

Hispanic Tattoo Artists Could Provide Skin Cancer Prevention via Aftercare Instructions and Social Media

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ABSTRACT

Background: The incidence of melanoma and non-melanoma skin cancer in the Hispanic population has increased. Hispanics are more likely to present with advance-staged melanoma and worse overall prognosis. Thus, public health campaigns are necessary to target the underrepresented Hispanic population.

Objective: To explore Hispanic tattoo artists' skin cancer knowledge, sun safety recommendations, and their willingness to implement primary and secondary skin cancer prevention in their daily work routines.

Methods: We conducted an in-depth semi-structured interview study with ten Hispanic tattoo artists. Interviews were conducted at multiple tattoo studios in Salt Lake City, Utah. Data was coded by a third-party. Thematic analysis identified recurrent sub-themes from the transcript.

Results: Majority of Hispanic tattoo artists had a high percentage of Hispanic clientele (mean: 51%, range: 25-93%) and repeat customers (mean: 73%, range: 50-90%). All tattoo artists had suboptimal skin cancer knowledge. Most Hispanic tattoo artists provide inadequate sun protective information in their aftercare instructions including a specific Sun Protection Factor, sunscreen reapplication, and protective clothing. However, all tattoo artists were willing to provide sun protective information on their social media profiles and undergo primary and secondary skin cancer prevention training.

Conclusion: Hispanic tattoo artists could serve as public health allies and influence early detection of skin cancers in the Hispanic population by implementing preventative skin cancer behaviors in their daily work routines and providing comprehensive sun safety information through aftercare instructions and social media.

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INTRODUCTION

The incidence of melanoma and nonmelanoma skin cancers (NMSC) have grown exponentially. Although the incidence of melanoma affects 22.8 patients per 100,000 in the United States (U.S.), the incidence of melanoma in the Hispanic population in the U.S. is 4.4 patients per 100,000.¹⁻⁴ Furthermore, since Hispanics do not represent the majority of the U.S. population, per population basis, the incidence of melanoma in Hispanics is further underrepresented.⁵ To prevent the increasing melanoma and NMSC incidence, public health campaigns were introduced to prevent melanomas and NMSCs, increase melanoma and NMSC awareness, and detect early stages of melanoma and NMSC.⁶ Although melanoma and NMSC public health campaigns were introduced irrespective to a specific ethnicity, cultural and language barriers exist, and melanoma and NMSC public health campaigns targeting Hispanics in the U.S. are limited. Furthermore, the ability of healthcare providers to convey high quality skin cancer information in a culturally sensitive approach to the Hispanic community is scarce.⁷

Increased melanoma and NMSC awareness has influenced medical professionals to implement skin cancer prevention into their clinical routine, although nonmedical professionals can also provide primary and secondary skin cancer prevention.⁸⁻¹⁰ In a survey study exploring a massage therapists role in skin cancer prevention, a majority of massage therapists have previously recognized suspicious lesions on their clients and referred them to a medical professional.⁸ Although some traditional nonmedical professionals, including hair dressers and massage therapists, offer skin cancer prevention, tattoo artists are also cognizant of skin cancer prevention; as they refrain from tattooing suspicious lesions and refer some of their clients to a healthcare provider.¹¹ Tattoo artists could incorporate skin cancer prevention in their daily work routine by providing full-body, comprehensive sun protection advice to their clients, and refer suspicious moles to a healthcare professional.

The purpose of this study was to investigate Hispanic tattoo artist's knowledge of skin cancer and their willingness to

implement skin cancer prevention in their daily routines. We describe themes and sub-themes generated by semi-structured interviews from Hispanic tattoo artists including skin cancer knowledge, aftercare instructions, social media, and other themes influencing skin cancer prevention.

METHODS

Recruitment and Participant Selection

Licensed tattoo studios in Salt Lake County were identified through Yelp and Google. Studios were contacted by telephone, social media, email, or in person and queried about any working Hispanic/Latino tattoo artists. Participants were eligible if they were 18 years or older, tattoo artist from a licensed studio, and identified as Hispanic or Latino. Ten Hispanic tattoo artists from Salt Lake County agreed to participate in an in-depth interview. At this time, we reached data collection saturation, meaning that additional interviews did not provide any more sub-themes. Six tattoo artists were recruited through social media and four tattoo artists were recruited in person.

