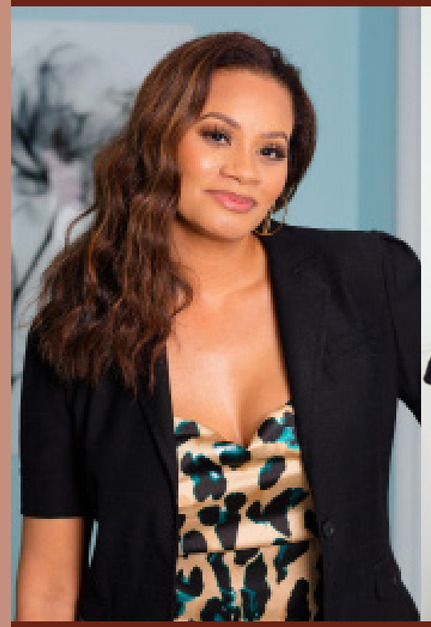
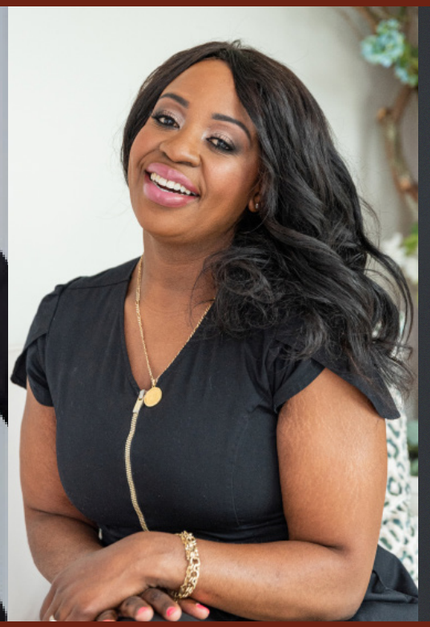
Insight on Inclusion

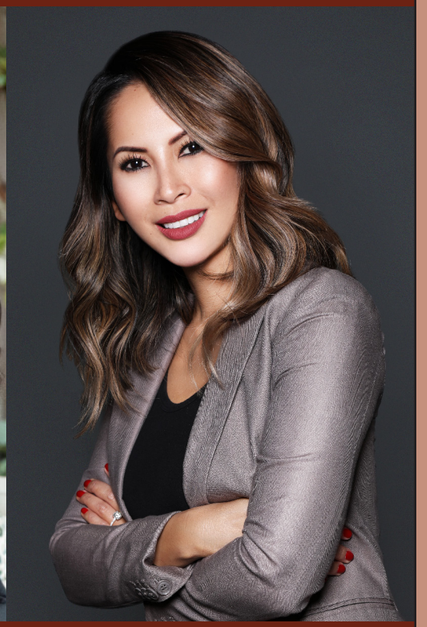
From Aesthetic Practitioners of Color

What Medical Spas Can Learn About Training Providers, Treating Patients and Talking About Diversity

By Madilyn Moeller







SHANNON KING, BSN, RN
Le Meilleur Beauty & Wellness, Norco, California

King started the practice with the support of her medical director, a Black pediatrician. "I didn't get a seat at the table," she says. "So, I had to make my own."

SILVIA TUTHILL, DNP, ANP-C
Tenth Avenue Aesthetics, East Northport, New York

Silvia compares her practice to the United Nations. "I love everybody, regardless of how they look, their size, their race, gender, creed, whatever, and that's just the way that I've always lived my life."

THUY DOAN, MD
Bespoke Aesthetics + Concierge Medicine, Atlanta

Thuy has built a diversified portfolio of aesthetic clients, demonstrating her talent for producing natural-looking results true to ethnicity.

People find new lines in their foreheads, around their eyes and bracketing their smiles. Many embrace graceful aging, and those who desire change have fillers, toxin and a myriad of technologies and treatments to address their concerns. Unfortunately, not all prospective patients feel like medical aesthetics is for them, and many providers are not prepared to treat everyone who walks in the door.

When it comes to treating the wide variety of skin types and facial features, training largely falls to the individual. Those looking to invest in education and networking at conferences across the country often find that the people on stage are not representative of the population.

