Enjoying the outdoors is an important part of a healthy lifestyle, but to assure that your time outside truly benefits your health, you have to protect yourself against the sun’s harmful UV rays. The Surgeon General is calling on leaders in schools, state and local governments, recreation areas and businesses to increase the availability of sun protection in outdoor venues.

A key element in outdoor sun protection for the public is shade. Parks, pools, athletic fields and school grounds can all use more shade trees and sun-protective structures such as pavilions, canopies, awnings and shade sails. Parents and other community members are urged to lobby for such additions to public areas outdoors.

We especially need to do a better job of protecting children, who spend a great deal of time outside, whether during recess or practicing soccer after school. This is where parents can take action, not only by lobbying their school districts to provide shade trees and shade structures on school grounds, but also by making sure that students are allowed to wear hats and apply sunscreen in school. Only a few states, such as California and New York, have laws that allow children to use sunscreen in school, and many schools forbid wearing hats on school grounds. Schools and school districts have to be convinced to reverse these damaging policies. Coaches can help by scheduling periodic sunscreen breaks to allow children to reapply sunscreen, and by encouraging the use of hats during outdoor practices.

Another way to better protect your kids, according to Dr. Ellen Frankel, a pediatric dermatologist, is to be a good sun-safe role model. “We have to lead by example,” she says. “Parents need to wear sunscreen, hats, sunglasses and sun-protective clothing.”

GOAL 1:
Increase Opportunities for Sun Protection in Outdoor Settings
GOAL 2: Provide Targeted Messaging to Individuals About Skin Cancer

Skin cancer prevention messages can be more effective when tailored to specific audiences such as outdoor workers, racial and ethnic groups, younger women, and men. Community leaders in schools, workplaces, non-profits and health care systems can form alliances to better spread these important messages.

One common public misperception is that sunscreen is the only form of sun protection. The public needs to understand that sunscreen is just one part of an overall sun protection strategy that includes seeking shade during peak midday hours and wearing sunglasses, wide-brimmed hats, and other sun-protective clothes. Where the messages are communicated makes a difference as well. For example, signs in locker rooms, at parks and in other recreational areas will reach the public right before or during sun exposure.

Sun safety education in schools is a critical area in skin cancer prevention. It’s important to reach children when they’re young, while they’re forming lifelong health habits. Arizona and New York both have skin cancer education laws requiring that students learn this important information. More states need to pass these laws. Parents can start by lobbying their school districts to bring curricula like The Skin Cancer Foundation’s Sun Smart U to their schools.

On school visits, Dr. Ellen Frankel, a pediatric dermatologist, dresses up in a bright red clown costume with red face paint to help students understand the severity of sunburns. She also packs along a handful of grapes and raisins to illustrate the sun’s damaging effects. “When that grape sits in the sun it becomes a shriveled raisin,” she says to kids. For teens, she hammers home the message that tanning does not lead to beauty. She tells sun-worshipping teens to look at the sun-damaged skin of the local fishermen, who work in the coastal towns of her native Rhode Island. “If you don’t think tanning is dangerous, go look at the fishermen,” she says. “Their skin looks like shoe leather.”
GOAL 3: 
Promote Policies that Advance the National Goal of Preventing Skin Cancer

While individuals and interest groups are often the catalysts to spark changes in society, it is usually policies instituted by governmental bodies that cement changes on the broadest scale. School boards must act to institutionalize sun protection policies for schoolchildren; communities must institute policies providing sun protection in parks, outdoor arenas, and other recreation venues; OSHA (the Occupational Safety and Health Administration) and state and national government must mandate that employers institute UV protection standards not just in outdoor workplaces but in indoor worksites exposing employees to UV.

Parents working together can lobby school boards to install shade structures and to pass policies allowing students to use sunscreen and wear hats and sunglasses during school hours. They can also advocate for sun safety education to become mandatory in schools. “You need to teach kids about sun protection at an early age,” said Samantha Guild, an advocate with the non-profit research and advocacy organization AIM at Melanoma. “It’s the time when kids are learning good behaviors. It’s like learning to brush your teeth, so it becomes second nature.”

Outdoor workers are highly vulnerable to skin cancer because of everyday UV damage. Professional drivers are also continually UV-exposed, since 60 percent of UVA rays pass right through car and truck windows. Labor organizations and local governments can play a key role in developing employment policies that protect these workers, whether by calling for shade structures or variable work hours to avoid peak sun exposure, or by mandating that employers provide UVA-protective film or glass on driver-side car windows along with sun protection education. Research has shown that workers employed in settings that are supportive of sun protection are more likely to practice sun-protective behaviors. In your own community, as parks, buildings and public spaces are planned, you can play a role by advocating for shade trees and shade structures.

