

University of Vermont

**UVM ScholarWorks**

---

Family Medicine Clerkship Student Projects

Family Medicine Community

---

2022

## **Bridging the Gap between Healthcare and Haircare**

Devan Spence

Follow this and additional works at: <https://scholarworks.uvm.edu/fmclerk>



Part of the [Medical Education Commons](#), and the [Primary Care Commons](#)

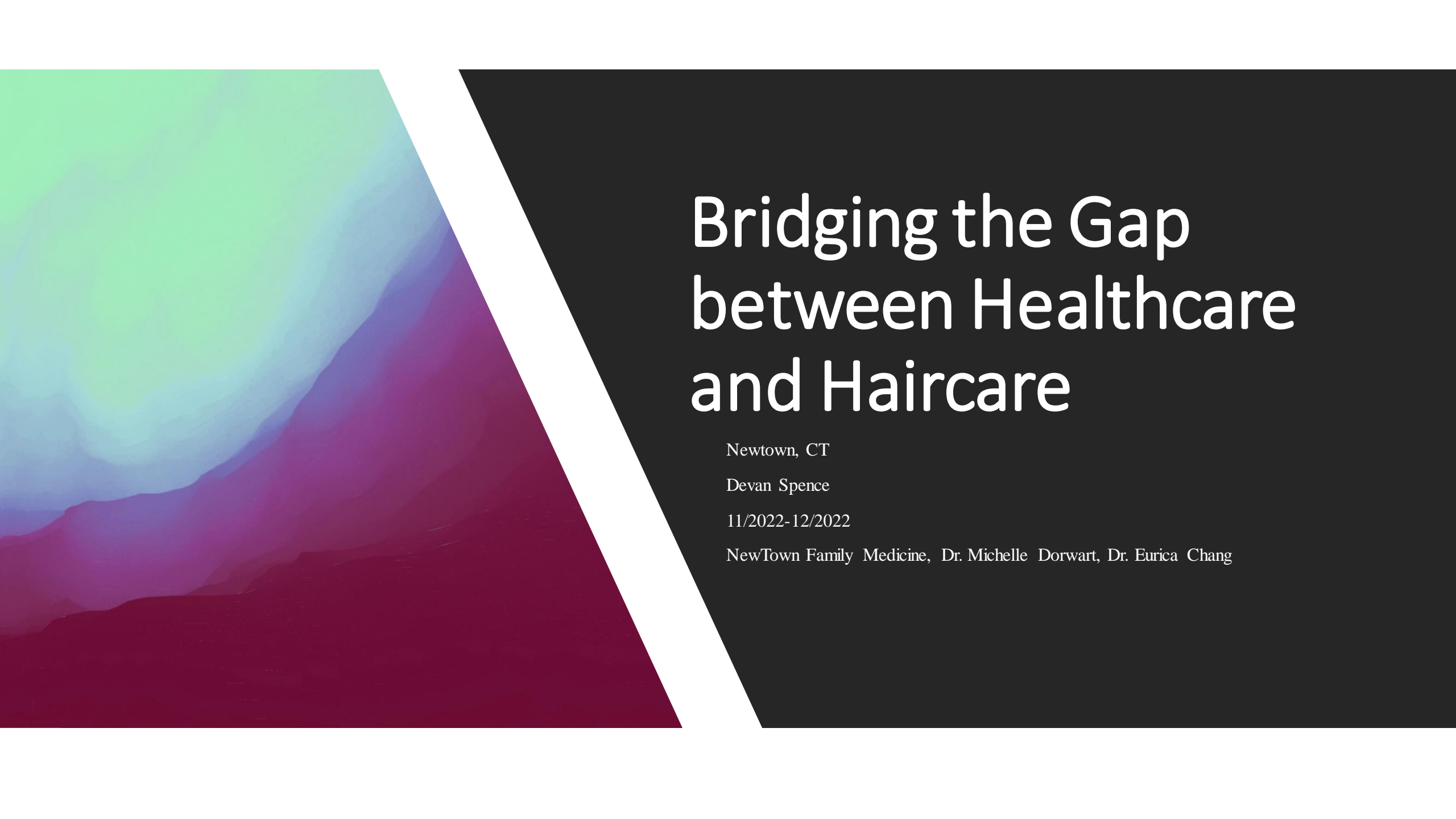
---

### **Recommended Citation**

Spence, Devan, "Bridging the Gap between Healthcare and Haircare" (2022). *Family Medicine Clerkship Student Projects*. 832.

