

The Burden of Skin Cancer Disparities In the Minority Population

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ABSTRACT

Skin cancer is a major health concern in the U.S. Melanomas, cause the most deaths due to its ability to spread to other body parts, and is caused by sun exposure, among many other things, and can affect nearly anyone of any age. Out of those affected by skin cancer, African-Americans have a higher chance of mortality and the shortest survival rate. These statistics may be due to the fact that structural racism in the U.S. impacts minorities causing them to be more likely to present with stage III and IV advanced skin cancer. Ethnic and racial beliefs regarding sun exposure also play a role, due to sun protection programs being directed toward mostly Caucasian people. Approximately 224,080 new cancer cases, and 73.680 deaths are expected to happen among African-American people in 2022. In terms of the 5-year survival rate, a study showed that Caucasians had an 84.8% chance versus African-Americans having a 58.8% chance of survival. More research is necessary to explore the reasons behind inequities in skin care and diagnosis, and how structural racism plays a role in many urban communities. The accumulative disparities discussed cause a divide within our country by creating unequal treatment of minorities regarding skin care and cancer risk.



Figure 1. Types of Skin Cancer (Summa Health, 2022)

INTRODUCTION

- Melanoma causes the most deaths due to its ability to spread
- Skin cancer is most often caused by:
 - UV exposure
 - Tanning Beds
 - Unawareness of being at risk
- ❖ Exposure leads to premature skin aging, sunburn, and skin texture changes
- Exposure can be reduced by using sunscreen, hats, and using
- ❖ People of Color (POC) are more likely to present with stage III and IV advanced skin cancer, whereas Caucasian people are most likely to present with earlier stages.
- POC are more likely to die from skin cancer
- The absence of proper knowledge , and poverty related barriers contribute to this inequity.
- ❖ A high percent of people in underprivileged communities are more likely to have lower levels of education than Caucasians.
- Minorites do not receive the same access to high paying jobs, residence in suburban neighborhoods, resources, education, or health insurance.
- Sun protective education was primarily presented to Caucasians, contributing to this disparity.
- ❖ Machine Learning (ML) software creates algorithms in healthcare that could potentially misdiagnose POC

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ADVANCED MELANOMA IN AFRICAN-AMERICANS

- Minorites are more likely to present with advanced skin cancer
- * Researchers confirmed Caucasians had a 84.8% chance of survival than African-Americans at 58.8%
- Minorities have a worse outcome regarding skin disease causing inequality

ETHNIC/RACIAL SUN EXPOSURE BELIEFS

- Delay in diagnosis for POC due to lack of skin cancer awareness due to programs being aimed primarily at Caucasians
- Cultural beliefs impacted inequalities, POC believed they could not get sunburn
- Less educated POC showed to be more resistant to trusting providers

LACK OF EDUCATION IN MEDICAL SCHOOL

- Approximately 46% of residents had zero hours of any minority curricula
- There's a lack of representation of diversity in medical textbooks

SEGREGATION BY THE GOVERNMENT

- In 1933, the U.S. government created segregated neighborhoods that are still prevalent to today
- Caucasians received big houses in suburban neighborhoods, and POC were moved to urban housing projects closer to ran down businesses
- ❖ In 1934, the Federal Housing Administration refused mortgages to POC and forbade them to live near suburban neighborhoods

SOCIOECONOMIC BARRIERS

- ❖ In addition to worse skin cancer survival rates, studies determined that socioeconomic barriers directly impact urban communities
- Minorities have a lower household income, less quality education, and less resources for good healthcare
- Low-income communities also creates other disparities such as transportation, and child care creating decreased access to medical specialists

Figure 2. The difference between the terms reality, equality, equity, and liberation. © Interaction Institute for Socia Change Artist: Angus Maguire (Lynch, 2020).

CONCLUSION

- Many factors play a huge role in the disparities that we see today
- Acial disparities are built in the systems that we currently use
- Segregated systems created by the U.S. government were the beginning of socioeconomic and healthcare inequalities
- Many researchers have presented potential systems that could decrease these disparities, however it's unknown if any of these ideas were acted on.
- Disparities specifically related to skin cancer, prevention, and risk awareness could be directly addressed by breaking down and rebuilding over the systemic racism that exists in most U.S. systems

FUTURE DIRECTIONS

- Rebuild systems that do not provide equality to all citizens
- Educate Patients/Community
 - People of color are at risk for skin cancer
 - Practice sun-protective behaviors
 - Perform regular skin examinations
 - Monitor changes in new skin changes
 - Avoid tanning salons
- Desegregate our communities, and make mortgages affordable
- Make medical school textbooks more diverse to match our country
- To make breaking down racial disparities a priority

REFERENCES

- ioi:10.1080/07303084.2020.1724500