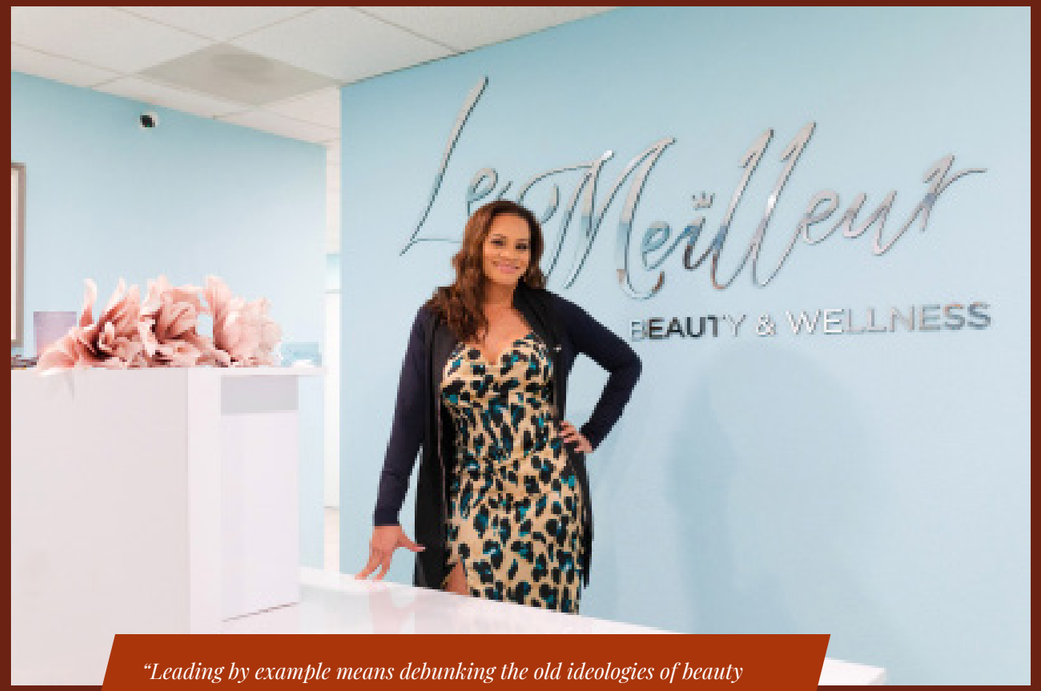
Industry giants are beginning to expand the conversation about diversity, equity and inclusion in aesthetics. *QP* shares the insight of Shannon King, BSN, RN, of Le Meilleur Beauty & Wellness in Norco, California; Silvia Tuthill, DNP, ANP-C, of Tenth Avenue Aesthetics in East Northport, New York; and Thuy Doan, MD, of Bespoke Aesthetics + Concierge Medicine in Atlanta.

Obstacles to Aesthetics

Aesthetics was swirling around Shannon King, BSN, RN, as a circulating nurse in plastics and then a hospital nurse in labor and delivery—new mothers would frequently express concerns over their body image, after having a baby.

King began searching for training in aesthetics. She quickly found that even in the melting pot of California, providers were hesitant to hire a Black injector.

For example, King interviewed at a medical spa that offered a trainee position. The doctor and nurse both said they loved her, but 10 days later the office called to let her know they selected someone else. They said it had nothing to do with her, that she should keep in contact and was even welcome



"Leading by example means debunking the old ideologies of beauty that are deeply rooted and saturated in European history and understanding that we're all beautiful and that we should all be celebrated in the world of aesthetics," says Shannon King, BSN, RN. "Our diversity is what makes us beautiful."

to come in and shadow their nurse. King asked for feedback.

"I asked, 'Was there something that I could do to make my interview better? Or was there something you were looking for that I just didn't possess?'" King says. "And it was finally said that they did not know if their patients would be able to trust me and that their population was not reflective of my image. And I was like, 'Well, what does that mean?' Because I'm very well polished. I've been a hospital administrator for more than 10 years. So, that was a way of saying that a Black injector wasn't what they were looking for."

