Colorado Denver for their insights and guidance.

CONFLICTS OF INTEREST

No conflicts of interest.

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Growing Evidence for Barbershop-Based Interventions to Promote Health and Address Chronic Diseases

See also Wilson et al., p. 1131.

Wilson et al. (p. 1131) conducted a cluster randomized controlled trial and determined that a strengths-focused HIV prevention program aimed at increasing condom use among high-risk heterosexual Black men in Brooklyn, New York–based barbershops was acceptable to administer. Significantly more men in the intervention group than in the control group reported condomless sex. Their results contribute to the growing literature demonstrating that barbershop-based interventions have been effective in promoting health, preventing disease, and treating chronic conditions.[1,2] Barbershop-based interventions have the capacity to reach men, a segment of the population that is difficult to engage in health-related services or programming. Because customers attend barbershops on a regular basis (with most men frequenting a barbershop every two to three weeks),[3] these shops represent a unique setting for reaching men with ongoing health information and services.

18 000 BLACK-OWNED BARBERSHOPS

The more than 18 000 Black-owned barbershops in the United States represent important social and cultural settings for Black men. Barbershops are considered "safe places" where Black men gather and regularly discuss a variety of topics, including health. The role of shop owners and barbers has evolved over time; many serve as trusted community members, role models, and successful entrepreneurs. Barbershop owners and barbers have repeatedly demonstrated a willingness to participate in health programming and encourage their customers to take part in research studies and other public health interventions. Thus, Black barbershops are important community "hubs" where health issues are addressed.

Luque et al.[1] showed that barbershops were culturally appropriate venues for promoting health but could not make strong conclusions on effectiveness. However, Linnan et al.[2] concluded from a review that 73.3% of intervention studies involving barbershops and salons demonstrated statistically significant health outcomes and enrolled primarily underrepresented minorities.

RIGOROUSLY EVALUATED INTERVENTIONS

Victor et al. have conducted several cluster randomized trials in Black barbershops designed to address hypertension.[3,4] In the most recent trial,[4] participants with high blood pressure were assigned to one of two groups in which the aim was to control hypertension. In the first group, barbers promoted follow-up with pharmacists in the shops who prescribed and monitored a drug-intensification regimen (intervention). In the second group, barbers encouraged lifestyle modification and doctor appointments (control). Overall, 63.6% of participants in the intervention group achieved a blood pressure level below 130/80 mmHg, as compared with 11.7% of participants in the control group ($P < .001$). In addition, the intervention increased appropriate use of antihypertensive medications among participants.

As noted, Wilson et al. tested a strengths-based intervention in barbershops designed to reduce condomless sexual behavior as a means of preventing HIV among heterosexual men. Participants were randomized into a single, peer-led small group session focused on HIV risk reduction skills and follow-up or referral (intervention) or prostate cancer screening with similar coaching and follow-up or referral of high-risk individuals (control). Intervention participants (64.4%) were more likely than control participants (54.1%) to report no condomless sex (adjusted odds ratio [OR] = 1.61; 95% confidence interval [CI] = 1.05, 2.47).

Given the growing evidence of the effectiveness of barbershop-based interventions, what questions should be answered so that we can successfully implement, evaluate, and sustain future interventions?

ABOUT THE AUTHOR

Laura A. Linnan is with the Department of Health Behavior, University of North Carolina Gillings School of Global Public Health, Chapel Hill.

Correspondence should be sent to Laura A. Linnan, ScD, Department of Health Behavior, University of North Carolina Gillings School of Global Public Health, Rotunda Hall, CB #7440, Chapel Hill, NC 27599-7440 (e-mail: linnan@email.unc.edu). Reprints can be ordered at http://www.ajph.org by clicking the "Reprints" link.

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Which Interventions Should Be Offered?

The literature to date[1,2] confirms that a variety of health topics can be addressed in barbershops. Given the special relationship that barbers have with their customers and the fact that shops are safe yet social spaces for men, topics that might be off limits in other community settings are quite successfully addressed in barbershops. Formative research in collaboration with barbers, owners, and customers could identify the health topics, services, or programs of greatest interest and need in a given community. One example of this type of community-engaged research is the 20-year partnership between researchers and members of the North Carolina BEAUTY and Barbershop Advisory Board.[5] Board members alert researchers to the priority health needs of local communities so that funding can be pursued as a collaborative effort.

Which Components Are Effective?

The barbershop setting presents unique challenges and opportunities for intervention planning and implementation. Understanding how barbershops operate is important. Researchers must be respectful of the physical space, know which days (or times of the day) are busy or slow, and be mindful of how the barber and owner want to implement health initiatives. Space is typically at a premium in shops, so educational materials (e.g., mirror stickers, posters, handbills, displays, or banners) must be strategically positioned to maximize impact.

Barbershop interventions should carefully consider the role of the barber. If a barber encourages his customers to get involved, it is highly likely that they will. Barbers are often willing (and able) to be trained to deliver key aspects of an intervention, but compensation should be considered when extra work time or effort is required. Some projects require the barber to become directly involved in delivering a blood pressure check or making a referral.[3,4] Other effective interventions have barbers play a more encouraging or supportive role rather than engaging in direct service delivery.

More research is needed about the most appropriate role for the barber given the variety of health issues that might be addressed. In all cases, the fact that customers periodically drop in to barbershops (and do not necessarily have an appointment) presents some serious challenges with respect to customer recruitment and enrollment, intervention delivery, and follow-up assessments.

Which Barbershops Should Participate?

Privately owned Black barbershops in urban settings have been the focus of many interventions to date. We know that some barbershops cater to specific ages or ethnicities, so certain health programs may be of greater or lesser interest in certain shops. Given that barbershops are located in all types of communities, future research should also study differences between urban and rural barbershops and consider franchise locations that cater to men (versus privately owned shops). The loyalty that customers exhibit with barbers in traditional shops may not exist in franchise locations. Tailoring interventions to the type of shop will maximize the impact of interventions in these settings.

Given the promise of promoting health in these settings, more research is needed on how to match intervention strategies with different types of barbershops. In all cases, respecting shops as small businesses and looking for ways to enhance the success of business enterprises while engaging owners and customers in research or health programming can establish winning partnerships.

What Else Should Be Considered?

Understanding the costs of barbershop-based intervention efforts relative to work in other community settings will be important. Even if costs are reasonable, efforts to understand issues related to scaling up, disseminating, and sustaining barbershop interventions will involve another set of important research- and practice-based questions.[6] Although more research is always desirable, it is time to identify effective interventions and carefully adapt them to the shop setting or bring health care professionals or services into the barbershop directly.[5]

Owners, barbers, and their customers have demonstrated an interest in collaborating on health programming and services and can successfully engage their customers in participating. Rigorous program evaluation efforts, including randomized controlled trials such as that of Wilson et al., and designs that address implementation and dissemination questions can help move needed prevention and detection efforts into all communities where barbershops are found. When implemented, barbershop-based interventions may reach the most vulnerable populations with lifesaving health information and services. AJPH

Laura A. Linnan, ScD

CONFLICTS OF INTEREST

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