusted community organizations that already convene patients.
 - Leverage representative patient education materials with visuals.
 - Use social media platforms intentionally to extend education and credibility.
- **Outcome**

Consistent engagement builds trust, increasing the likelihood that patients will seek care earlier and remain connected over time.

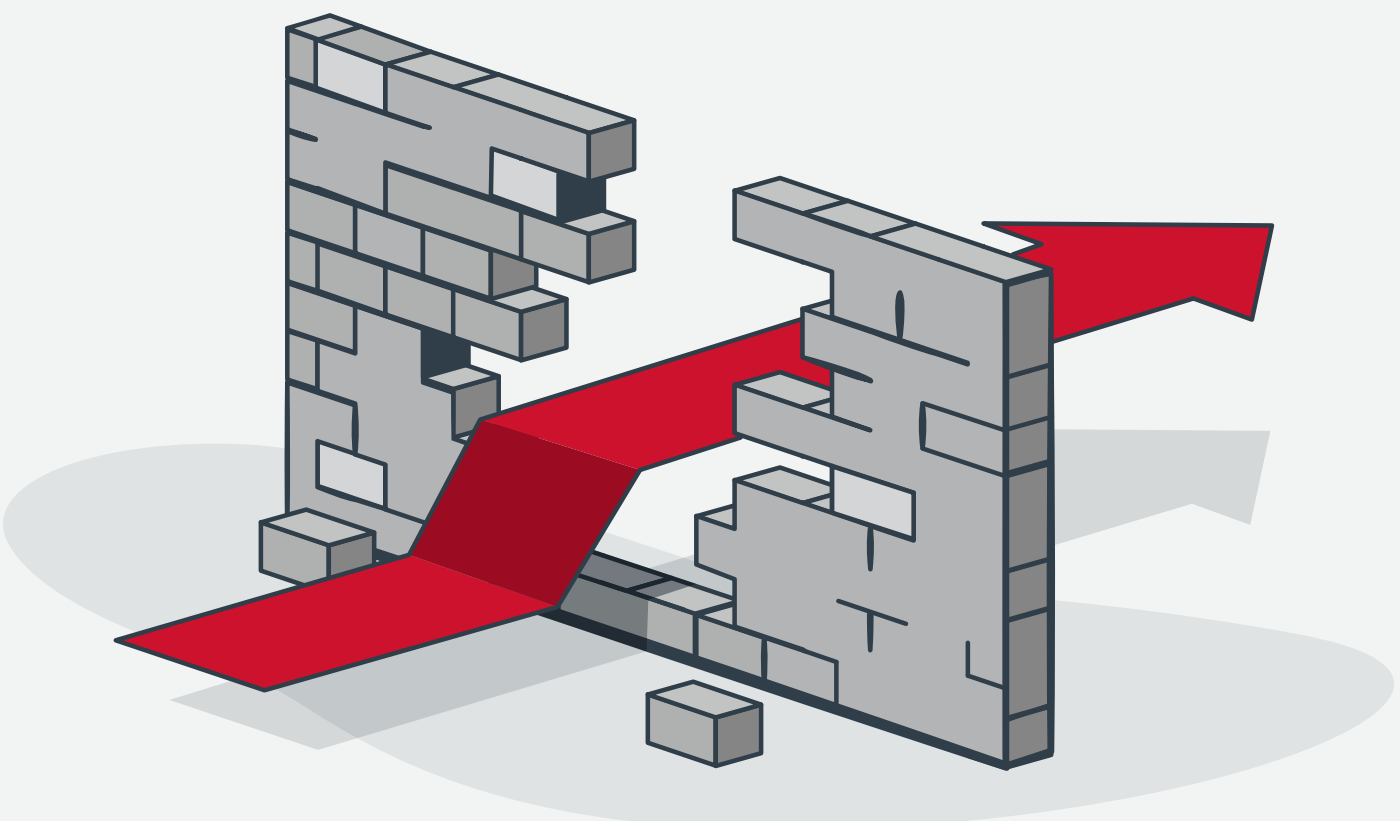
STRATEGY 02

Remove equity-specific entry barriers to dermatology care

Reimagine the front door to dermatology so patients can reliably enter care despite referral complexity, long wait times, or uneven digital access. The focus here is on addressing the areas where patients fall out of the care journey before they ever see a dermatologist.

- **Implementation considerations**
 - Streamline referral pathways with clear escalation criteria for Chronic Inflammatory Skin Diseases.
 - Enhance the EHR to support intake and connect patients to appropriate services.
 - Build teledermatology models that pair virtual visits with in-person guidance on image capture and platform use.
- **Outcome**

Improving the on-ramp shifts access earlier in the care journey, enabling timelier diagnosis and more consistent management.



