



# Wound Assessment In Individuals With Darker Skin Tones: A New Resource For Canadian Nurses

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Developed through a collaboration between the Ontario Black Nurses' Network (OBNN) and nursing students at Trent/Fleming School of Nursing, Trent University (Peterborough ON), the *Skin and Wound Resource Toolbox: Assessment of Dermatologic And Wound Conditions In Black Skin* is a response to what is considered to be a longstanding lack of representation of the specific challenges of Black and Brown skin in wound and general health-care education, literature and clinical practice. Traditional nursing and anatomy resources have historically focused on generalized approaches to patient care, often overlooking the unique characteristics and presentations of skin conditions in diverse populations. This gap has contributed to challenges in accurately assessing and treating skin and wound conditions in darker-skinned individuals.



**Shelly Philip LaForest** RN BN MN CVAA(c) PhD(c), Executive Director, Ontario Black Nurses' Network.

To address this issue, the resource toolbox provides educational materials that highlight the presentation of skin disorders, wound processes and skin assessments on Black and Brown skin tones, meeting a profound long-standing need in Canada. Through increased representation and culturally inclusive education, the toolbox, available at <https://ontarioblacknursesnetwork.ca/skin-resource-toolbox> aims to strengthen clinical knowledge, improve health-care competencies and support equitable patient care.

*Wound Care Canada* talked with Shelly Philip LaForest, Executive Director, Ontario Black Nurses' Network.

**WCC:** *What inspired the Ontario Black Nurses' Network to create the Skin and Wound Resource Toolbox, and what gap in health care does it aim to address?*

**Shelly Philip LaForest:** One of our key organizational members, Lori Zozzotto, who is also an NSWOCC (Nurse Specialized in Wound, Ostomy and Continence Canada) spent many years guiding skin and wound care education across the province. Lori shared that she noticed the lack of representation and resources that were specifically tailored to Black and Brown skinned individuals. With Lori's guidance and expertise, we developed this repository to share with a wider public audience.

This repository addresses a critical gap because it houses resources in one place. It is a dynamic and evolving document, collaborative in nature, which helps to maintain its relevance and currency.

**WCC:** *How does the Skin and Wound Resource Toolbox help improve outcomes for Black patients and other racialized communities experiencing skin and wound conditions?*

**Shelly Philip LaForest:** Individuals have a level of trust in their care providers when seeking help. When individuals feel that their care providers are knowledgeable on how conditions present themselves on Black and Brown skin, this can lead to

improved health-seeking behaviour, earlier diagnosis and adequate and appropriate treatment. This helps to reduce inequities, highlight and encourage culturally responsive care delivery and support a way for providers and the public to quickly access resources.

For example, results from a study by Oozageer Gunowa et al.<sup>1</sup> identified that darker skin individuals are diagnosed late with pressure injuries and that education that was geared specifically towards assessment was superficially curated.

**WCC:** *Why is it important for health-care professionals to understand how skin conditions and wounds may present differently on darker skin tones?*

**Shelly Philip LaForest:** Clinicians may miss early signs of skin problems in dark skin as many tools are based on light skin, and conditions often look vastly different on dark versus light skin tones. For example, hyper- or hypo-pigmented conditions can be more noticeable and/or take longer to heal. Dermatological issues impact an individual's physical health but can also affect one's self-esteem, which is why this needs to be addressed if we want to apply a holistic approach to health-care treatment.

In the absence of understanding these differences, this 'colour-blind' approach can reinforce racial inequities and patterns of oppression.<sup>2</sup>

**WCC:** *Can you explain some of the key resources or tools included in the toolbox for nurses and frontline health-care workers?*

**Shelly Philip LaForest:** Of great note, the toolbox is free to view and is publicly accessible on the Ontario Black Nurses' Network's website ([ontarioblacknursesnetwork.ca](http://ontarioblacknursesnetwork.ca)). A downloadable PDF is available and has resources that show images of conditions on Black and Brown skin. It also provides easy-to-navigate links and summaries of research, educational tools, media, and journal articles.

**WCC:** *What challenges have nurses and patients historically faced in wound care and dermatological assessment that this initiative seeks to change?*

**Shelly Philip LaForest:** Narratives from health-care providers indicated that there has been a historical blindness, and a lack of awareness and education with dermatological assessments on darker skin tones.

Black and Brown patients were, and continue to be, significantly underrepresented in educational curriculum, teaching materials, textbooks, etc. As an example, an analysis conducted by Louie & Wilkes<sup>3</sup> discovered that dark skin tones were grossly underrepresented in images found in medical textbooks and significantly contributed to clinicians' ability [or inability] to recognize diseases.

As a result, Black patients have higher mortality rates from serious skin conditions due to late diagnosis and treatment.<sup>4</sup> For example, over a five-year period, melanoma survival is substantially lower for Black patients (74.1%) than for White patients (92.9%).<sup>5</sup>

**WCC:** *How is the OBNN collaborating with health-care organizations, educators or policymakers to expand the use of this resource?*

**Shelly Philip LaForest:** OBNN hosts this free repository as a means to bring together and collaborate with, health-care organizations, educators, researchers and policymakers. A unified approach can serve as a change agent for improved health-care outcomes.

**WCC:** *Have you seen early feedback or success stories from nurses or health-care teams using the Skin and Wound Resource Toolbox?*

**Shelly Philip LaForest:** Yes, several educational programs have embedded this tool into their health assessment courses and this tool has also been introduced at various provincial and national forums to skin and wound care specialists. Awareness has

increased and clinicians are strongly encouraged to contribute additional resources to continue this collaborative reference.

**WCC:** *What are the OBNN's broader goals for advancing equity, education and patient outcomes through initiatives like this one?*

**Shelly Philip LaForest:** The network aims to encourage progressive and meaningful discussion about health equity, through formal and informal channels. As an initiative led by practitioners who are also part of this representative sample, the goal is to increase trust among patients and to contribute to changing health-care practices and systems.

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## References

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