

# Representation Matters: Alumna Discusses the Importance of Diverse Perspectives in Aesthetic Dermatology and Health Care

BY TERRA OSTERLING

For Sorelle Jones Cooper, MSN, BS '03, FNP-BC, she considers it part of her job to advocate for representation in patient health and well-being. While her work in nursing has taken her from coast-to-coast in the U.S. to Eritrea in East Africa, and from acute geriatrics to neonatal care, her sweet spot for patient advocacy has been in settling into a Washington D.C.-area aesthetic dermatology practice.

Her visit to Eritrea came as a post-graduation opportunity to accompany a friend who was a medical student focused on reducing vesicovaginal fistula resulting from obstructed labor and limitations in access to obstetric care. Originally just tagging along for a once-in-a-lifetime trip, Cooper eventually played a bigger role by teaching pre- and post-operative care to the hospital nursing staff.

## Identifying and addressing disparities in dermatology.

Upon her return to the States, Cooper's nursing career would have her caring for people at all stages of life, first as an RN working in Manhattan, then as a traveling nurse in California.

"I've always wanted to help people and make a difference in communities," Cooper said, "and I wanted responsibility in my career, so I worked as an RN for several years then decided to get my master's degree."

When she did, attending the Johns Hopkins School of Nursing family medicine program brought her back east to the Greater D.C. area. Here, two factors would inspire her to practice in the aesthetic dermatology space: a growing interest in dermatology and a patient load reflecting the community — about 80% Black.

"It struck me significantly how many people with black and brown skin would have common dermatological concerns misdiagnosed by other providers," Cooper said. This, she understood, represented a disparity in health care.

The problem for these patients was that providers had been, until recently, taught about skin concerns from a largely white perspective. Even all the textbook images of skin conditions were depicted on white skin. Cooper

found that within the medical community the formalized education programs lacked a focus on skin of color.

"What practitioners did learn is either out of their own curiosity or from their own experience, so it's important for there to be more understanding that treating skin the same way for everyone is really ridiculous," she said.

For example, when common concerns like psoriasis or eczema present on black or brown skin, misdiagnosis often results in unnecessary biopsies and unhelpful medicines — and could delay relief for the patient.

"With eczema, for instance," Cooper said, "it often presents as red and flaky on Caucasian skin. On darker skin types it presents as purple, brown or even gray — and it also causes hyper-pigmentation because of inflammation." Hyperpigmentation, she notes, often remains on darker skin tones even after the condition clears.

Cooper also emphasizes that dermatology includes hair care, and that the differences in hair textures and needs can be very different between white people and people of color.

## Personal experience and professional expertise for better patient care.

Having personal experience has put Cooper in high demand among patients with black or brown skin seeking out aesthetic dermatology in the Greater D.C. area and beyond.

"I know that my real value to clients comes from my experience as a Black woman," Cooper said.

In the case of hair, she relates how the easy-to-diagnose scalp disorder seborrheic dermatitis is often treated with a prescription shampoo that tends to be drying and, in turn, causes brittleness in Black hair (which tends toward dryness). A practitioner without knowledge or experience of the needs of Black skin and hair may not also prescribe, as Cooper does, a follow up conditioning routine to keep Black hair healthy while the scalp disorder is treated. Patients may, understandably, otherwise stop using the prescribed shampoo if they experience hair breakage.

"It's even more important that we as practitioners recognize that in dermatology and aesthetics, the consumer is becoming savvy by actively seeking practitioners who will understand their skin," Cooper said.

The good news is that Cooper has observed

improvements. Health and beauty product developers are being more proactive about considering a wider spectrum of skin tones. And she notices that more people working in dermatology spaces tend to be both intentional about educating themselves and in approaching their practices with more inclusivity to serve patient populations more cohesively.

## Turning the tide with advocacy and education.

There are few high-profile leaders in the aesthetic dermatology space that are persons of color and patients, women especially, seek out Cooper to advise them on skin care needs. This includes a fast-growing segment in injectables (i.e.: fillers as well as cosmetic Botulinum), which are used to treat signs of aging and other cosmetic concerns.

While people of color have historically relied on their own communities for information on skin and hair care concerns, the internet is increasing access to information and global products. Networks among individuals, including social media influencers, have finally amplified this conversation. Dermatology professionals of color, like Cooper, use these spaces to be outspoken about the needs of clients of color.

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The medical community and aesthetics brands are listening.

Conferences presented by the American Academy of Dermatology now regularly include sessions that focus on hair and skin of color. The same is happening at training sessions for aesthetics professionals. At one such training, Cooper took a class from a prominent Fort Lauderdale-based dermatologist, Shino Bay Aguilera, DO, who made an important distinction regarding beauty ideals along ethnic racial lines.

"Much of our training relies on the Golden Ratio as a guide when it comes to using fillers in a face," Cooper said. The 1:1.618 math ratio portends 'perfect balance and beauty.' While

a helpful tool, Aguilera emphasized that it should not be universally applied without consideration of the patient's ethnicity.

"If we are filling lips for example, that ratio does work for Caucasians," Cooper said, "but we know that African American women tend to like a 1:1 as do Asian women. Hispanic women sometimes prefer a fuller upper lip. Aesthetic goals may be highly influenced by the consumer's cultural references and therefore, cannot be assumed to fit a singular standard."

As a practitioner, Cooper is keen on having realistic conversations with patients about choosing an approach that provides the most natural and attractive results given their features. She does this as an Advanced Medical Aesthetic Injector at a Bethesda medical aesthetics practice, and at BeSpoke Beauty Solutions, her own private aesthetics practice. Her work strikes a balance between being alert to body dysmorphia, which exists in all populations, and working with patients to correct common skin and facial concerns that allow them to feel confident about how they look.

One such concern, which is a particular passion for Cooper, is hyperpigmentation on skin of color. It can be caused by healed eczema, for example, or even the slightest injury — but the more melanocytes present in skin, the more there will be a reaction. The results can be disfiguring, significantly affecting quality of life.

"It's an understanding of both how to care for the skin and understanding the impacts on the individual and in a larger sense, the community," Cooper said. "When we can correct hyperpigmentation and patients finally feel confident to go outside without makeup, it's affirming for them and satisfying for me."

All spaces benefit from a variety of perspectives, Cooper said, and aesthetic dermatology is no different. She encourages students and practitioners alike to connect with people, like herself, working in the space, even through a social network.

"There is lots of room in the field," Cooper said. "There is a need for all of us — all our voices, and all our perspectives on image."