Burden of Proof

Silvia Tuthill, DNP, ANP-C, developed her own opportunities to strive in this business. It's been great, she says, but it has also been difficult.

Many patients want to go to providers who look like them. In the United States, Caucasian women make up the largest patient demographic for aesthetic procedures. This puts providers of color at a disadvantage.

"For some of us, it makes us develop somewhat of an imposter syndrome where we feel like we are perceived as not as competent by our Caucasian patients, as well as our colleagues. You'll find that a lot of us are at the epitome of our space with our degrees, training, etc., but we don't feel that our successes are shown externally. It creates a lot of insecurity because it doesn't matter how smart you are or how skilled you are; they're going to look at your other counterparts that don't look like you as being better than you, even if they don't have the degrees that you have. I can't hide being a person of color. That's one thing I can't do."

The representation within her advanced nursing program illustrates this added pressure for providers of color to convince others of their knowledge and skill.

"As you know, with DNPs, it's like only 2% of the population of nurses ever continue on," says Tuthill. "In my DNP nursing program, I would say half of them were African-American. Half. That's because we feel that we have to have the epitome of our degree to be up to snuff with everyone else. Meanwhile, nobody ever checks their credentials, but best believe I better have my receipts."

Learning Balance

Thuy Doan, MD, did not join this industry for the money or because of her degree. She was botched by an injector. After a year, she visited a different injector and was botched again.

"One day, I Google 'fillers gone wrong' and didn't realize there was a reversal," she says. "And, being that I was an MD, I bought the reversal and I reversed myself. That led me into going into aesthetics—not by accident, but I think sooner than I would've because I got botched."

Sometimes patients don't have the option to see a provider who looks like them; even an injector of the same ethnic background may not know how to treat their features. The second injector who botched Dr. Doan was Vietnamese, like her. She believes that all providers should know how to treat every type of patient, or at least have a background in the different skin types.

"There are so many African American aesthetic providers all over the country, but if you go to any of these conferences, you're not seeing them present," — Silvia Tuthill, DNP, ANP-C

Outside the Spotlight

In a growing industry like medical aesthetics, one would expect to see increased diversity across the board. But at the trainer and speaker level, that representation is not common.

"There are so many African-American aesthetic providers all over the country, but if you go to any of these conferences, you're not seeing them present," says Tuthill. "You're not seeing them as national trainers. Maybe you might find one Black person and one Asian person and a couple males, but everyone else, if you look at the photo of them, it's white women with blonde hair and blue eyes. And what is that saying to the people who look like me?"

Dr. Doan has noticed this phenomenon as well, and attributes it to the white providers' popularity on social media. If you're popular, she thinks, one conference takes you, then another conference jumps on board and grabs the same speaker, exacerbating the issue.

When it's not typical to see aesthetic providers of color in elevated positions, aspiring injectors take notice.

"I teach for MedAesthetics," says Tuthill. "And I have providers that come from all across the country. I was in Baltimore this weekend teaching and I had a provider come from Miami and one that came from Portland, Maine, to come see me

because they wanted to learn from someone who looked like them."

Providers of color flood her DMs with well-wishes and thanks, telling Tuthill they love seeing Black women instructors. She gets messages from people wanting to see exemplars in the aesthetic community who look like them doing it successfully, well and with love.

It Starts in Health Care

The undersupply of aesthetic providers of color starts with the lack of representation in health care. This becomes more visible in medical specialties.

"Some of the challenges are the obvious," says King. "Some minority families cannot afford to put their children through medical school or nursing school. Some of the challenges include the education system that may not be sufficient in lower socioeconomical areas to allow those children to get into the colleges where they can flourish and go into nursing or medicine."

Tuthill is often the only person of color at industry networking events and feels like she is constantly on display.

"I feel like men and women of color have been trying to break boundaries in the aesthetic field for years," she says. "We've been navigating an industry that is not built to celebrate people of color. And, considering this torrential cultural climate that we're living in right now, our aesthetic artistry has stood this test and is just starting to begin to help men and women of all ethnicities and skin tones feel absolutely beautiful inside and outside."

Defining Diversity Within Aesthetics

What does diversity mean to aesthetic providers? King believes it comes down to inclusiveness.

