A PILOT STUDY: SUN-PROTECTIVE BEHAVIORS AND KNOWLEDGE IN THE HISPANIC, LATIN, & LATINX COMMUNITIES IN AN URBAN SETTING

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Introduction

The Hispanic population in Virginia nearly doubled during the past decade. The Hispanic population in Hampton Roads is currently 7.85%, up from 5.40% in 2010.¹ Although the current incidence of melanoma skin cancer in Hispanics is 4 per 100,000 versus 26 per 100,000 for Caucasians in the US, Hispanics are 2.4 times more likely to present with Stage III melanoma and 3.6 times more likely to present with metastasis to other parts of the body as compared to Caucasians.²

From 2008 to 2012, 6,623 cases of melanoma were diagnosed among Hispanics. ² The most common histologic subtype was superficial spreading melanoma. Research has shown that patients with skin of color are less likely than Caucasian patients to survive melanoma. Hispanics are diagnosed at a younger age and have a worse survival rate as compared to Caucasians. ² Factors that influence the higher mortality include the following: less awareness of skin cancer risks, decline in sun-safe behaviors, and less access to health insurance. ²

Objectives

The objectives of this study are to assess the sunprotective behaviors and perceived risk of skin cancer in the Hispanic, Latin, and Latinx communities served by EVMS' HOPES Esperanza student-run clinic. In addition, this study aims to collect information such as skin type, history of melanoma, and access to dermatologic care.

Methods

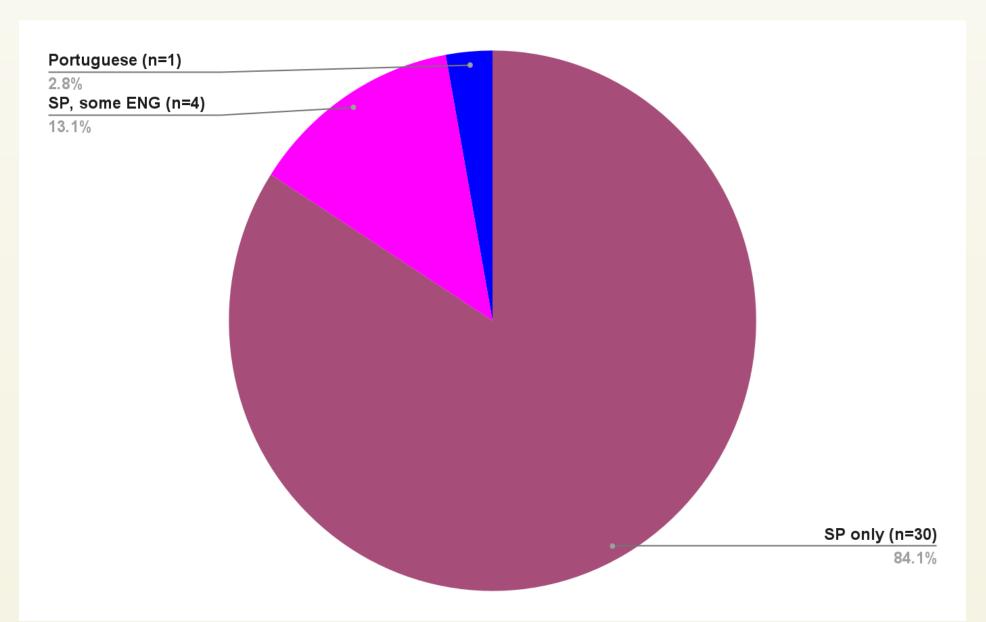
This survey was conducted at EVMS' HOPES Esperanza Clinic. This survey collected the following:

- Demographic information including age, English fluency, and generation
- Skin cancer risk factor information
- Sun protective behaviors and knowledge
- Self-assessed Fitzpatrick skin type
- Personal and family history of melanoma
- Access to dermatologic care.

The expected quantity of surveys to be conducted is be 40-50, with a goal of 84% completion rate for a 95% confidence level with a 5% margin of error. All survey participants were at least 18 years of age. This survey was conducted anonymously without using any personal identifying information. This survey was conducted in Spanish.

Results

Language Fluency



Results (continued)

Demographics	Number (%)
1 st generation Spanish- Speaking Patients	47 (94.0)
2 nd generation Spanish- Speaking Patients	1 (2.0)
3 rd generation Spanish- Speaking Patients	2 (4.0)

- 80.0% of participants had never visited a dermatologist in the past.
- 90% of participants agree that melanoma is more common in people that have fair skin, but people with dark skin can also develop melanoma.
- 95.5% of participants reported that sunburns increase the risk of developing skin cancer (p=0.08).
- However, 35.0% of participants report always seeking shade when outdoors (p=0.008).
- 65.0% report sometimes seeking shade when outdoors (p=0.008).
- 73.0% participants agreed that having melanoma in the past increases the risk of developing another melanoma (p=0.07).

Conclusions

Based on our results from this pilot study, we found that participants had an accurate knowledge base regarding sun-protective behaviors and sun-protection knowledge. However, the actions of the participants did not line up with their knowledge base. Many literature sources cite that this Hispanic, Latin, and Latinx populations are not educated regarding sun-safe behaviors. ^{3,4,5} However, this is not true based on our study results. In this study, the connection between seeking shade while knowing skin cancer prevention techniques was not made. Therefore, we propose that there is a lack of sun-protective behaviors in the setting of accurate knowledge of skin cancer prevention.

One limitation to this study was the rather small sample size (n=50) and the use of nonparametric tests for statistical analysis. We propose that further research needs to be done to investigate the gap between knowledge and behaviors in this population of patients. We also believe that there is a value for sun-protective structures for individuals who spend significant time outside per day, over 12 hours. Finally, we urge further studies to include occupation and gender to further stratify the data.

References

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