



THE

BARBERSHOP AND SALON

Health Outreach Program Toolkit

Everything You Wanted to Know About Starting
And Sustaining a Barbershop and Salon Program

Presented by:

The Colorado Black Health Collaborative
Kaiser Permanente African American Center of
Excellence In Culturally Competent Care



The Kaiser Permanente African American Center of Excellence in Culturally Competent Care and the Colorado Black Health Collaborative are committed to providing the highest quality of care to the community. Inherent in this commitment is the goal to achieve health equity for all and eliminate health care disparities across all population groups.

The proliferation of retail health care clinics is a clear signal of the need to provide health care services beyond the walls of the traditional health care system.

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We are excited to present this preventive health toolkit to those that are interested in meeting people where they are to improve the overall health of the community.

The Colorado Black Health Collaborative and The Kaiser Permanente African American Center of Excellence in Culturally Competent Care are committed to providing the highest quality of care to the community. Inherent in this commitment is the goal to achieve health equity for all and eliminate health care disparities across all population groups. We know that in order to achieve this goal it is necessary to provide health care services beyond the walls of the traditional health care system. Connecting with people in barbershops, beauty shops, and salons is an excellent way to reach significant numbers of African Americans in a setting that is frequented, often. It is clear from our experience and as reported in the medical literature that this approach can be very effectively used to educate, screen, and refer priority populations.

In this toolkit, you will find useful tools, tips, examples, and resources to help you start and sustain an effective barbershop/salon health outreach program. We are sure that the information provided will allow you to move forward with ease. We consider this toolkit a living document that with your assistance and feedback will continue to grow and evolve. We welcome your questions or comments.

Thank you for your interest.

Sincerely,

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Introduction to the Toolkit

The Barbershop and Salon Health Outreach Program Toolkit (Toolkit) is a collaborative effort between the Colorado Black Health Collaborative (CBHC) and the Kaiser Permanente African American Center of Excellence (AACE), a community organization based in Denver, Colorado. The Toolkit is designed to empower community health workers, clinicians, and volunteers to launch, sustain, and monitor the success of an effective barbershop and salon outreach program.

While the primary focus of the Toolkit is on screening and education for hypertension, diabetes, and HIV, there are other health education and screening programs that can be conducted in a shop that may include, and aren't limited to, the following:

- Obesity assessment (e.g., body mass index or BMI)
- Physical assessments (e.g., height, weight, waist circumference, heart rate, blood pressure, grip strength, and step test)
- Cholesterol screening
- Health assessments
- Prostate cancer screening

This Toolkit was developed with flexibility in mind, allowing the users to customize their programs for their local communities and available resources. The following Table of Contents reflects the process of conceptualizing, designing, implementing, and analyzing a complete program.

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I. The Gaps That Guide: Health and Health Care Disparities

What's in a Name?

The terms African American and Black are often used interchangeably and represent a heterogeneous population from diverse religious groups, multiracial and ethnic backgrounds, and socioeconomic strata. The U.S. Census defines “Black or African American” as a person having origins in any of the Black racial groups of Africa.¹ In the scientific literature, the term Black may be used to include individuals of African descent who may not self-identify as Americans. For the purposes of the Toolkit, the term African American refers specifically to Blacks who identify as Americans whereas Black represents all people with African heritage who reside in the United States

Health and Health Care Disparities among African Americans/Blacks

African Americans/Blacks represent approximately 13% of the nation’s population and experience a disproportionate burden of cardiovascular disease relative to most population groups.^{2,3} For example, African Americans have:

- The highest rate of high blood pressure, 42.1%, relative to 28% among Whites, 26% among Latinos, and 24.7% among Asians;⁴
- Nearly twice the risk of first-ever strokes compared to Whites;⁵
- Significantly higher death rates for stroke than the general population;⁶
- The highest death rate from cardiovascular disease compared to the general population;⁷
- The highest age-adjusted rate of obesity, 47.8%, compared to 42.5% among Latinos, 32.6% among Whites, and 10.8% among Asians; and⁸
- Twice the rate of diabetes than Whites.⁹

In addition to concerns regarding cardiovascular disease, there are other health issues confronting the African American/Black community. For example, HIV impacts African Americans significantly, especially African American women, more than any other racial and ethnic group in the U.S.¹⁰ African American men are twice as likely to die from prostate cancer compared to White men. African American women have the highest rate of breast cancer death of all racial and ethnic groups and are 40% more likely to die of breast cancer than White women.^{11,12}

Also, African American/Black men are less likely to visit a doctor and less likely to access preventive care services even when they have health insurance.¹³ African American men are significantly less likely to visit a doctor compared with women.¹⁴ Before the establishment of the Affordable Care Act, African American/Blacks were significantly less likely to be insured compared to Whites.¹⁵ Even with coverage expansion under the Affordable Care Act, African Americans/Blacks may still be reluctant to access health care.



The need to reduce racial and ethnic disparities in health has been a priority concern of health care professionals and researchers for at least two decades, although positive outcomes for at-risk groups have often been elusive. Barbershops and salons are effective locations for community based health intervention programs and vehicles for health promotion. Focusing health outreach efforts in places outside the traditional clinical and community settings has shown promise in helping to reduce disparities in the Black population. In general, people are more likely to embrace their health in places where they gather voluntarily and feel comfortable with information they can understand and digest.

