Published in final edited form as:

J Am Acad Dermatol. 2023 January ; 88(1): 155–158. doi:10.1016/j.jaad.2019.07.034.

Skin cancer surveillance practices and attitudes among hairdressers: a cross-sectional study in Atlanta, Georgia

David C. Gibbs, BS^{*},

Spencer Ng, MD, PhD^{*},

Marissa L.H. Baranowski, BS,

Sampreet Reddy, MD,

Annelise Bederman, BS, MSc,

Marta B. Bean, BA,

Rachel Eisenstadt, MD,

Suephy C. Chen, MD, MS

Department of Epidemiology, Rollins School of Public Health, Emory University, Atlanta, Georgia (Gibbs, Baranowski); Department of Dermatology, Northwestern University Feinberg School of Medicine, Northwestern University, Chicago, Illinois (Ng, Eisenstadt); Emory University School of Medicine, Emory University, Atlanta, Georgia (Gibbs, Baranowski, Bederman, Bean, Chen); Morehouse School of Medicine, Atlanta, Georgia (Reddy); Department of Dermatology, Emory University, Atlanta, Georgia (Chen); Division of Dermatology, Atlanta VA Medical Center, Atlanta, Georgia (Chen)

Keywords

hairdresser; skin cancer; melanoma; detection; surveillance; education; attitude; opinion; survey; cross-sectional study

To the Editor:

Hairdressers have been considered a potential resource for skin cancer surveillance¹, and previous studies suggest that hairdressers are interested in skin cancer education.^{2,3} However, validation of these findings in other hairdresser communities are needed, and factors associated with receptiveness to skin cancer education are unknown. Here, we investigated melanoma and non-melanoma skin cancer knowledge, surveillance practices, and attitudes among hairdressers in the metropolitan Atlanta area.

Corresponding author: Suephy Chen, MD, MS, Department of Dermatology, Emory University School of Medicine, 1525 Clifton Rd NE, 1st floor, Atlanta, GA 30322.

co-first author: Spencer Ng

^{*} Authors contributed equally to this work.

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Conflicts of interest: None declared.

IRB Approval: Emory IRB approved this study; approval #IRB00096850

Surveys were distributed (August–September, 2017) to 15 salons that were randomly selected within a 30-mile radius of Emory University (ZIP code 30322). The Emory Institutional Review Board approved the study. A total of 229 surveys were completed by hairdressers from 12 salons (80% response rate). Survey questions were selected from previously published surveys investigating skin cancer examination behaviors/attitudes among hairdressers.^{2,3} Mixed-effects logistic regression, accounting for salon clusters, was used to investigate factors associated with hairdressers' opinion towards skin cancer detection training adjusting for age, sex, and factors associated with the outcome in bivariate analyses. Data were analyzed using SAS 9.3 (Cary, NC).

Of the respondents, 82% were female, 58% were between the ages of 18–32, 86% were white, and 97% estimated that 50% of their customers were white. Seventy-three percent believed that hairdressers should be trained in skin cancer detection, but only 40% believed that training should be required (Table I). Hairdressers who had discussed skin cancer with clients were over twice as likely (OR: 2.21; 95% CI: 1.34–3.63) to agree with detection training, compared to those who had not (Table II).

The vast majority (93%) of hairdressers in our study wanted to learn more about skin cancer detection; salon-held training sessions and videos were hairdressers' preferred education modalities. This is pertinent given the Skin Cancer Foundation recently launched a 'Heads Up!' education program that promotes salon-held training sessions in skin cancer surveillance with the help of dermatologists (<https://www.skincancer.org/get-involved/headsup>). Additionally, a recent interventional study found that a short, online video increased hairdressers' knowledge and self-efficacy to detect scalp/neck melanoma.⁵ Notably, slightly over half of hairdressers reported that they check clients for skin lesions at least once a month (54%), and had previously referred clients to a physician for an abnormal mole (52%), consistent with previous surveys of hairdressers in California ($n=108$)³ and Texas ($n=203$).² Our survey did not ask whether referred clients saw a physician or were diagnosed with cancer—important questions warranting additional research.

Hairdressers are in a unique position to detect skin cancers given their routine contact with much of the public and their close observation of body sites where skin cancers commonly arise. Hairdressers could be particularly important for observing head/neck sites that patients normally do not (e.g., the scalp, rather than face); however, our survey did not distinguish between these sites or state whether head lesions included/excluded the face. Another limitation is that our results may not be generalizable to other hairdresser communities. Thus, future studies are needed to assess opinions of other hairdressers and to assess the safety and efficacy of training hairdressers in skin cancer surveillance.