"Inclusion, diversity, equity, representation—all those things mean being able to see my reflection represented in the world that I live in," she says. "Not only for aesthetics; it means it in the health care industry, it means the same thing whenever my kids play sports—in all walks of life. I think we have a lot of catching up to do globally as far as inclusiveness. Everyone should be able to see themselves—not just the minority races, but also people with disabilities and people of different genders. Everyone should have the opportunity to look at anything and see some part of them reflected in it.

"When it comes to aesthetics, we're literally talking about beauty and skin and how beautiful people are. If we all looked alike, none of us would be beautiful because we'd all be the same. Being able to appreciate the differences and revel in them and just marvel in everyone's beauty—that's what diversity means to me," says King.

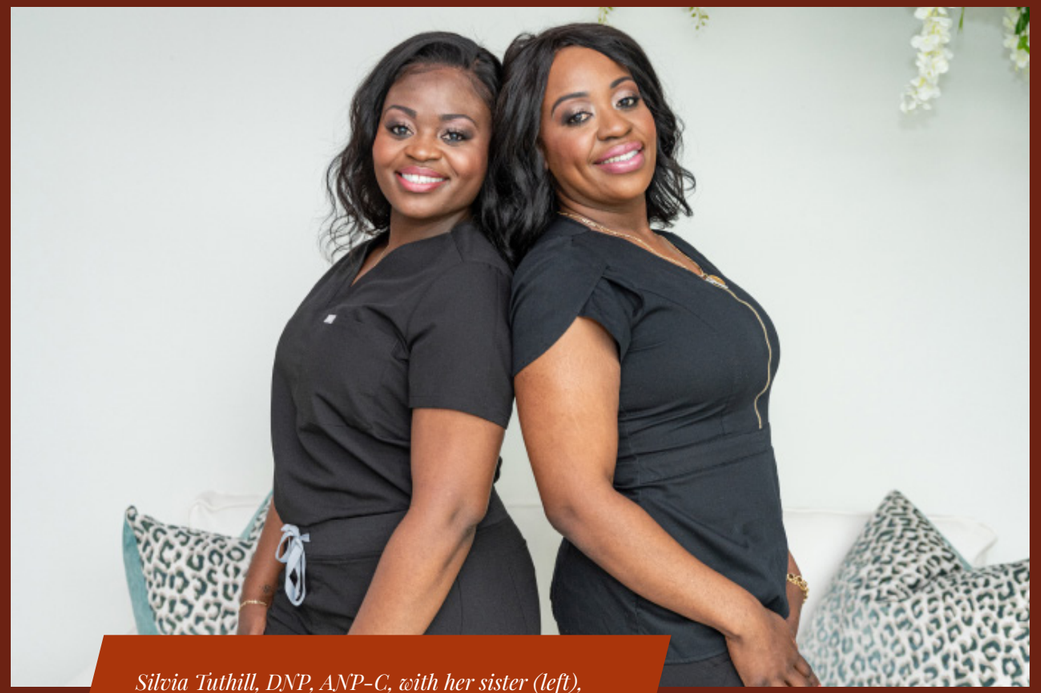
Tuthill explains the importance of representation for diverse clientele.

"Diversity in aesthetic medicine means recognizing everybody—all ethnicities, races, cultures, skin tones, body types and backgrounds—being beautiful," she says. "This means giving everyone the same opportunities in marketing, product development, research, innovation, and supply chain. It's not about going on center stage right now, or just like a single marketing event; we have to actively seek out beauty products that are personalized to us in addition to pushing inclusivity and transparency from these brands.

"As medical providers, we purchase from them. It leaves out an entire market of individuals, and it makes one believe that these services aren't for them, which solidifies the notion that some of these aesthetic procedures are taboo. I grew up with 'Black doesn't crack, Asian doesn't raisin.' So, you believe that because I don't see anybody in the marketing making me think, 'Maybe toxins aren't for me.'"

Adding Diversity

On her medical spa's website, King displays photos that are reflective of diversity. For every three images, she wants only one of those images to be a white person, because that is reflective of the world she lives in.



Silvia Tuthill, DNP, ANP-C, with her sister (left), AnnMarie Martin, RN-BC. Both practice at Tenth Avenue Aesthetics in East Northport, New York.