Interviews were conducted between November 2018 to February 2019. Written informed consent was obtained from all tattoo artists before the interview. All tattoo artists were interviewed in person and audio recorded. The consent form also contained demographic questions (See Supplemental Figure 1). Each artist was awarded a \$50 Amazon e-gift card for participation. The Western Institutional Review Board (IRB) declared the study as IRB exempt.

Data Collection

The investigator conducted in-depth semi-structured interviews with a set of predetermined questions; to help standardize data collection during the interview (See Supplemental Figure 2). However, open ended questions were used to allow the tattoo artist to independently introduce and discuss new topics/issues. The interviewer and tattoo artist either spoke English, Spanish, or both. Interviews lasted between 30 to 60 minutes and were conducted by CG (first author). The interviewer queried on six pre-specified categories— demographics, tattoo training and experience, skin cancer knowledge, aftercare instructions, social media use, and willingness to learn about primary and secondary skin cancer prevention. Sub-themes were identified using a grounded, data led approach (see below in data analysis).

Data Analysis

Unblinded subject responses were transcribed into an excel sheet and manually coded by the first author. Blinded/anonymized subject responses were independently transcribed and coded separately by a third-party. A third-party associate was used to code the data as a mean to avoid bias and verify data accuracy and completeness. Coding discrepancies were resolved by discussion and re-listened audio recordings. A thematic analysis identified recurrent sub-themes from the transcript.

Sub-themes derived from the analysis included— lack of sun protection knowledge among tattoo artists, need for a culturally sensitive approach to aftercare instructions, need for a stronger connection between the medical and tattoo community, and stronger tattoo practicing regulations.

RESULTS

Ten Hispanic tattoo artists were interviewed (Table 1). Majority of tattoo artists were male (90%) with a mean age of 30 (standard deviation, 5). Of the ten tattoo artists, six tattoo artists were born in the U.S. Furthermore, of the ten tattoo artists, seven tattoo artists have a Mexican heritage. Six tattoo artists were fully bilingual in English and Spanish. Many of them reported a high percentage of Hispanic clientele (mean, 51%; range, 25-93%) and repeat customers (mean, 73%; range, 50-90%).

Skin Cancer Knowledge

None of the Hispanic tattoo artist knew the difference between melanoma and non-melanoma skin cancer. All tattoo artists felt they would not be able to detect an abnormal mole or skin cancer. When tattoo artists were queried about their level of skin cancer knowledge, seven subjects reported no skin cancer knowledge whereas three subjects were able to describe up to two abnormal mole features. The majority (80%) of the tattoo artists finished an apprenticeship whereas two (20%) were trained by mentors. No tattoo artist received a formal education on skin cancer prevention; however, all tattoo artists were willing to undergo skin cancer prevention training. Most tattoo artists were willing to learn more about primary (90%) and secondary skin cancer prevention (100%).

Lack of Sun Protection Knowledge Among Hispanic Tattoo Artists

Although no Hispanic tattoo artist reported any formal education about skin cancer prevention, all artists further acknowledged no form of sun safety training during their tattoo apprenticeship. When queried about basic sun protection, the majority could not describe a specific Sun Protection Factor (SPF) recommendation, how to properly apply sunscreen, when to reapply sunscreen, and the importance of protective clothing. Furthermore, only one tattoo artist practiced safe sun protection consistently whereas five tattoo artists rarely applied sunscreen, two tattoo artists never used sunscreen, and two did not mention their sun protective habits. One artist reported the use of a wide-brimmed hat during the summer to protect his face, ears, and neck from the sun. Only one artist mentioned seeking shade and use of protective clothing during the summer time to protect his skin from the sun.

Need for a Stronger Connection Between the Medical and Tattoo Artist Community

Five Hispanic tattoo artists expressed curiosity throughout the interview by asking general questions about tattoo aftercare

TABLE 1.

Demographic Information of Tattoo Artists (n=10) and Description of Clientele	
Variable	Summary
Sex, n (%)	
Male	9 (90)
Female	1 (10)
Age, in years	
Mean (SD)	30 (5)
Min/Max	24/37
Hispanic or Latino heritage, n (%) ^a	
Mexican	7 (70)
South American (Venezuelan)	1 (10)
Central American (El Salvador)	1 (10)
Spanish (from Spain)	1 (10)
Race, n (%)	
American Indian/Alaska native	0 (0)
Asian	0 (0)
Black/African American	0 (0)
Native Hawaiian/Other Pacific islander	0 (0)
White	2 (20)
I choose not to answer	5 (50)
Other	1 (10)
Left blank intentionally	2 (20)
US born vs non-US born, n (%)	
US born	6 (60)
Non-US born	4 (40)
Bilingual, n (%)	
English only	1 (10)
Spanish only	0 (0)
English and Spanish	9 (90)
Fluency, n (%)	
Fully bilingual	6 (60)
Understands some Spanish and can say some words in Spanish	1 (10)
Understands some Spanish but can't speak it	2 (20)
No Spanish at all	1 (10)
Percent of repeat clients	
Mean (SD)	73% (13)
Min/Max	50/90
Percent of Hispanic clients	
Mean (SD)	51% (25)
Min/Max	25/93
Skin cancer knowledge	
Knew 2 or less features of abnormal mole	3 (30)
Nothing at all	7 (70)