Acknowledgements:

We thank Bridget Bradley (Department of Dermatology, Emory University) for her help in coordinating the study and Chao Zhang (Bioinformatics and Biostatistics Shared Resource at Winship Cancer Institute, Emory University) for his help with the statistical analyses. We also thank Candy Shaw and Fred Codner of Jamison Shaw Hairdressers (Atlanta, GA) for their interest in the study, and for their perspectives on the study and its findings in exit interviews. Lastly, we thank Elizabeth Bailey (Stanford University) for kindly providing us with their survey previously used to investigate skin cancer knowledge, attitudes and behaviors among hair professionals.

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Table I.Behaviors and attitudes of hairdressers in skin cancer surveillance ($n = 229$, Georgia, United States, 2017)

Survey Question	No. (%) ^a
Ever referred clients to a physician for an abnormal mole	
Yes	119 (52.0)
No	97 (42.4)
Missing	13 (5.6)
Have clients asked you to check for skin lesions?	
Yes	53 (23.2)
No	175 (76.4)
Missing	1 (0.4)
How often do you check clients for skin lesions?	
Daily	72 (31.4)
Weekly	28 (12.2)
Monthly	23 (10.0)
Yearly	14 (6.1)
Rarely or Never	90 (39.3)
Missing	2 (0.9)
Reason for not checking for skin lesions ^b	
I don't have time	12 (9.3)
I lack proper training	47 (36.4)
I don't have confidence to recognize lesions	47 (36.4)
I don't feel comfortable bringing up skin cancer with clients	32 (24.8)
I am unsure of the appropriate steps to take	39 (30.2)
I am not reimbursed financially	4 (3.1)
My clients don't want me to	6 (4.7)
It's not my responsibility	19 (14.7)
Missing	4 (1.7)
How would you like to learn about skin cancer detection? ^c	
Not interested	10 (4.4)
Newsletter	13 (5.7)
Brochure/poster	37 (16.2)
2-hour training session at salon	110 (48.0)
2-hour training session at local hair/beauty school	14 (6.1)
Internet/email	37 (16.2)
Video	108 (47.2)
Missing	5 (2.2)
I believe hairdressers should be trained in skin cancer detection.	

Survey Question	No. (%) ^a
Agree ^d	169 (73.4)
Do not agree ^e	57 (24.9)
Missing	3 (1.3)
I believe hairdressers should be required to be trained in skin cancer detection in order to be certified as a hair professional.	
Agree ^d	91 (39.7)
Do not agree ^e	132 (57.6)
Missing	6 (2.6)

^aPercentages may not sum to 100 due to rounding.

^bLimited to participants who did not report checking daily or weekly (n = 129), percentages may not sum to 100 as participants were allowed to select multiple responses.

^cPercentages may not sum to 100 as participants were allowed to selected multiple reresponses.

^dIncludes 'strongly disagree', 'disagree' and 'neutral' responses.

^eIncludes 'strongly agree' and 'agree' responses.

Table II.

Associations of hair professional characteristics with opinion towards skin cancer detection training among 211 hairdressers with no missing data for variables in the multivariable model (Georgia, United States, 2017)^a

Characteristic	<i>"I believe hairdressers should be trained in skin cancer detection "</i>			
	Agree ^b	Do not agree ^c	Agree vs. do not agree ^d	
	No. (%)	No. (%)	OR (95% CI)	P value
Years in industry				
5 years or less	66 (41.5)	14 (26.9)	1 [Reference]	
Longer than 5 years	93 (58.5)	38 (73.1)	0.33 (0.14–0.82)	0.02
Knowing someone with skin cancer				
No	11 (6.9)	9 (17.3)	1 [Reference]	
Yes	148 (93.1)	43 (82.7)	1.90 (0.52–6.94)	0.33
Knowledge of ABCDE rule for melanoma				
No	119 (74.8)	46 (88.5)	1 [Reference]	
Yes	40 (25.2)	6 (11.5)	1.61 (0.92–2.80)	0.09
Previous skin cancer education				
No	50 (31.5)	26 (50.0)	1 [Reference]	
Yes	109 (68.6)	26 (50.0)	1.62 (1.01–2.60)	0.04
Ever discussed skin cancer with clients				
No	57 (35.9)	28 (53.9)	1 [Reference]	
Yes	102 (64.2)	24 (46.2)	2.21 (1.34–3.63)	0.002

^aLimited to participants with no missing data for any of the covariates in the model ($n = 211$).

^bIncludes 'strongly agree' and 'agree' responses.

^cIncludes 'strongly disagree', 'disagree' and 'neutral' responses.

^dAdjusted for age, sex, and all other variables in the table; OR estimates and 95% confidence intervals calculated using mixed-effects logistic regression with a random intercept to account for the clustering of responses by salon.