<https://scholarworks.uvm.edu/fmclerk/832>

This Book is brought to you for free and open access by the Family Medicine Community at UVM ScholarWorks. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of UVM ScholarWorks. For more information, please contact [schwks@uvm.edu](mailto:schwks@uvm.edu).



# Bridging the Gap between Healthcare and Haircare

Newtown, CT

Devan Spence

11/2022-12/2022

NewTown Family Medicine, Dr. Michelle Dorwart, Dr. Eurica Chang

# Skin Cancer

---

## Problem Identification:

- Skin cancer is the most common type of cancer in the United States. Approximately 20% of Americans will be diagnosed with skin cancer in their lifetime.
- The average American sees their primary care physician approximately 3.9 visits out of the year. It is generally recommended after age 50 to see the doctor annually. If under the age of 50 and healthy, every 3 years.
- Potential for skin cancers to grow rapidly between visits with primary care physicians; One study demonstrated approximately 1/3 of melanomas **grew 0.5mm per month** or more, while others such as Merkel, although rare, are shown to be even more aggressive in terms of growth and expansion.
- There is an added barrier for lesions that are difficult for patients to assess (Ex: scalp, behind ears, posterior neck region): While only approximately 1-2% of all scalp lesions/tumors are malignant, they comprise up to 13% of **all** malignant skin cancers.

## Description of need:

- Patients may benefit from surveillance between doctor visits by individuals or "paraprofessionals", such as hairdressers or barbers, that they see more regularly. These professionals can notify the patient of skin abnormalities or suspicious growth patterns.
- Empowering Beauticians and barbers with the necessary knowledge to identify malignant skin lesions and help keep their clients healthy is a community barrier and area for improvement.

# Public Health Cost

- 
- According to the CDC, "The annual cost for treating melanoma has grown faster than the cost for **all cancers combined**"
  - Annual costs for treating new patients with melanoma is estimated to triple from 457 million back in 2011 to 1.6 billion dollars by 2030
  - The annual cost of treating skin cancers in the U.S. is estimated at approx. \$8.1 billion: about \$4.8 billion for nonmelanoma skin cancers and \$3.3 billion for melanoma.

Conflicting recommendations: USPSTF did not find enough evidence to recommend screenings at regular checkups with primary care physicians (I recommendation), while the American Cancer Society recommends appropriate skin examinations during periodic health exams and further encourages regular self-examinations.

Proposal: Collaborate with paraprofessionals to identify methods for recognizing skin cancer more effectively at regular salon visits. Ideally over time, this would decrease morbidity and mortality rates from skin cancer complications.

Community perspective: Based on your experience, what impact could this type of initiative have on patients and the community? What impact has skin cancer had on you individually?" See Below

- 
- "As a Family physician we are the first person that they come to, I see a lot of patients per day with skin lesions....I think that the more people we can get involved the better, including nails salons also who tend to see patients more often than we do." -Dr. Dorwart (Family physician)
  - "I had a couple weeks of exposure in cosmetology school, but I honestly wish I learned more about skin cancer and identifying it. The information you provided here today during your presentation was valuable. One of my coworkers had a client, who sat in my chair many times, came in with a skin lesion on his ear. My coworker pointed it out to him, encouraged him to get it checked out and it turned out to be malignant. He had it removed. It can be kind of scary" -Chantel Pereira (barber and Beautician for 10+ years)
  - "I think that It's wonderful you're starting such an initiative, I knew someone who died in their 30's from skin cancer." -Julia Macmillan (APRN Clinical nurse specialist-Board certified in palliative care)
  - "That sounds like a great project! For many, skin cancer is not "top of mind". Information is available, but people have to be motivated to look for it." -Jordan Nichols (social worker)

# Intervention and Methodology

- Designed an easy-to-read visual brochure handout tailored specifically toward beauticians and barbers
- Conducted 10-minute presentation on identifying suspicious lesions in areas difficult for clients to observe on a regular basis.
- Beauticians/barbers were interviewed and given questionnaires to rate how confident they were in identifying skin cancer before and after presentation.