^aNo Puerto Ricans, Dominicans, or Cubans

instructions including proper wound healing instructions and sunscreen information (how often to reapply, best sunscreen brand, recommended SPF). No tattoo artist referred their client to a healthcare provider in regard to an abnormal mole; however, four tattoo artists reported referring a client to a healthcare provider due to acne (10%), skin infection (10%), allergic reaction (10%), warts (10%), and tattoo-related complication (10%). Only one artist (10%) knew of a doctor that he could consult for general inquiries. Two tattoo artists were interested in knowing a local tattoo laser removal technician or physician to refer their clients that wanted either complete tattoo removal or lightening of their tattoo for cover ups. If a mole was located where the tattoo would be placed, the tattoo artists would either tattoo over the mole (10%), around the mole (20%), or would stay away from the mole (70%). All tattoo artists felt comfortable tattooing over freckles.

Aftercare Instructions

All Hispanic tattoo artists recommended some form of sun protection in their aftercare instructions (Table 2). However, six tattoo artists provided verbal aftercare instructions only whereas four tattoo artists provided both written and verbal aftercare instructions. All tattoo artist specified that their recommended sun protection advice was for the actual tattoo and not the rest of the skin. Most tattoo artists (70%) recommended long-term sun protection advice to the tattooed skin, mainly to preserve the ink density and vibrant colors. Recommended sun protection behaviors implemented into the tattoo artist's aftercare instructions included sun avoidance (100%), sunscreen use (80%), and protective clothing (50%). Of the eight tattoo artists that recommend sunscreen use in their aftercare instructions, none recommended a specific SPF and five tattoo artists mentioned "the higher the SPF, the better." No tattoo artist recommended reapplying sunscreen every 2 hours or the use of hats to protect tattoos on the head and neck in their aftercare instructions.

Need for Culturally Sensitive Approach to Aftercare Instructions

Only one Hispanic tattoo artist provided written aftercare instructions in Spanish upon client request. Six tattoo artists provide verbal aftercare instruction in Spanish to their Spanish speaking only clients. However, all tattoo artists agreed that providing Spanish aftercare instructions was a great idea. Despite all tattoo artists having a large portion of Hispanic clientele, all tattoo studio websites and social media pages were in English only. Although home remedies are a common type of alternative medicine used by Hispanics, no tattoo artist inquired if their client would use a home remedy for wound care. In addition, only three artists inquired about their client's occupation prior to tattooing. Eight tattoo artists reported having clients that were Latino men that worked in construction, roofing, and other outdoor blue-collar occupations. Tattoo artists often do not recommend sunscreen to these clients since many of them consider creams, lotions, and sunscreen feminine. Instead of

TABLE 2.

Sun Protection Information in Aftercare Instructions	
Variable	Summary, n (%)
Provide any sun protection advice with aftercare instructions?	
Yes	10 (100)
No	0 (0)
Verbal, written, or both?	
Written only	0 (0)
Verbal only	6 (60)
Both	4 (40)
Full-body sun recommendations or just tattoo?	
Full body	0 (0)
Tattoo only	10 (100)
Long or short-term sun safety advice?	
Long-term	7 (70)
Short-term	2 (10)
Does not specify	1 (40)
Recommend keeping tattoo away from the sun?	
Yes	10 (100)
No	0 (0)
Recommend sunscreen?	
Yes	8 (80)
No	1 (10)
Only if client asks	1 (10)
Recommend a specific Sun Protection Factor (SPF)?	
Yes	0 (0)
No	4 (40)
Recommends a "high SPF"	5 (50)
Not applicable (doesn't recommend sun screen)	1 (10)
Protective clothing?	
Yes	5 (50)
No	4 (40)
Not consistently	1 (10)
Recommends reapplication of sunscreen every 2 hours while in the sun?	
Yes	0 (0)
No	9 (90)
Not applicable (does not recommend sun screen)	1 (10)

recommending sunscreen, tattoo artists recommended seeking shade and wearing loose-fitting protective clothing as the primary sun safety practices in Latino men that worked outdoors in a blue-collar occupation.