One piece of legislation not directly covered in the Surgeon General’s Call to Action, but with potentially far-reaching impact if passed, is the Sunscreen Innovation Act. The U.S. House of Representatives recently passed a bill requiring the Food and Drug Administration (FDA) to speed up its currently stalled review process of new sunscreen ingredients. The next step is for the Senate to vote on a nearly identical bill. Blaming its backlog on insufficient resources, the FDA has failed to expand its list of approved sunscreen ingredients since 1999, even though many formulas offering better protection have been available in Europe for years. Contact your Senator to express support for this bill.
GOAL 4:
Reduce Harms from Indoor Tanning

It’s impossible to fully avoid UV exposure from the sun, but we can completely avoid the dangers of UV tanning beds. The Surgeon General has made this a major goal in the Call to Action. “Tanned skin is damaged skin,” he said repeatedly during the press conference announcing the initiative. “Indoor tanning is not a benefit to the nation’s public health,” he added.

Indeed, indoor tanning is linked to more than 400,000 cases of skin cancer each year, and has been linked to every major form of the disease – basal cell carcinoma, squamous cell carcinoma and melanoma. The World Health Organization has classified tanning devices as a known human carcinogen. Yet despite this knowledge, a tanning culture still exists in the United States. Young people continue to flock to tanning salons. One out of every three white women, ages 16-25, say they tanned in the past year. Studies show that indoor tanning at younger ages leads to a higher lifetime risk of skin cancer.

Colleges and universities can become partners in changing this culture. Currently, some campuses have tanning beds in their fitness centers and agreements with local tanning salons allowing students to pay for tanning services with their university-sponsored debit cards. Schools need to eliminate such practices and adopt policies that discourage indoor tanning.

In May, the FDA got tougher on tanning devices, reclassifying them from relatively harmless Class I devices to “moderate to high risk” class II devices. They also sent a clear message by mandating that these devices include a black box warning label discouraging use by minors under age 18.

Change is happening on the state level, too. Since 2011, eleven states have adopted tanning bed bans for young people under age 18. More than a third of these laws just passed in 2014. Advocates are calling the recent wave of tanning device bans a national movement. “There’s clearly more science showing the dangers of tanning devices, and more organizations and individuals who want to protect minors,” said Samantha Guild, an advocate with AIM at Melanoma, a non-profit research and advocacy organization. Research shows that tanning bed use among teens drops in states with tanning device restrictions.

The “nanny-state” argument—that the state is interfering in personal choice—no longer holds sway in many states that have passed these bans. “In Texas, it was a big issue. However, many parents spoke out in support of banning tanning devices for all minors,” said Guild. “We had a mother who actively supported the bill by sharing her daughter’s story with the Texas legislature.” (The mother had reluctantly allowed her daughter to visit tanning salons, and she later died of melanoma.) Now that conservative states such as Texas and Louisiana have passed tanning device bans, it may pave the way for other red states to pass legislation, she added. The likelihood of passing a federal ban is small, according to Guild, but the movement will build from the local level, similar to how restrictions on the sale of tobacco products to youth began on the state level. “It has become a state and community issue,” she said.
To stay on top of skin cancer, we need the most accurate and timely data related to the disease. Melanoma cases are currently being underreported. Diagnosing physicians are required by law to report melanoma cases to a national cancer registry. However, some melanomas diagnosed and treated in outpatient settings are underreported. Basal cell and squamous cell carcinomas are not reported to a national registry at all, but the Surgeon General recommends that better data on all these cancers be collected at the regional level. Now that electronic health record systems are commonplace in hospitals and doctor’s offices, collecting this data should be easier.

We also need to increase our understanding of UV exposure patterns in the US population. More research needs to be done to understand how much or how little UV exposure people are receiving each day around the country. We also need to improve our tracking of indoor tanning behaviors and investigate the impact that regulations have had on tanning incidence.

The hope is that by charting just how vast the problem is, we will come to understand how much we are all at risk. Then, by continually reviewing our skin cancer prevention efforts to date, we will be able to see what is working and what is not, so that we can eliminate what isn’t and develop better strategies to protect ourselves and our loved ones.

1. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2814441/ “Melanoma underreporting: why does it happen, how big is the problem, and how do we fix it?”