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Guest editorial

As I noted in the *Detroit News* article, rural residents are more than three times as likely to work outside in the sun than urban residents, and such exposure is a major risk factor for melanoma. In addition, as Shellenberger states in the study, fair-skinned individuals are more likely to get skin cancers, and the White population is a fifth higher in rural counties than in urban areas. There are also economic factors: typical is the case of a farmer I treated at Karmanos, who found an open sore on his scalp that wouldn't heal. But he was so busy working his farm that he put off seeking treatment, which made his subsequent surgery much more extensive. Further, the average per capita income in rural areas of Michigan is almost 18% below that in urban areas of the state, which may render health care costs and insurance coverage less affordable.

But a key factor is lack of access. The shortage of dermatologists nationwide has an especially devastating impact on rural areas. Providers in such communities often work alone, but worse still, as the study revealed, 38 of the state's 62 rural counties have no dermatologists at all. In contrast, Shellenberger notes, "Michigan has almost twice the number of dermatologists per capita practicing in urban counties," physicians who usually are more aware of the latest innovations in patient care and benefit from collaborations with colleagues to share best practices. They also earn better salaries, which as we know can be decisive in determining a

doctor's practice location when facing the spectre of school loans and the costs associated with establishing an office.

The COVID-19 pandemic showed us the possibilities of telehealth in expanding access to medical care and treatment, and in many settings it has become a standard, if not expected, mode of delivery. At the same time, the *Cancer Reports* research supports an increase in federal funding for dermatology residencies in order to address significant barriers – widening the pipeline -- to ensure the best and most equitable public health outcomes across the nation. In my view, providing medical students with both training opportunities and financial incentives to pursue specialties in underserved areas in rural Michigan and elsewhere offers the most effective long-term solution.



Steve Daveluy, MD, FAAD
Associate Professor & Program Director, Wayne State Dermatology
President, WSUSOM Alumni Board of Governors
President, Michigan Dermatological Society
Past President, Wayne Co. Medical Society of Southeast Michigan