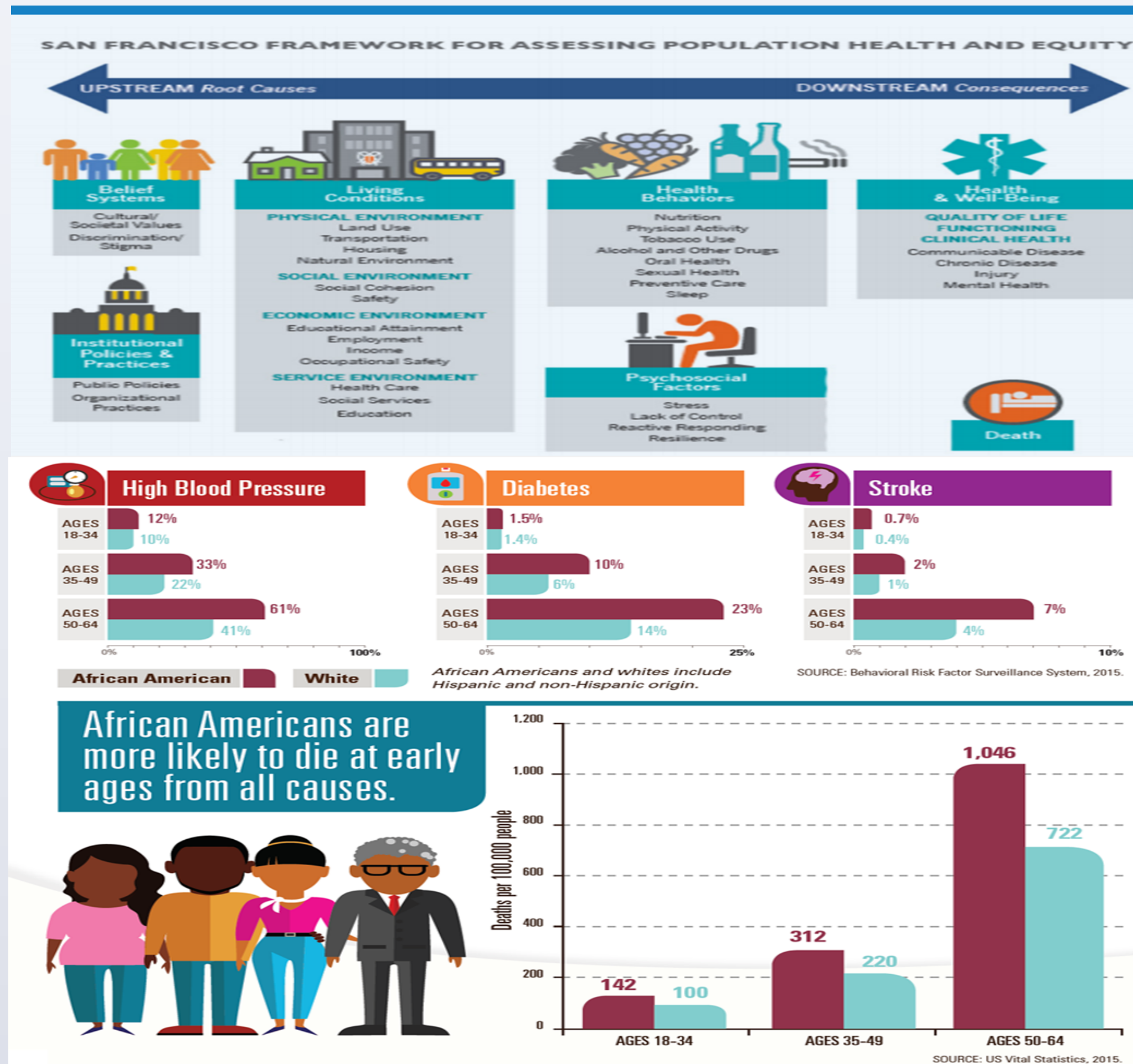


INTRODUCTION

- Due to the marginalization of African American (AA) men in the United States, this population is more at risk of not being offered the same opportunities leading to increased risk of incarceration, working jobs that have more hazardous risks and less health care benefits, and most importantly developing chronic medical conditions and substance use disorders leading to higher mortality rates more than white males.
- Health care access, lack of knowledge and limited health education, organizational distrust, perceptions of health based on masculinity ideology, and psychological factors are all contributing factors affecting health promoting behaviors in AA men. (Scott, 2009)



OBJECTIVES

For African American men, can a community-based outreach program embedded in local barbershops facilitated by barbershop owners (in collaboration with local community health centers) trained to provide health education, improve health literacy and improve rates of annual routine health screenings (completing prostate cancer screenings, if requested by participant, and blood pressure checks) in a 12-month period?