STRATEGY 03

Enhance clinician education and decision support



Support clinicians with practical health equity education and tools that make it easier to diagnose and manage dermatologic conditions across diverse skin tones and hair types. Instead of trying to retrain expertise, this work reinforces confidence and consistency where exposure and resources vary.

- **Implementation considerations**
 - Encourage peer-driven education formats such as grand rounds, conferences, and cross-specialty collaboration.
 - Curate and use image libraries representing diverse skin tones and types.
 - Embed clinical decision support into workflows rather than as stand-alone tools.
- **Outcome**

When clinicians are prepared and supported, they are better positioned to deliver equitable care to all patients who access the system.

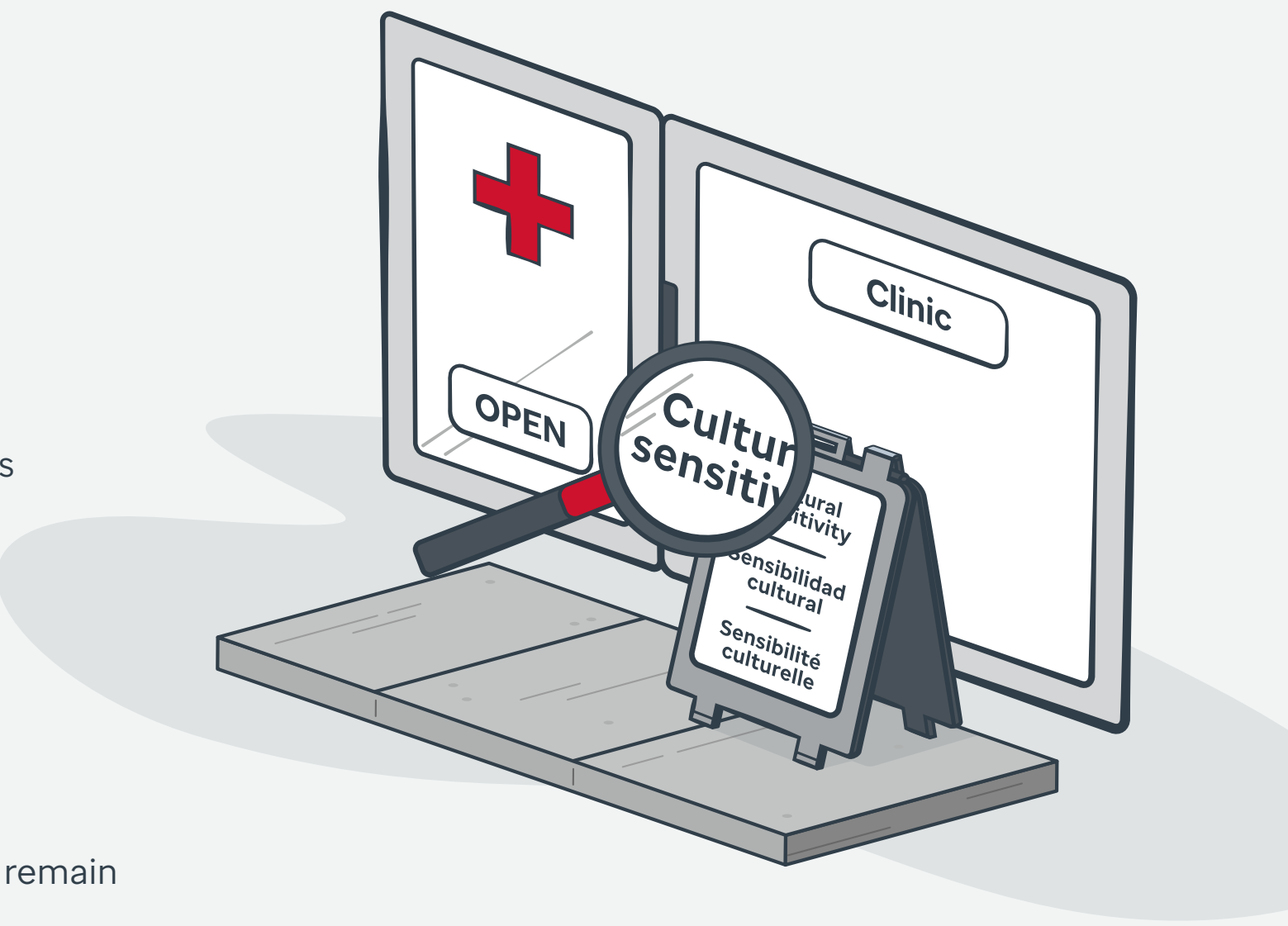
STRATEGY 04

Signal inclusion clearly while adapting equity language to current institutional realities

Make it easy for patients to recognize when dermatology care is meant for them through clear naming, visibility, and communication. Programs balance this clarity with flexibility in language so equity-focused work can continue despite shifting institutional and political constraints.

