

Empowering Community-Based Organizations to Replicate Beauty Salon-Based Health Initiatives

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"Start where you are, use what you have, do what you can."

AAIUH MANTRA

To achieve greatness

Start where you are

Use what you have

Do what you can

- Arthur Ashe



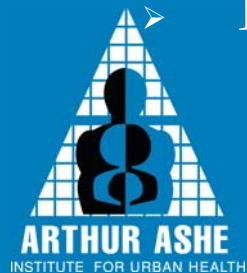
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NON-TRADITIONAL AAIUH MODELS

Utilize unique, comfortable and convenient venues to service communities in need.

Utilize salon-based initiatives as an engaging way of getting clientele to transfer their interest in personal appearance to personal health.

- Agape (1994) – African-American places of worship
- Black Pearls (1996) - African-American beauty salons
- Different Fades of Health (1997) - African-American barber shops
- First Impressions (2000) - Tattoo/Body Piercing parlors
- Nuestra Belleza (2001) - Latina beauty salons



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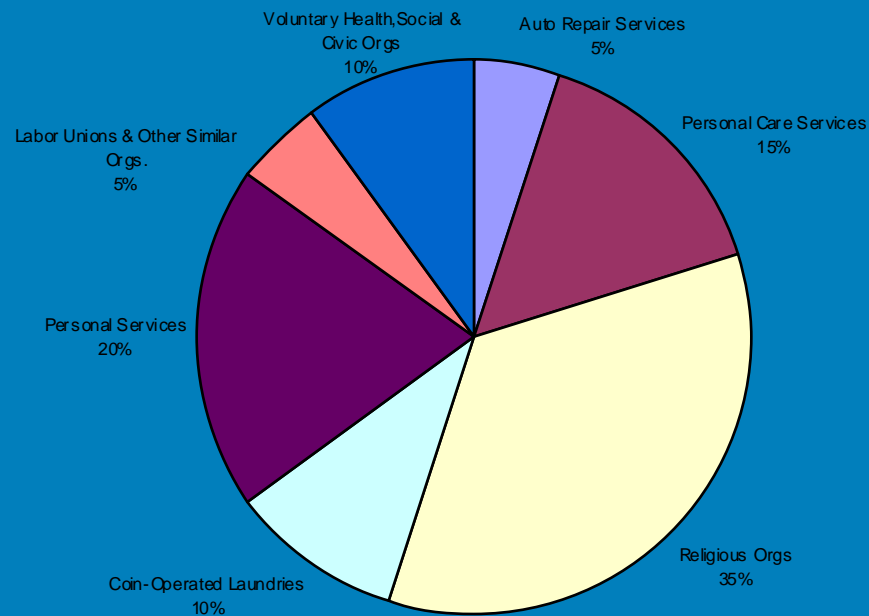
BACKGROUND

- In 2004, AAIUH received funding from GlaxoSmithKline to support evidence-based models of community health empowerment
- Replication of Black Pearls in West Philadelphia and Nuestra Belleza in North Philadelphia to conduct asthma and diabetes health education and screenings in beauty salons



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Service Businesses in North Philadelphia (excluding education, healthcare and social services)



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BACKGROUND

Partners:

AAIUH

Philadelphia Beauty Showcase National Historical Museum (PBS)

Asociación de Puertorriqueños en Marcha (APM)

Drexel University

Temple University

University of Pennsylvania

City of Philadelphia Mayor's Office of Health and Fitness



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PARTNERSHIP BENEFITS FOR CBOs

AAIUH

SOCIAL MARKETING OPPORTUNITY

Kick-Off Event To Showcase the Initiative
Further the Goals of CBOs

MENTORSHIP OPPORTUNITY

Build an Extended Community of CBOs that deliver non-traditional programming
Bolster CBOs' Influence in the Community

EDUCATIONAL OPPORTUNITY

Test the Replicability and Effectiveness of AAIUH programs in Different
Geographic Communities



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PARTNERSHIP BENEFITS FOR CBOs

PBS & APM

RESOURCES

- Partial Funding for CBO Outreach Worker
- Diabetes and Asthma Educational Materials
- Reporting and Evaluation Materials
- Donated Health and Beauty Products for Intervention

SUPPORT

- Project Manager Liaison for Monitoring, Counsel and Troubleshooting
- AAIUH Staff Attendance at CBO Events

STAFF TRAINING/PROFESSIONAL DEVELOPMENT

- Program Methodology
- Salon Recruitment Strategies
- Diabetes and Asthma Education and Delivery
- Evaluation Methods

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PROGRAM METHODOLOGY

- Pre-Intervention Group Knowledge Assessment (2 weeks)
 - 31-item self-administered survey on asthma/diabetes knowledge, attitude, behavior and demographics
 - Goal to obtain 30 questionnaires for each health topic in each of 20 beauty salons

- 15 minute Asthma and Diabetes Video Showings and Brochure Distribution (3 months)
 - Showing 3x each day when salon is busy
 - Implemented and Monitored by salon staff

- 1 Monthly Health and Beauty Day (H&B) with a Health Educator (3 months)
 - Goal to have 2 H&B days in each salon
 - Pre and Post surveys conducted for individual knowledge assessment
 - Screening Services - blood pressure, blood glucose and spirometry
 - Referral Services - academic, hospital and community-based health center partners
 - Goody Bags

- Post-Intervention Group Knowledge Assessment (2 weeks)
 - Goal to obtain 20 questionnaires for each health topic in each of 20 beauty salons



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SALON RECRUITMENT STRATEGIES

Gather Data

Generated a line list of beauty salons in selected zip codes (search by : telephone directories, the internet, personal contacts, and community walk-throughs)

Over-sampled by a factor of 3 to obtain 10 beauty salons in each target area

Pound the Pavement

Chose “bad hair days”/slow days (rainy day or early weekday, Mon-Wed) to visit salons and introduce program to owners.