Need for Tougher Tattoo Artist Regulations

Although three Hispanic tattoo artists did not talk about tattoo regulations, all tattoo artists who mentioned tattoo regulations during their interview recommended more strict regulations on obtaining a tattoo license in Utah. All of them recommended

TABLE 3.

Social Media Use	
Variable	Summary, n (%)
Do you use social media?	
Yes	10 (100)
No	0 (0)
Types of social media (personal account)	
Facebook	10 (100)
Instagram	10 (100)
Twitter	1 (10)
Snapchat	5 (50)
Pinterest	1 (10)
YouTube	2 (20)
Studio website with short-term sun protection advice	
Yes	3 (30)
No	3 (30)
No tattoo studio website	4 (40)
Tattoo studio with social media page	
Facebook	10 (100)
Instagram	10 (100)
Are you willing to post sun safety information on your social media profile?	
Yes	10 (100)
No	0 (0)
Willing to learn more about sun protection? (Primary skin cancer prevention)	
Yes	9 (100)
No	1 (10)
Willing to learn more about skin cancer detection? (Secondary skin cancer prevention)	
Yes	10 (100)
No	0 (0)

formal primary and secondary skin cancer education during an apprenticeship or pre-requisite to obtaining a license to tattoo. They also mentioned the need to standardize sun safety information in aftercare instructions. However, all of them were unsure about standardizing wound care in the aftercare instructions.

Social Media Use

All Hispanic tattoo artists used social media (Facebook [100%]; Instagram [100%]; Twitter [10%]; Snapchat [50%]; Pinterest [10%]; YouTube [20%]) and each tattoo studio associated with the tattoo artist had both Facebook (100%) and Instagram (100%) (Table 3). Tattoo artists reported that a majority of their clients followed them on social media after their tattoo. Most tattoo artists agree that their Hispanic clients follow them on Facebook more than all other social media platforms. Six tattoo

artists affiliated with a tattoo studio had a website; of those six tattoo studio websites, only three provided short-term ultraviolet (UV) protection advice (stay out of sun for two weeks and no tanning). None provided long-term UV protection advice. All tattoo artists were willing to distribute sun protective information on their personal and tattoo studio social media accounts.

Other

Ninety percent of Hispanic tattoo artists felt emotionally invested in their clients. Although no tattoo artist recommended sun protection involving the client's whole body, all tattoo artists concur that tattoo artists could influence skin cancer safety in young adults by providing full-body sun protection in their aftercare instruction. Furthermore, all tattoo artists agreed that providing aftercare instructions in Spanish is a great idea.

DISCUSSION

Although Hispanics do not constitute the majority of melanoma and NMSC cases in the U.S., Hispanics are more likely to be diagnosed with advanced malignant melanoma and NMSC.^{12,13} Furthermore, Hispanics diagnosed with melanoma have a lower 5-year survival rate than Whites.¹⁴⁻¹⁶ Factors that influence an increased risk of melanoma in Hispanics include a high prevalence of outdoor occupation, low socioeconomic status, and inadequate awareness.^{17,18} Nonmedical professionals could improve melanoma and NMSC awareness in Hispanics by learning more about skin cancer prevention and implementing culturally sensitive sun protective behaviors in their aftercare instructions and social media.

All Hispanic tattoo artists in this study had inadequate skin cancer knowledge to recognize a suspicious lesion; however, all tattoo artists were willing to learn more about skin cancer prevention. Early suspicion and detection of a lesion could influence overall survival. In a study comparing survival between Hispanics and non-Hispanics, 70% of Hispanic subjects diagnosed with localized melanoma had greater overall survival than non-Hispanics diagnosed with melanoma ($P<0.01$).¹⁹ Furthermore, ultraviolet radiation plays a role in the development of melanoma and nonmelanoma skin cancer in Hispanics.^{20,21} Although other studies report White patients diagnosed with melanoma have decreased overall survival than Hispanic patients, Hispanic tattoo artists who undergo primary and secondary skin cancer prevention training and educate their clients about the harmful effects of ultraviolet radiation could influence melanoma and NMSC clinical outcome in Hispanics.²²⁻²⁴ Many of the Hispanic tattoo artists in our study believed that primary and secondary skin cancer prevention should be included in apprenticeships or pre-requisite to obtaining a license to tattoo. Additionally, although it may seem that Hispanic tattoo artists only interact with a small group of Hispanic clients, 38% of all Hispanics have a tattoo; therefore, Hispanic tattoo artists may influence sun protective behaviors at a larger scale.²⁵