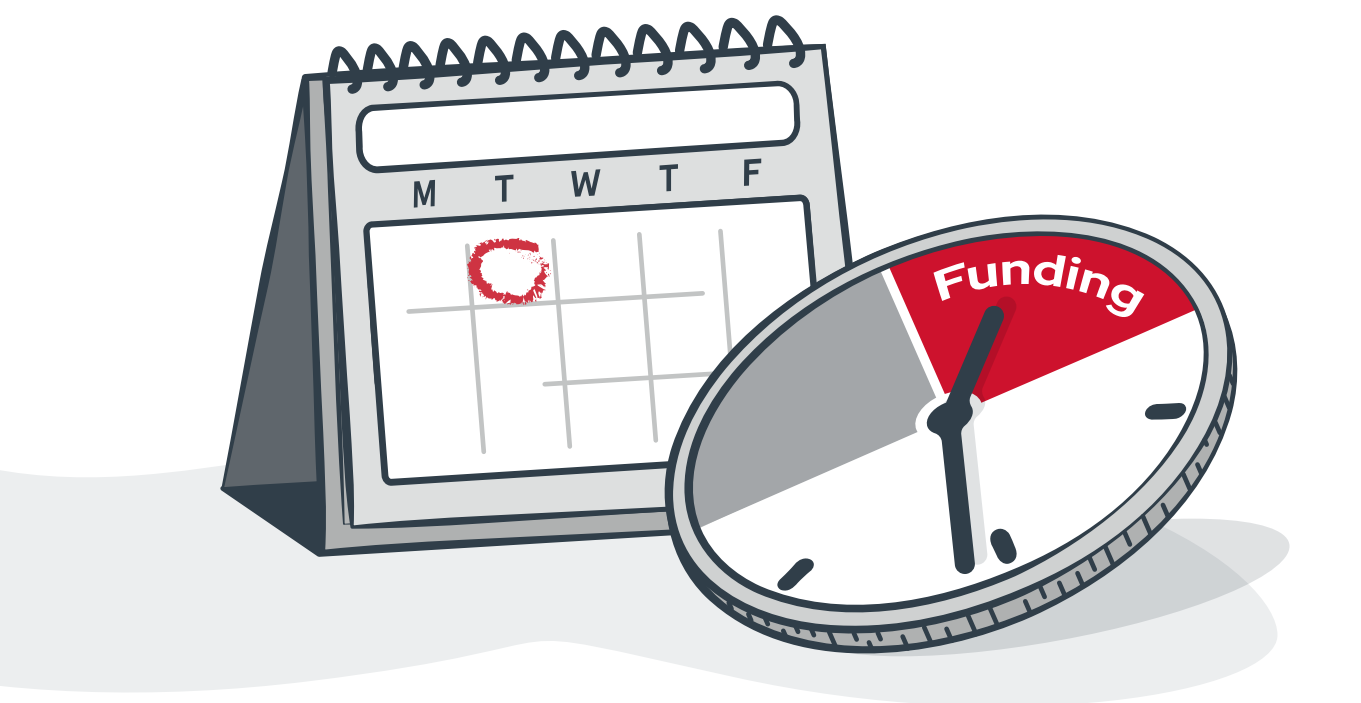
- **Implementation considerations**
 - Create clear clinic/program descriptions that name the target conditions and populations served.
 - Align marketing, communications, and compliance teams to ensure consistent messaging.
- **Outcome**

Clear signaling helps equity-focused care remain visible, credible, and resilient over time.



STRATEGY 05

Create sustainable funding models that support equity-focused care



Treat equity-focused dermatology as part of the core clinical infrastructure rather than discretionary effort. Protected time, administrative support, and durable funding allow programs to scale beyond individual champions and persist over time.

- **Implementation considerations**
 - Dedicate budget line items that recognize equity-focused dermatology as core work.
 - Protect clinical and non-clinical time for education, outreach, and program leadership.
 - Leverage external funding to support program launch and expansion.
- **Outcome**

Equity initiatives are protected from budget volatility and able to expand sustainably over time.

Read more on the [5 strategies to advance health equity in dermatology care](#)
Learn [How one health system reimaged dermatology care to advance health equity](#)

Unless otherwise specified, all information in this infographic came from Advisory Board interviews and analysis.

Source:

1. Lim HW, et al. International Expert Consensus on Defining Skin of Color and Delivering Equitable Dermatologic Care. *International Journal of Dermatology*. November 6, 2025.