

# A qualitative exploration of melanoma awareness and prevention among Latinx and Non-Latinx White populations in urban and rural California

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## BACKGROUND

Melanoma **mortality rates remain high** among individuals of lower socioeconomic status (SES) and racial/ethnic minorities.

## METHODS

In 2019, 19 focus groups were conducted among 176 adult participants, which were homogeneously stratified by region, community type, self-reported ethnicity, and English/Spanish language. Topics included:

- > **Awareness** of melanoma risk, prevention, and screening practices;
- > **Acceptability** of prevention strategies;
- > **Barriers** to melanoma prevention and care.

Interview transcripts were coded with a hybrid inductive and deductive approach, then analyzed by themes using a socioecological framework.

## STUDY AIM

To better understand inequities in melanoma prevention and care, a **qualitative study** was conducted in Northern and Southern California among **lower SES Non-Latinx White (NLW) and Latinx populations** living in urban and semi-rural areas.

### SAMPLE POPULATION DEMOGRAPHICS

Total # Focus Groups = 19	Urban, N=92 adults	Semi-Rural, N=84 adults
<b>Northern CA</b>	7	4
<b>Southern CA</b>	4	4
<b>Race/Ethnicity</b>		
Latinx/Hispanic	51 (55%)	52 (62%)
Non-Latinx White (NLW)	25 (27%)	22 (26%)
Other race/ethnicity	3 (3%)	4 (5%)
No response	13 (14%)	6 (7%)
<b>Gender</b>		
Female	64 (70%)	71 (85%)
Male	28 (30%)	13 (15%)
<b>Healthcare insurance status</b>		
No insurance coverage	10 (11%)	8 (10%)
Employer-sponsored	24 (26%)	12 (14%)
Self-purchased	3 (3%)	6 (7%)
Spousal coverage	5 (5%)	6 (7%)
Medi-Cal/State	33 (36%)	38 (45%)
Medicare	6 (7%)	10 (12%)
Other insurance	9 (10%)	3 (4%)
<b>Annual household income (before tax deductions)</b>		
\$25,000 or less	31 (34%)	37 (44%)
\$25,001 - \$75,000	33 (36%)	35 (42%)
\$75,001 - \$150,000	13 (14%)	7 (8%)
\$150,001 or more	6 (7%)	1 (1%)
No response	7 (8%)	4 (5%)

## RESULTS

Social relationships were identified as important influences for health behaviors; however, Latinx and semi-rural participants **had minimal conversations** about melanoma prevention with their peers and family.

People with brown or darker skin tones **were less aware** of melanoma and perceived a lower risk for skin cancer.



*“We don't talk about skin cancer [with family]...until it's the very end...They kind of dismiss the symptoms until the very last minute. And I don't think I can remember a time [when] my mom would say, “Put on sunscreen.”*

- Latinx focus group participant, urban

*“And I almost feel like that's why my doctor doesn't say anything to me, because they're like, ‘Oh, I don't want to get started on that and be the doctor that has to look at every single one of his freckles.’ That's how I feel.”*