Hispanic tattoo artists did not provide effective sun protective behaviors in their aftercare instructions. Additionally, the majority of Hispanic tattoo artists practiced suboptimal sun safety which may have influenced their sun safety advice to their clients. Sun protective behaviors including avoidance of excessive sun exposure, applying sunscreen and sun protective clothing, and performing regular skin exams are essential for early melanoma and NMSC detection.²⁶ Such sun protective behaviors may be simple measures for tattoo artists to apply in their aftercare instructions. It should be emphasized that full-body, comprehensive skin cancer prevention recommendations (applying sunscreen prior to UV exposure, reapplying it when outdoors for over 2 hours, using protective clothing that physically blocks UV, wearing wide-brimmed hats that shade the head, or seeking shade when available) should be compatible with current recommendations to protect new tattoos. Furthermore, failing to implement a cultural approach to Hispanic clientele could jeopardize effective communication between the tattoo artist and the client. Multiple studies conclude that a culturally sensitive approach in Latinos could improve melanoma and NMSC education.²⁷⁻²⁹ Additionally, 90% of Latinos aged 18 to 49 seek health information through the internet and social media.^{30,31} However, most minorities feel that health information on the web is not tailored towards various ethnic/cultural groups.³² Providing Hispanic tattoo artists with guideline recommendations on sun protective behaviors in a culturally sensitive approach may convey information to Hispanic clients more effectively.

Since all Hispanic tattoo artists in our study possess a social media account, they have the opportunity to convey their sun protective behaviors more effectively. Social media may influence sun protective behaviors by improving user attention and accountability.^{33,34} A randomized control trial stratifying 604 Hispanic and non-Hispanic adult subjects into either a mobile app group that provided sun protective information or control group reported an improvement in shade use ([mean days] 41.0% vs 33.7%; $P=0.03$), mean total sunburns (0.60 vs 0.62; $P=0.87$), sun exposure (60.4% vs 49.3%; $P=0.04$), and all sun protective behaviors (39.4% vs 33.8%; $P=0.04$) in the mobile app group compared to control; however, less sunscreen was used in the mobile app group than the control group, respectively (28.6% vs 34.5%; $P=0.48$).³⁵ Further studies are needed to distinguish the benefit of tattoo artists providing sun protective behaviors through social media.

Small sample size, a young age group, and local recruitment (Salt Lake County) may jeopardize our data's external validity. Since all interviewed subjects were young, our data underrepresented older Hispanic tattoo artists. Furthermore, our young tattoo artists may influence our high rate of social media use by tattoo artists. In a study exploring Hispanic opinions of melanoma education, many subjects believed melanoma education may be conveyed more effectively in the Hispanic community

through television and radio. Social media may not have been mentioned because 79.4% of the studies sample size were aged 41 to 60; however, internet use by older adults has increased and nearly doubled from 2013 to 2016.^{28,36} Therefore, our study may not completely represent older Hispanic tattoo artists and Hispanic clientele. Lastly, majority of Hispanic tattoo artists have a Mexican heritage; therefore, there is poor Hispanic diversity within the sample size.

CONCLUSION

Hispanic tattoo artists could potentially improve melanoma and NMSC prevention and treatment outcomes by providing full-body, comprehensive skin cancer prevention in their aftercare instructions and social media. Tattoo artists providing their aftercare instructions in a more culturally sensitive approach could convey their recommendations more clearly to Hispanic clients. Furthermore, Hispanic tattoo artists may feel more confident referring their clients with suspicious lesions for the possible diagnose of early melanoma and NMSCs.

DISCLOSURE

The authors have no conflicts.

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SUPPLEMENT FIGURE 1. Consent form.

Sun Safety Ink! Consent and Demographic Information

Thank you for agreeing to participate in this interview for the Sun Safety Ink! program. We are conducting these interviews with tattoo artists who are at least 18 years old. We consider sun safety full body skin protection from ultraviolet rays by using sunscreen, reapplication, wide brimmed hats, cover up clothing, sunglasses, seeking shade and monitoring the UV index. Your answers are voluntary, confidential, and anonymous, and will be combined with the answers of all participants. Your interview will be audio-recorded (with your permission). By answering these questions, you are giving permission for us to use your responses in this research project. This study is being conducted with funding from National Institutes of Health by Klein Buendel, Inc. and the Denver VA Medical Center. If you have any questions about the study, please contact Dr. Cristian Gonzalez at 864-386-3771 or Dr. Barbara Walkosz at 303-565-4356.

