

Spotlight on the Safety Net

*A Community Collaboration
David K. Jones*

Promoting Cancer Prevention Through Beauty Salons and Barbershops

The burden of cancer is greater for some population groups than others. African Americans have significantly lower life-expectancies than whites (69.8 years versus 75.7 among men, 76.5 years versus 80.8 among women), as well as the highest death rate and shortest survival rate in the United States for most cancers.¹ Because African American participation in traditional health promotion activities is lower than for other groups,² programs must be adapted or created that work for this segment of the population. Dr Laura Linnan, associate professor of health behavior and health education at the University of North Carolina at Chapel Hill School of Public Health and a member of the Lineberger Comprehensive Cancer Center, is leading the North Carolina BEAUTY and Health Project which seeks to use the social networks within North Carolina beauty salons to spread information to African American women about cancer prevention, detection, and treatment, as well as the importance of a healthy lifestyle. She has also been funded to conduct the Trimming Risk in Men (TRIM) research study to do the same for African American men through barbershops.

These programs have many advantages over general media campaigns in that information is shared from trusted peers (licensed stylists and barbers) and people come in contact with the preventive messages regularly during each salon visit, and for long periods of time while customers receive hair care services. Ironically, Philip Morris USA recognized the potential of this approach to market cigarettes in the 1980s as they considered paying stylists to promote Virginia Slims.³

NC BEAUTY and Health Project

Begun in 2000, the NC BEAUTY and Health Project (Bringing Education and Understanding to You) was based on research describing beauty salons as an important source of social interactions for African American women.⁴ According to Dr Linnan, salons are a particularly good site for health promotion for 4 reasons: reach, frequency of contact, duration of contact, and type of contact. For example, there are over 60 000 licensed stylists working in more than 11 000 salons in North Carolina,⁵ each serving as many as 155 clients per week.⁶ Dr Linnan's data suggests that women visit salons at least once every 8 weeks, with 17% making weekly visits.⁷ Unlike a visit to a doctor's office or clinic which can be very brief, women typically spend 2.5 to 3 hours per visit at each salon visit, depending upon the hair care services they receive. Observational studies have shown that approximately one-fifth (18%) of the conversations during this time are about health topics and 94% of licensed cosmetologists report regularly talking about health issues with their clients.⁷

To begin this work, Dr Linnan first created an advisory board of stakeholders, which included licensed cosmetologists, beauty school directors, a beauty product distributor, local health department representatives, community residents, and health professionals from the Cancer Information Service and the American Cancer Society. Since its creation, the BEAUTY advisory board has played an active role in guiding the development of the program, including stressing the importance of receiving support from local stylists.⁵ To do this, Dr Linnan's team surveyed stylists to find out whether they would be willing to participate, how they thought the program should operate, and what subjects they would feel comfortable talking about with their clients.⁷

Based on the results of this survey, a 7-week pilot study was conducted in 2 beauty salons. Stylists from these salons were trained on basic cancer prevention messages such as eating at least 5 fruits or vegetables per day, doing at least 30 minutes of physical activity per day, and calling the National Cancer Institute's 1-800-4-CANCER toll free phone number for cancer information. Each salon also received educational display materials which included a photo of the cosmetologists and an invitation for customers to "ask your cosmetologist for more information." The reaction from stylists was very positive, as most reported being "completely confident" about incorporating cancer prevention messages into their usual conversations.⁷

During the pilot study, almost all of the salon customers noticed the displays (98% of African American women, 96% of white women) and reported talking to their cosmetologist about the BEAUTY project during their visit (83% of African American women, 89% of white women). After 12 months, close to half (40%) reported having health-related conversations with their cosmetologist at “many” or “almost every” appointment, and a large number of customers remembered ever talking about maintaining a healthy weight (79%), getting 30 minutes of physical activity per day (73%), eating 5 fruits or vegetables per day (68%), not smoking (64%), and the NCI hotline (48%).⁷

After the success of the pilot program, Dr Linnan’s team worked with the advisory board to design a randomized trial of 40 salons used primarily by African American women. Ten salons acted as a control, displaying materials featuring health topics other than cancer, including foot care, stress management, or back injury prevention. To determine which type of cancer intervention would work best, 10 salons received cancer displays plus stylist training workshops, 10 received displays plus health magazines sent to their customers’ homes, and 10 received all 3. The intervention lasted 2 years, after which customers completed questionnaires describing fruit and vegetable intake, level of physical activity, level of fat in their diet, and whether they had gone for cancer screenings.⁵ Data from this trial are being analyzed and will soon be published.

TRIM

Dr Linnan’s team is also working to create a similar program targeting African American men in North Carolina. TRIM (Trimming Risk in Men) is designed to use barbershops as a source of information to help men make informed decisions about prostate and colorectal cancer screening.⁷ A 2-year pilot study trained a cohort of barbers as peer educators. As with beauty salons, interest in developing barbershop-based interventions has grown because of the potential reach and the frequency of contact men have with the intervention in these settings. Dr Linnan’s pilot data reveal that an average of 65 regular customers visit participating shops each week, of which 80% returned at least once every 3 weeks, and 85% reported trying to see the same barber each time. Although barbers initially reported that conversations about health are not typical, they felt very comfortable with the idea of bringing up health topics.⁸ Data from the pilot study are still being analyzed and will be published shortly.

If results from these studies are consistent with the initial BEAUTY pilot program, then this creative approach will serve as an effective model of sharing information on healthy lifestyles to large numbers of typically underserved populations in North Carolina. As Dr Linnan put it, “We know barbers and stylists are willing to promote health messages, and that customers are interested in receiving health information in these settings. Our research is focused on figuring out the right intervention methods and the right intensity of the intervention to produce the kind of changes we think are possible to promote health in these settings – that is an exciting challenge we are eager to pursue with our wonderful community collaborators.”⁹

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