"It's tough finding some of the images, even just as stock photos," she says. "When you type in, 'glamorous women' or 'hair model' or what have you, you are going to get a substantial amount of white women present versus any other ethnicity. You really have to search long and hard to find another ethnicity."

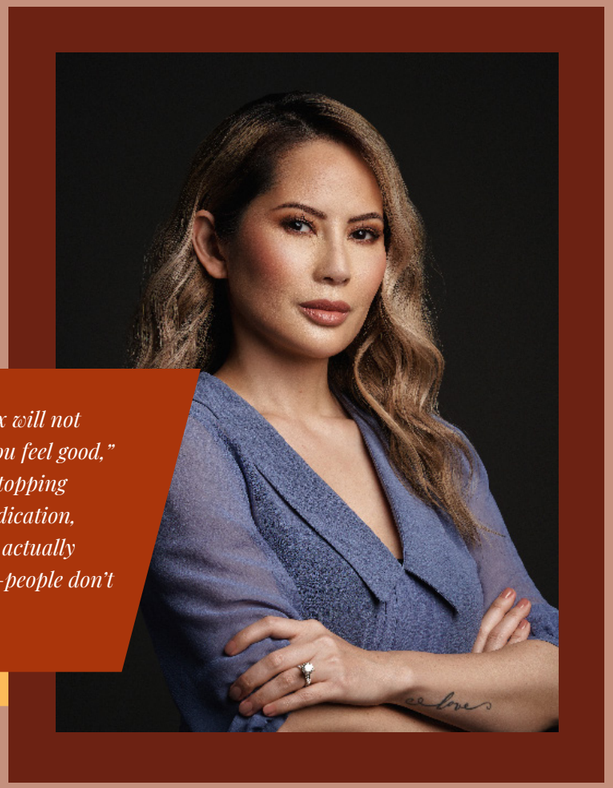
King identifies as a middle-class Black woman and was raised middle class, but injectables were not made for her, she says—they were created for upper-class white women.

"The reality is these services, toxins and fillers and things like that, didn't have me in mind when they were first created," King says. "They weren't created for me."

Census estimates from July 2021 show that Atlanta had a population that was 49.8% Black or African-American.

"Living in Atlanta, I have a lot of African-American clients," Dr. Doan says. "I tell them, 'You're right—you don't age as fast compared to other ethnicities; however, it just means you don't need it as much.' For example, other people will need Botox every three to four months, so instead of coming in three to four times a year, they only see me two to three times a year."

Many of her African-American clients first come in at age 50 or 55, instead of getting preventive treatments. At that stage, her patients need more product.



"People don't realize that a little bit of filler and Botox will not harm anybody, because, truly, when you look good, you feel good," says Thuy Doan, MD. "I love the idea that we're not stopping aging, we're just slowing it down and that there is medication, toxins and filler to help us with that. I love that we're actually normalizing fillers and toxins and they're not taboo—people don't have to hide that they've had them."

"Especially when they're younger—in their twenties or thirties—that's when I tell them 'You do age slower,'" says Dr. Doan. "'It just means you come in less, but you still have to come in.'"

Tuthill explains that, minus her sisters, she can count the number of African-American patients that she has seen on one hand. She says they don't feel like aesthetic services are for them. More education, she says, can help to bridge the knowledge deficit of what these procedures can do for them.

"Feeling and looking like a million bucks is very important to our community because, at times, you don't have it, but if you appear like you do, you feel like you do," says Tuthill. "So, we get our nails done and we get our hair done. We participate in all the other areas of the beauty industry, but not in this one as much because I don't feel like it's inclusive of us. And that's everybody. Male, female, LGBTQIA+ community, everybody."

Improving Quality of Life

Aesthetics treatments are elective, but that does not necessarily mean they are non-essential. In the LGBTQIA+ community in particular, medical aesthetics services can make a big difference.

"For that population, it is not just about wanting to look good," says King. "It can be so important, and it could change the quality of their lives. A transgender woman who has made her transition from a man to a woman, those softer features, they can make the difference in her being harassed every day and made fun of that she's trying to be something she's not versus just being accepted as a woman and not having to disclose something she may not be prepared to or ready to disclose and vice versa."