Demographic Information:

- Are you Hispanic or Latino?
 - Yes
 - No
 - I choose not to answer
- Which of the following groups best describe your race? You may select more than one group.
 - American Indian / Alaskan Native
 - Asian
 - Black / African American
 - Native Hawaiian / Pacific Islander
 - White
 - I choose not to answer
- Are you male or female?
 - Male
 - Female
 - I choose not to answer

Signature of Participant: _____

Signature of Staff: _____

SUPPLEMENT FIGURE 2. Survey questions.

<p style="text-align: center;">Artist Interview Questions</p> <p>Intro: Thank you for agreeing to participate in this interview for the Sun Safety Ink! program. This interview is designed to help us learn how to best develop a full body skin protection training for artists in tattoo studios. We consider sun safety as full body skin protection from ultra violet rays by using sunscreen, reapplication, wide brimmed hats, cover up clothing, sunglasses, seeking shade and monitoring the UV index. Your answers are voluntary and will be kept confidential and reported with the responses of other participants. This interview will be audio-recorded. By answering these questions, you are giving permission for us to use your responses in this research project. This study is being conducted with funding from National Institutes of Health by Klein Buendel, Inc., Northwestern University, Harvard School of Public Health, Denver VA Medical Center and Alliance of Professional Tattoo Artist's. If you have any questions about the study, please contact Dr. Barbara Walkosz at 303-565-4356.</p> <p>We are developing a skin cancer prevention training for tattoo artists so that they can inform their clients about ways to protect themselves from harmful UV radiation by recommending full body sun protection.</p> <p>Demographics</p> <ol style="list-style-type: none"> How old are you? Where were you born? Where were you raised? What is your Hispanic/Latino heritage? You may select more than one group. <ul style="list-style-type: none"> <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Dominican <input type="checkbox"/> Cuban <input type="checkbox"/> Central American (please specify: _____) <input type="checkbox"/> South American (please specify: _____) <input type="checkbox"/> Spanish (from Spain) <input type="checkbox"/> I choose not to answer Do you speak English, Spanish or both? <p>Tattoo Experience</p> <ol style="list-style-type: none"> How did you get into tattooing? How long have you been tattooing for? Do you specialize in any Latino specific tattoo styles (ex. Chicano) or any other specific tattoo styles? If so, please describe your style? What percent of your clients are Latino? Do you have a lot of repeat clients? Y or N. What percent of your clients are repeat clients? What are some of reasons why Latinos get tattoos? 	<p>Skin Cancer Knowledge</p> <ol style="list-style-type: none"> What do you know about skin cancer? (Probe: Ex: Do you know the difference between Non Melanoma and Melanoma skin cancers?) Have you seen a new lump or bump on a tattoo? If so, were you concerned? Do you know how to identify skin cancer? (If yes - What characteristics or identifiers do you look for to suspect someone has a skin cancer? If no - Would you be interested in learning what to look for?) <p>Sunburns & Aftercare</p> <ol style="list-style-type: none"> How do you provide aftercare information to your clients? For example, written, verbal, internet? Do you provide aftercare information in English, Spanish, or both? Does your aftercare include sun safety? What kind? (Tattoos only or full body?) Do you recommend short-term sun protection or long-term (lifelong) sun protection? Specifies of sun safety in aftercare instructions? Recommend specific SPF? Reapply every 2 hours? Protective clothing? Do you feel like your clients would listen to your recommendations on sun protection? If not, how come? Does sun exposure make a huge difference in the quality of the tattoo? In other words, does keeping your tattoo from the sun prevent fading and breakdown of the tattoo? Do you ever notice if your clients have been sunburned or if their skin has been overexposed to the sun? If so, what do you say? <p>Social media use and reaching out to Latinos</p> <ol style="list-style-type: none"> Do you use social media? If so, what kind? Do you feel like many of your clients follow you on social media after getting their tattoo? Do you ever post sun protection information on social media? Are you interested in learning more about primary (learning more about sun protection) and secondary skin cancer prevention (learning how to detect abnormal moles)? Are you willing to post sun protection information on social media? What are some effective strategies that we can use to promote sun protections and skin cancer prevention in Latinos? Would your studio use posters to promote skin cancer prevention?
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