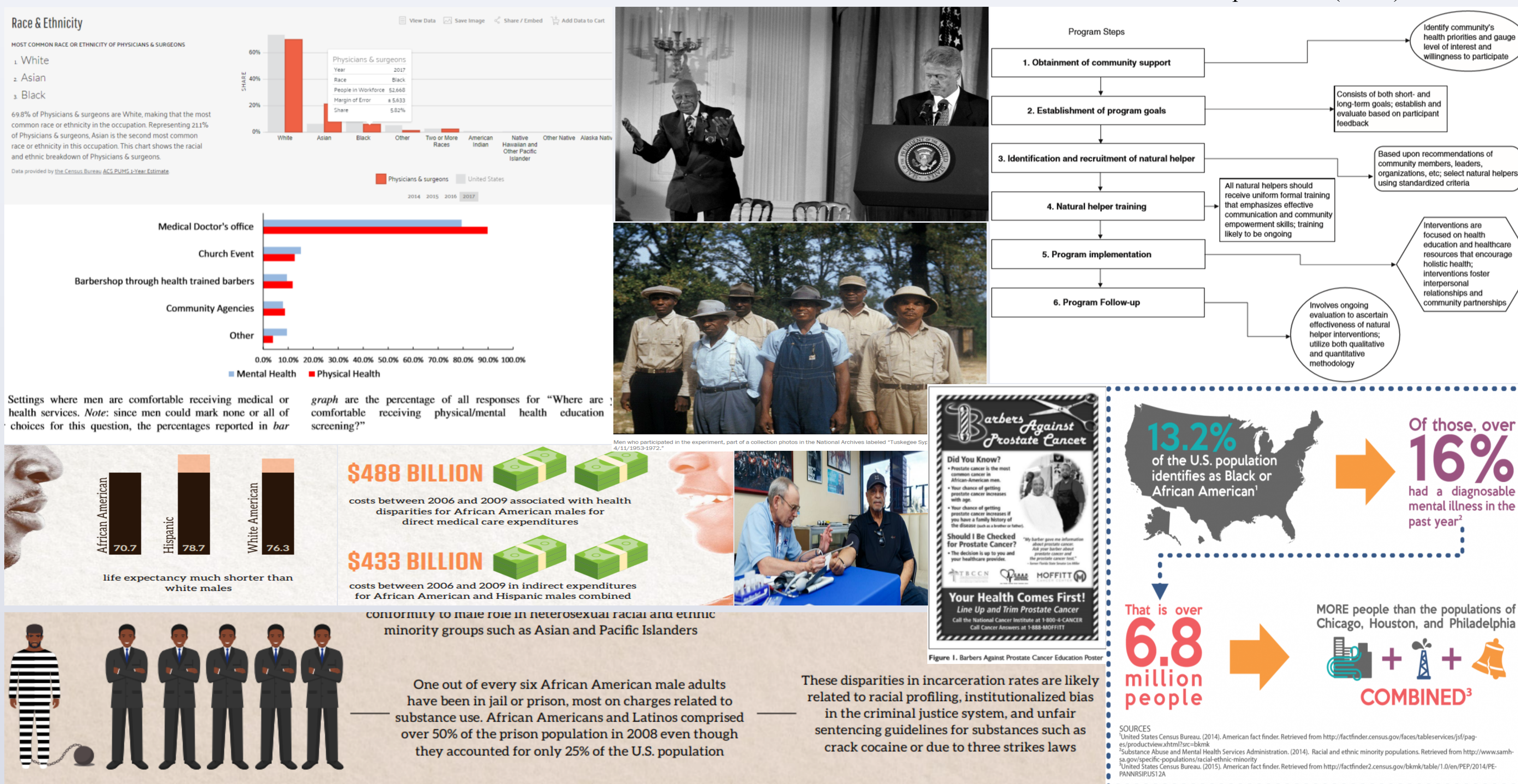


METHODS

7 Key studies were chosen:

- Effectiveness of a barber-based intervention for improving hypertension control in black men. (Victor et al., 2011)
- Assessment of the feasibility of barber-led sexual education for African American adolescent males. (Johnson et al., 2015)
- A survey of African American men in Chicago barbershops: Implications for the effectiveness of the barbershop model in the health promotion of African American men. (Moore et al., 2016)
- Assessing and promoting physical activity in African American barbershops: Results of the fitstop pilot study. (Linnan et al., 2011)
- Utilization of the natural helper model in health promotion targeting African American men. (Scott et al., 2009)
- Health promotion in barbershops: Balancing outreach and research in African American communities. (Relford et al., 2010)
- Barbershop communications on prostate cancer screening using barber health advisers. (Luque et al., 2011)

These studies provided background information on health disparities within the African American male population, conceptual frameworks, culturally appropriate interventions, and results that support the clinical question being proposed.



RESULTS

- Victor et al. (2011)**
- Improvement in BP readings in the intervention group which included provider follow-up.
 - Projection of “about 800 fewer myocardial infarctions, 550 fewer strokes, and 900 fewer deaths” in the first year alone, saving about \$98 million in CHD care and \$13 million in stroke care.
- Johnson et al. (2015)**
- Discussed importance of empowering barbers to see themselves as role models in their communities and not just members of a vocational trade.
- Moore et al. (2016)**
- Gathered details of the barbershop patrons (participants) via survey to develop interventions based on certain demographics such as geographical location, education level, or poverty level.
- Linnan et al. (2011)**
- Through the development of community organization partnerships, this could increase participant recruitment rates.
 - The amount spent per study participant was determined to be just a fraction of the cost that was recently spent in a recent smoking cessation study (\$106 versus \$750 cash incentive)
- Scott et al. (2009)**
- Introduction of the natural helper model (NHM) with a “natural helper” in a vulnerable community who can connect the most vulnerable populations to resources that can benefit them and improve their overall health.
- Relford et al. (2010)**
- Rigorous outreach process of contacting essential members and groups within a targeted community was adopted.
- Luque et al. (2011)**
- Postintervention survey results showed that AA barbershop clients were open to receiving information regarding prostate cancer, the prostate cancer screening process, and participating in research, when approached in a culturally appropriate manner.
 - Attention to detail of steps taken to develop a barbershop-based intervention program.

CONCLUSION

- The NHM can help key figures, like barbers, develop the confidence needed to acknowledge the major role they play in the AA male community.
- The barbershop should be a safe place for AA men to go to determine if they are at high risk for developing certain chronic medical conditions.
- The studies presented have shown to improve hypertension management and improve colon cancer screening rates.
- In the future, there should be more focus on training barbers in health promotion/education as some of the feedback from the studies were that some barbers reported not being confident enough in providing health education to certain age groups.



Barber Eric Muhammad takes patron Marc Sims' blood pressure. Photo by Cedars-Sinai.

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