*Beauticians guide to  
identifying Skin  
cancer and keeping  
your clients healthy!*

## Facts and Statistics:

- Skin cancer is the most common type of cancer in the U.S.; 20% of individuals in the U.S will be diagnosed with skin cancer
- The most preventable cause of skin cancer is UV radiation
- Most common in individuals with fair skin
- The 3 most common causes of skin cancer are:
  1. Basal cell carcinoma
  2. Squamous cell carcinoma
  3. Melanoma –carries significant risk
- Approximately 13% of cancer are found in the scalp

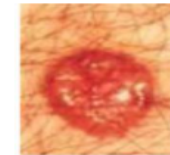
**Fun fact:** The skin is the “largest organ” in in the body

## **What you can do as a beautician:**

- Keep your clients updated on abnormalities found in “hidden” areas of the skin (behind ears, neck, scalp”
- Educate yourself on what to look for!
- Remember, on average you see clients more often than they see their primary care physicians

## The Basics:

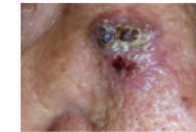
- **The most common: Basal cell carcinoma**



*“waxy, pink, pearly”*

Areas: Sun exposed areas

- **2<sup>nd</sup> most common: squamous cell carcinoma**



Non-healing wounds, face, lower lip, ears, hands

- **Melanoma: 3<sup>rd</sup> most common**



Look for the A, B, C, D, E's:  
Asymmetric, border irregularity,  
Color variation, Diameter > 6mm,  
Evolution

# Results/response

---

- Beauticians and barbers were interviewed at two separate locations, "Daves barbershop" and "Prestige Salon."
- N=4; On average, beauticians rated themselves at about a 3/10 (with 10 defined as feeling very confident) in identifying skin cancer based on prior education of cosmetology school and life experience.
- After the presentation: Beauticians rated themselves on average 4 points higher in their confidence in identifying common skin cancers.
- In general, beauticians and barbers appreciated the initiative and the topic being addressed, finding the information in the brochure supportive for helping future clients and regulars.

# Evaluation of effectiveness and limitations

---

## Limitations:

- Every cosmetology school offers different learning experiences, varying in duration and intensity. Because of this, it can be difficult to draw concrete conclusions on how effective the education of skin cancer is in Cosmetology school (or barber school) based on interviewing the limited number of individuals that I did.
- Another limitation would be the sample size of beauticians and barbers that were interviewed as the answers given may not reflect on average preparedness and confidence in identifying skin cancer.

## Effectiveness:

- ❖ Many times, medical jargon can be quite intimidating to individuals without prior background in healthcare. The goal particularly with using the brochure was to focus on visuals. This will be the most beneficial skillset in terms of the "paraprofessional" simply prompting clients to get lesions inspected. Going into extensive detail on the different types of skin cancer was avoided.
- ❖ The presentation itself could have been longer. I also could have created a video so that beauticians could refer to information taught in the sessions. To encourage retaining the information and reinforcement, the brochure was provided for reference.
- ❖ It also would have been more effective to hold the attention of all the employees in the barber shops and hair salons for more efficient presentations, but due to time conflicts with their clients I was only able to present to 2 beauticians on average both at "Dave's barber shop and "The Prestige" at a time.



# Recommendations for future interventions

---

- This sort of initiative has more potential on a broader scale in working with cosmetology schools, beauticians and barbers to identify skin cancer and various methods of collaborating with healthcare professionals.
- One recommendation would be to interview more individuals (sample size) as well as going into more detail on what exactly they were taught in cosmetology school.
- It would have been insightful to get a better sense for how often beauticians and barbers see skin lesions in these "hidden" locations. (scalp, behind ears etc.)
- A more structured program or "module-like" initiative would be beneficial in allowing the beautician or barber to learn about skin cancer in a format at their own pace.

# References

- Center for Disease Control and Prevention [The Health and Economic Benefits of Skin Cancer Interventions | Power of Prevention \(cdc.gov\)](#)
- Prodinger C, Koller J, Laimer M. scalp tumors
- Guy GP Jr, Machlin SR, Ekwueme DU, Yabroff KR. Prevalence and costs of skin cancer treatment in the US, 2002-2006 and 2007-2011. *Am J Prev Med.* 2015;48(2):183–187.
- Liu W, Dowling JP, Murray WK, McArthur GA, Thompson JF, Wolfe R, Kelly JW. Rate of growth in melanomas: characteristics and associations of rapidly growing melanomas. *Arch Dermatol.* 2006 Dec;142(12):1551-8. doi: 10.1001/archderm.142.12.1551. PMID: 17178980.
- American Cancer Society. How to Do a Skin Self-Exam. Accessed April 19, 2022.
- Guy GP, Machlin SR, Ekwueme DU, Yabroff KR. Prevalence and costs of skin cancer treatment in the U.S., 2002-2006 and 2007-2011.

*Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.*

- Consented
- Name: Michelle Dorwart
- Name: Chantal Pereira
- Name: Yaritza Lapaix
- Name: Jordan Nichols
- Name: Julia Macmillan