Beyond enhancement or restoration, services for LGBTQIA+ patients may include masculinization or feminization of their features. Medical aesthetic providers can help patients make and maintain their transition.

"For a male jawline, the chin is key," says Dr. Doan. "Probably the most popular filler in the male community is the chin and jawline. Of course, it requires way more fillers, so it's all about knowing ratio in terms of the mid- and lower face. For the female, we're most focused in the midface region."

Dr. Doan says the first thing providers need to understand is ratios.

"When you're looking at their lateral cheeks and looking at the angle of the jaw, in a male, they tend to be more squared," she says. "So, the lateral cheek kind of lines up with the jaw; for us females, it's more of a V shape, so the ratio's a little different. If you understand those ratios, you'll understand how much to put in, the placement, and how much bulkier the filler placement needs to be."

All That Glitters

On the topic of ratios, one standard does not tend to translate well across patients of different races and ethnicities.

"That golden ratio that a lot of people want to go by, the rule of thirds, I don't believe in it," says King. "And if I were to believe in it, I think that there's a golden ratio for each race versus [the European] golden ratio."

King explains that golden ratios for different groups may not be the same because of variation in the distance between eyebrows, desired fullness of the lips and cheekbone structure, for example.

"I think if we had university-quality education to put nurse injectors through a program that would consistently educate all of us on the various Fitzpatrick scales, things that are unique to each and every ethnicity, and things that will enhance and things that will deteriorate the beauty of each ethnicity," King suggests, it would teach aesthetic practitioners what it means to service all clients of all skin colors.

"My job is not to change your ethnicity or to change the look that you naturally have been given by God—just to enhance it and make you feel a little better about some insecurities that you might have," says King.

Learning to Treat Skin of Color

Providers often must go out of their way to seek knowledge and training to treat patients of color.

"With regard to how different products will affect your skin in different treatments, I had to be very specific, and I had to ask a lot of questions when I went to these trainings," says King. "Okay. So, we're almost to the last chapter, 'Excuse me. How does this affect skin of color?' Especially when it comes to energy—lasers and things of that nature. 'Hello. Hi, can I ask a question? Sorry, how does this affect people of color? Is this okay?' You can go through a whole class and probably one of the last things they'll mention is that it's not generally recommended. It's not something that's readily mentioned because I honestly don't think it's even thought of, because if there are so few people like me in the class, then you're teaching to the majority. You're not really focused on the minority."

There have been advancements in energy technology to treat Fitzpatrick IV, V and VI skin types more safely, but these devices have caused complications such as inflammation, burns and keloids in skin of color. Tuthill knows this well. She recounts an experience when a manufacturer came to her practice to demo a fractional device.

"They did the procedure on me, and afterwards I received these terrible burns that they had to prescribe me a skin-lightening cream for, because they had never demoed the device on a person of color. They burned me," says Tuthill. "Even these manufacturers that are selling the lasers have no

education in regard to Fitzpatrick and what's going to burn individuals."

All three women say they did not feel adequately prepared to treat skin of color when they trained to become aesthetic practitioners.

"If you were to ask me then if I knew the different ethnicity skin types? Not at all," says Dr. Doan. "I would say I kind of grouped them all the same initially. And then, I worked for an ENT doctor. That's where I got most of my advanced training. Then I realized, okay, Asians look different compared to other ethnicities, obviously. And then I realized that doing injections, you have to cater to the patient's facial features and facial structures. In the beginning, I didn't know the difference."

Dr. Doan learned over time, noticing trends in her patients.

"For example, with Asian girls, I realized we're bigger in the midface—a little wider," she says. "So how do we balance out that ratio? You have to either lengthen the lower face or also widen the lower face so that it matches the second half of the face. African-American girls, they have really nice, luscious lips. But in order to balance that, they need a chin. So, chin is a big thing for them. They have great cheeks. So, little things like that."

Standardizing Aesthetic Education

Tuthill feels her initial unpreparedness to treat skin of color and different facial features points to a need for inclusive education.

