Developing the Minnesota Cancer Plan
Step 2: Recommend Objectives and Strategies

Workgroup: Prevention Group B **Date: June 13, 2016**

Objective: Reduce harms from indoor tanning

Desired Outcome:

At the end of five years, what would you like to accomplish? If you do not expect to achieve the objective by the end of five years, what would success look like? Decrease in indoor tanning use; fewer indoor tanning businesses; fewer tanning beds in apartment buildings; a stronger law in place; increased understanding of risk; decrease in melanoma rates.

Alignment:

Partners currently working on this objective and type of activity:

Organization	Activity (such as PSE change, education, programmatic)
University of Minnesota School of Public Health	
Minnesota Department of Health Comprehensive Cancer Control Program	
Minnesota Dermatologic Society	
Minnesota Medical Association	
American Cancer Society Cancer Action Network	
Melanoma Survivor Group	

Stakeholders for this issue not currently working on it and potential role:

Organization	Potential role (PSE change, education, programmatic)
Minnesota Academy of Family Practice	
American Academy of Pediatrics Minnesota Chapter	
Minnesotan's for Healthy Kids	
Federally Qualified Health Centers	Educate youth and parents about risk
County Local Public Health Agencies (LPH)	
State Health Improvement Program staff at MDH and LPH grantees	

Strategy #1: Strengthen existing law governing tanning facilities.

Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):

1) A law is passed to require an operator is present when tanning beds are used in apartments and condos.

2) The legislature delegates authority to an agency to license tanning facilities and conduct inspections with adequate state funding.

Rationale:

1) Current law exempts apartments and condos from the law's general requirement that an operator is present at tanning facilities. As a result there is no operator present at many apartments and condos that assure tanning beds are used according to the manufacturers' and FDA safety rules and no operator is present to assure that minors do not tan.

2) The legislature has not delegated authority to license and inspect tanning facilities. As a result, tanning facilities are not monitored for compliance with the law. In addition, there is no way of knowing who in the state is providing indoor tanning services and no way to communicate changes in the law.

This is an _X___ evidence-based practice ____ promising practice ____ other. Please explain. Consumer protection laws are a sustainable and population-based way to protect health. J. Finnegan Jr. & K. Viswanath (2002). *The Media Studies Framework*. In K. Glanz, B. Rimer, &F.M. Lewis (Eds.) Health Behavior and Health Education: Theory, Research and Practice (361-388).

Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.
The indoor tanning industry targets youth and young adults, and these groups are significantly more vulnerable to skin cancer from indoor tanning than older persons (e.g. persons 35 years and older).
Among 11th grade females indoor tanning rates are highest among white non-Hispanics (33%); American Indian or Alaskan Natives (23%); and Native Hawaiian or other Pacific Islander (22%). Rates are lowest among Black, African or African American (6%) and Hispanic or Latino of any race (15%).
Note: we can find out (based on sample size and confidence intervals) which of these percentages are significantly different from Whites.
UV radiation, as a risk factor for skin cancer, plays a lesser role in persons of color than it does for White non-Hispanics. However, when skin cancer occurs in people of color, patients often present with an advanced stage, and thus, worse prognosis in comparison to White non-Hispanics.

Rank this strategy for the greatest potential for traditional and non-traditional partners working together.
Rank ___ of ___ strategies

Strategies

Strategy #2: Develop, disseminate and evaluate tailored messages on the harms of indoor tanning

Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy): decrease in positive attitudes about indoor tanning; decrease in prevalence in indoor tanning

Rationale: a change in attitudes and behavior around indoor tanning will result in a reduction in skin cancer.

This is an _X___ evidence-based practice ____ promising practice ____ other. Please explain.

1. Noar SM, Myrick J, Morales-Pico B, Thomas NE. DEvelopment and validation of the comprehensive indoor tanning expectations scale. *JAMA dermatology.* 2014;150(5):512-521.
2. Noar SM, Myrick JG, Zeitany A, Kelley D, Morales-Pico B, Thomas NE. Testing a social cognitive theory-based model of indoor tanning: implications for skin cancer prevention messages. *Health Commun.* 2015;30(2):164-174.
3. Myrick JG, Noar SM, Kelley D, Zeitany AE, Morales-Pico BM, Thomas NE. A longitudinal test of the Comprehensive Indoor Tanning Expectations Scale: The importance of affective beliefs in predicting indoor tanning behavior. *Journal of health psychology.* Jul 31 2015.
4. Mays D, Tercyak KP. Framing Indoor Tanning Warning Messages to Reduce Skin Cancer Risks Among Young Women: Implications for Research and Policy. *Am J Public Health.* Jun 11 2015:e1-e7.
5. Mays D, Zhao X. The Influence of Framed Messages and Self-Affirmation on Indoor Tanning Behavioral Intentions in 18- to 30-Year-Old Women. *Health psychology : official journal of the Division of Health Psychology, American Psychological Association.* Jul 20 2015.

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Rank this strategy for the greatest potential for traditional and non-traditional partners working together. **Rank ___ of ___ strategies**