Engaged salon owners to inform them of the program and to provide literature on the diabetes and asthma health issue in their surrounding salon community.

Conducted an interview with owner to ascertain:

- Salon licensure and ownership set-up
- Walk-ins vs Appointment scheduling
- Average number of customers on busy days
- Audio-Visual equipment needs

Conducted an inconspicuous (no dictation) site observation to assess:

- Size and Layout of salon
- Salon Dynamics during busy operating hours



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DIABETES & ASTHMA EDUCATION AND DELIVERY

Each salon received 3 months of diabetes and asthma health education, successively.

CBOs selected health educators who were local community health professionals or lay persons.

AAIUH trained health educators on program methodology and strategies on how to deliver health messages in a non-traditional setting (CAPPS).

Concise (30 min. max)

Approach conversation through anecdote

Position stylists to engage clients in conversation

Pose questions that are culturally familiar

Stress advocating for self and community needs

The “*Bad Hair Day* Rule of Flexibility” : cancel Health and Beauty Days in inclement weather.



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EVALUATION METHODS

➤ PROCESS

- Beauty Salon Recruitment and Retention
- Number of Pre-test/Post-test data collected
- Number of H&B days conducted
- Number of Clients Screened during H&B days
- Follow-up for Referrals
- Salon Stylists' Satisfaction with Program

➤ IMPACT

- Pre-test/Post-test survey analyses regarding asthma and diabetes Knowledge, Attitudes and Behaviors.



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PROCESS OUTCOMES

Eight (8) beauty salons in West Philadelphia and twelve (12) beauty salons in North Philadelphia were recruited and remained throughout the 6-month intervention period.

Six (6) of the 8 beauty salons in West Philadelphia and 9 of the 12 beauty salons in North had two (2) H&B days as planned.

In West Philadelphia there were data collection problems whereby no pre-test or post-test surveys were collected for asthma. However, the target collection of diabetes pre-tests (n=240) and post-test (n=160) surveys was reached.

In North Philadelphia the target collection of asthma pretest (n=353) and post-test (n=220) and diabetes pre-test (n=270) and post-test (n=190) surveys nearly reached expectations.



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PROCESS OUTCOMES

There were more requests for blood pressure screenings in West Philadelphia than in North Philadelphia. On the other hand, there were more requests for asthma and diabetes screenings in North Philadelphia than in West Philadelphia. This may be an indication of the particular health concerns in each community.

Of 10 salon stylists in West Philadelphia who filled out a satisfaction survey, 90% reported that the educational material was relevant and useful and 70% reported that they would refer the program to other stylists.

Of 8 salon stylists in North Philadelphia who filled out a satisfaction survey, 75% reported that the program met their expectations very well and 87.5% reported that the program was useful.



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IMPACT OUTCOMES

West Philadelphia:

Significant decrease in clients' belief/attitude about the question, "So many things cause children to get asthma that it does not matter what parents do."

Increase in clients' knowledge about the question, "Overweight people are more likely to get diabetes."

North Philadelphia:

Significant decreases in clients' belief/attitude about the questions, "There are so many dangers in life that diabetes is not a big risk." and "Diabetes is so common that nothing I do will change my chances of getting it."

Increase in clients' knowledge about the question, "Second-hand smoke can cause lung cancer."



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LESSONS LEARNED

1. Given the labor intensity of programming, it would have been better to conduct successive programming in the two target areas instead of concurrent programming.
2. Successful CBO partners have the capacity to commit staff time.
 - not less than 2 staff with a combined minimum of .85 FTEs
3. Academic institutions are a vital resource for obtaining student interns, resources/space for a program liaison and guidance on program evaluation.
4. A minimum of 4 health educators are needed to conduct a 3-month intervention concurrently in 10 beauty salons.
5. Health information delivered by health educators needs to be standardized.



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LESSONS LEARNED

6. There needs to be a better system for tracking referrals.
7. CBOs need increased training on evaluation and how to partner with academic institutions on evaluation endeavors.
8. Successful implementation occurs in beauty salons that have:
 - a clientele base of 20 on busy days
 - stylists who attend orientation meetings
 - owners who have personal experiences with the highlighted health issue(s)
 - owners who demonstrate an interest to foster the well-being of their clients.
9. Relationship-building is key.
 - Community outreach workers and/or student interns were “on the radar” of salon stylists either by calling and/or visiting weekly; not only to monitor programming but to ascertain how stylists’ businesses were doing.



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