"I think aesthetic medicine should be standardized as it relates to inclusivity of all," she says. "I feel that it just focuses on the Caucasian female aesthetic. I think that standardization will ensure that every aesthetic provider will be exposed to the very same sets of instructional conditions. In turn, each provider is going to walk away with the same level of knowledge—not just a subset of a small group."

She has a few suggestions for standardizing this education.

"I think when they teach these aesthetic courses, they should tease different cultures out," says Tuthill. "For example, with the African-American aesthetic, knowing that the lip ratio is around 50 to 50, instead of one third top to two third bottom—certain nuances like that. Treating patients with certain Fitzpatrick scale and being mindful of keloiding and what we can do to help prevent or mitigate that in men and women of color. Telling them that slowing down the extrusion pressure when you're injecting dermal filler can help with not giving men and women of color inflammation, causing keloid production."

Initially, King says, you seek out trainers who have more knowledge. Once you become immersed in the world of aesthetics, you find all kinds of trainers advertising their own skills.

"Ask the questions when you go to those trainings and then identify trainers that either look like you or are of a minority race and ask them about where they got their knowledge," King suggests. "Pay for their time, shadow them, pick their brains, pick up a book. Most information is hiding right there, plainly, in a book. Pick it up, start reading it and learn about it. There are materials out there for you, but you do have to seek them and find them yourselves. That's what I did. Every training I went to, I always asked, 'How does this affect skin of color?'"

Patient Relations

Using appropriate terms is one of the challenges with discussing diversity in a medical spa. Some providers are not yet comfortable asking patients about their identity or are unsure of how to learn which terms an individual is comfortable using. King suggests asking these questions on intake forms. She frames this as a back door way to eliminate the awkwardness that non-Black providers might feel when asking a patient about their race or ethnicity. The same approach could apply to gender identity.

"You can simply look on their assessment and say, 'You marked Black. Are you comfortable with me using that terminology when referring to your skin?'" King suggests. "Most people will be like, 'Yeah, because I am Black.' That probably is a safe way to define someone's race. And then you just adhere to what they've listed and that's generally what they're comfortable with."

Industry Change

King thinks the industry can address the lack of education and experience and put forth discussion about differences, but key people and companies will need to make an effort.

"Those who are in power have to care," King says. "Product manufacturers, those that have large bodies of education, some of our more popular aesthetic training institutions, they have to care enough to bring the issue to the forefront, talk about it and address the elephant in the room and do something about it. The larger names in the world of aesthetics have to acknowledge that there's a disparity, stop pretending like there's not, and then engage; create diversity, equality and inclusion committees; or have consultants on board who will make sure that things are inclusive.

"Because I really think, a lot of times, it's just not something that is a part of the world of the person that is putting the presentation together—it's not something they've ever had to deal with, so it's not something they've considered. It's just omission by inexperience or lack of education, but it's time to make that change."

Tuthill sees this need at the level of the aesthetic practice, as well.

"I think leaders in this industry should start to demand diversity and inclusion in the brands they represent, because that's important, and medical spa owners should invest in diversity and inclusion training for their staff," she says. "The strength of their business is going to come from having standards without compromise."

Aesthetics may need cultural change to see an increase in representation of diverse aesthetic providers and trainers.

> *"Those who are in power have to care," —Shannon King, BSN, RN*

"If we want, in the future, to create an environment that welcomes, acknowledges and accepts different approaches and styles, as well as experiences and perceptions, it involves taking a self-assessment of one's own cultural competence, which I think most people don't do," Tuthill says. "It's going to take work, but it comes with people being aware of these inequities. They should be able to develop skills and abilities to recognize, accept, adapt and embrace cultural differences as well as similarities, because I don't think we're given a chance."

Advice for Aspiring Providers

Although each of these providers had their own path into aesthetics, they recognize that entry into the field can be challenging. Their advice: Stick with it.

"Don't get discouraged," says Tuthill. "Believe in yourself. You can do anything in this world. I think that's what keeps me going—knowing that I can do anything that I set my mind to, and I can encourage people to do anything, as well. If you keep that momentum and you have good vibes, it's going to translate differently. It's going to hit differently. You're going to be emotionally and spiritually rich, and that means more to me than money."