- NLW focus group participant, semi-rural

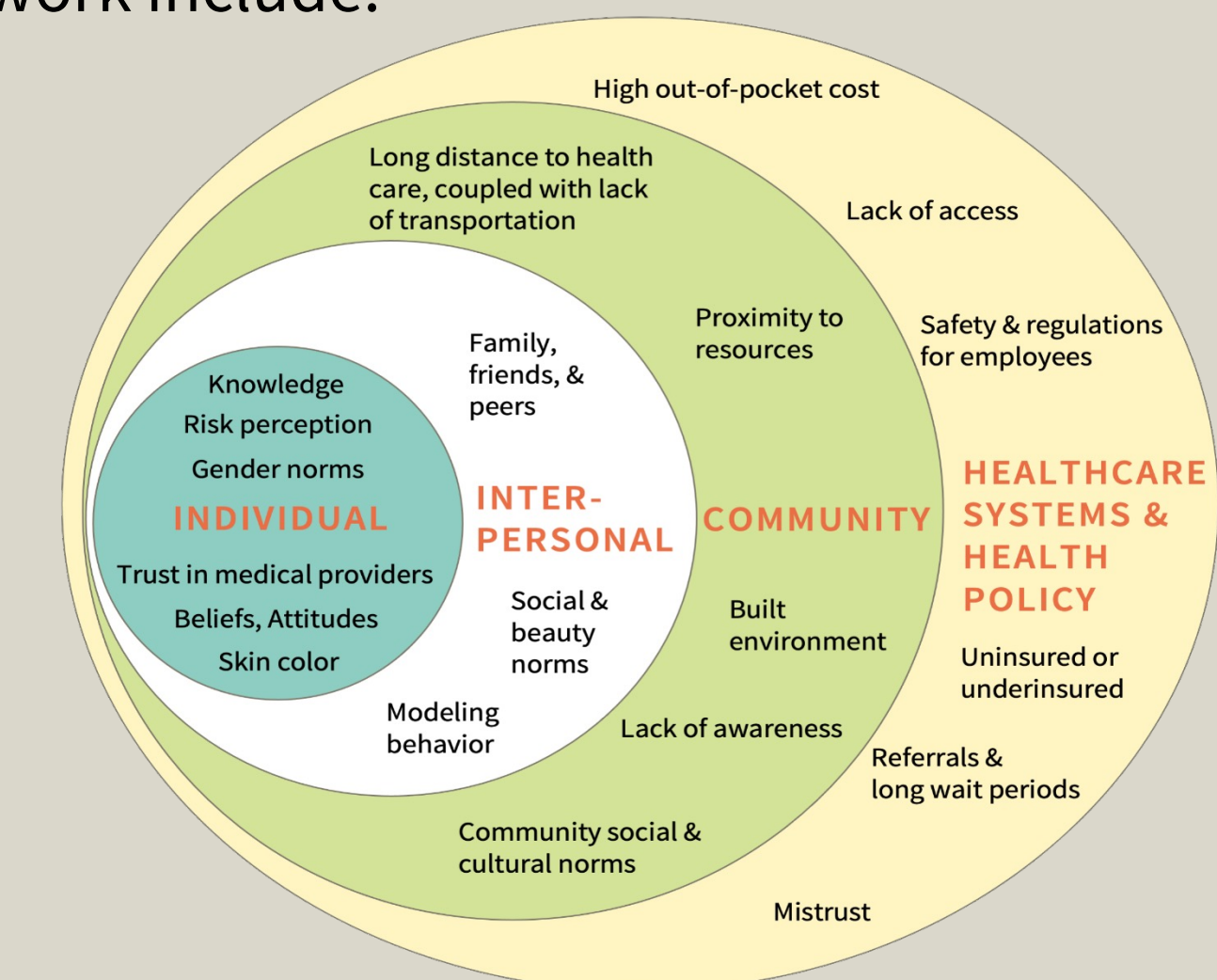
Rural residents, Latinx, and low SES participants reported **challenges with healthcare access, including** out-of-pocket costs, past experiences with physicians diminishing patient concerns, and limited confidence in a rural-based physician's medical expertise to make medical referrals.

## COMMUNITY PARTNER

The Cancer Research Center for Health Equity at Cedars Sinai conducts research-driven community outreach and engagement among racial/ethnic, and sexual and gender minority communities in Greater Los Angeles County.

## LESSONS LEARNED

Key factors that influence melanoma prevention and care across the **individual, interpersonal, community, and health systems/policy** level of the socioecological framework include:



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## RECOMMENDATIONS

- > Implement health education interventions that involve **navigation strategies** for individuals and families.
- > Address the **identified barriers** across the socioecological spectrum that affect melanoma prevention and early detection, particularly among **men, individuals of lower SES, and Latinx populations**.

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