Researchers estimate that extending health care interventions to all of the approximately 18,000 Black-owned barbershops in the United States could result in 800 fewer heart attacks, 550 fewer strokes, and 900 fewer deaths among African American/Black men in the first year alone.¹⁶



II. A Trip to the Shop: A Cultural Experience

African American Cultural Perspectives

Before going into detail about the cultural institutions of the barbershop and salon, it is important to briefly explore the Dimensions of African American Culture as suggested by Boutte and Hill (2006).¹⁷ They describe culture succinctly as “the sum total of who we are.” Reviewing the dimensions briefly outlined below in Table 1 will provide a base, **however, caution should be taken not to stereotype or over generalize.** Each person is an individual and expresses culture in his or her own unique manner.

Dimensions of African American Culture
Spirituality: an approach to life as being essentially vitalistic rather than mechanistic with the conviction that nonmaterial forces influence people’s everyday lives.
Harmony: the notion that one’s fare is interrelated with other elements in the scheme of things, so that humankind and nature are harmonically conjoined.
Movement: an emphasis on the interweaving of movement, rhythm, percussiveness, music and dance, all of which are taken as central to psychological health.
Verve: a propensity for relatively high levels of stimulation and for action that is energetic and lively.
Affect: an emphasis on emotions and feelings, together with a specific sensitivity to emotional cues and a tendency to be emotionally expressive.
Communalism: a commitment to social connectedness, which includes an awareness of social bonds and responsibilities transcend individual privilege.
Expressive individualism: the cultivation of a distinctive personality and proclivity for spontaneous, genuine personal expression.
Oral tradition: a preference for oral/aural modes of communication in which both speaking and listening are treated as performances, and cultivation of oral virtuosity—the ability to use alliterative, metaphorically colorful, graphic forms of spoken language.
Social time perspectives: an orientation in which time is treated as passing through a social space rather than a material one, and in which time can be recurring, personal and phenomenological.

Table 1. Dimensions of African American Culture; Boutte and Hill, 2006

The African American Barbershop

At the barbershop, it is not just about a haircut or a shave, it is an experience. The barbershop is one of the most important social settings for African American men. It is a cultural space that facilitates exchange of ideas and discussions.

Barbering has an old and rich history and grew out of the courts of the European aristocracy. In the United States, some American slaves were chosen to learn the barbering trade. Slaves and free barbers were deemed the knights of the razor¹⁸ and took pride in their work and celebrated their skill with a razor. These knights, slaves and freed Blacks, capitalized on the growing White aversion to personal service by turning this into an opportunity to develop a trade, gain freedom in the case of slaves, gain respectability, and gain economic independence.¹⁹ Pre-civil war Black barbers competed against White barbers for White customers. As race relations deteriorated at the end of the 19th century, African American Barbers reinvented their business by serving the growing Black population in emerging cities and created modern day African American barbershops.²⁰ Barbering allowed African American men to rise from slaves to businessmen and leaders.



The African American barbershop is a fascinating place and an amazing cultural institution. It has been variously described as a “cultural thrift store of services and information,” an “African American men’s country club” a man’s space, a gathering place, a safe haven.^{21, 22, 23} Barbershops build on aspects of Black culture such as communalism, oral tradition, verve, and movement (e.g., call and response, co-narration, dramatic storytelling.) Culturally relevant magazines and signs usually are in place. It is a place where men come to confirm and affirm. It represents a social gathering where unfiltered dialogue about personal and social issues in their community is the norm.^{24, 25} Men in the shops talk about everything under the sun (e.g., religion, politics, relationships and life, troubles of the world.) Healthy doses of advice are doled out. Lessons are learned, empowerment occurs.

In recent times African American barbers have also served as peer educators, health promoters and health advocates to their clients.^{26, 27, 28, 29, 30} These trusted icons in the Black community offer an excellent resource for dealing with the health and wellness of a population that often doesn’t visit the doctor.

The Culture of the African American Beauty Shop and Salon

The African American beauty shop also exudes many of the elements of African American culture. African American beauty shops are very important and unique institutions for the African American/Black communities. A “trans-generational interlocking network of families,” aptly sums up this cultural haven.³¹ Browne noted that “African American women have a regular source of hair care, even as they at times lack access to a regular source of health care.” The African American/Black beauty shop has been described as the “neighborhood news-hole and advice haven”, centers of cultural production and economic exchange.^{32, 33, 34}

African American women have a long history of success in the hair industry. Early in the twentieth century Black women had limited employment opportunities due to racism. Owning and operating a beauty shop was one of the earliest

profitable professions an African American woman could pursue. They found a true niche in the hair business as small business owners.³⁵ Beauty salons represented a relatively easy way to start a business with access to a loyal consumer base.



“African American women have a regular source of hair care, even as they at times lack access to a regular source of health care.”

Browne, 2006

Black women frequent salons regularly (e.g., weekly, monthly, bimonthly), spending forty-five minutes to hours in the salon, depending on the services rendered.³⁶ For the consumer, the personal relationship with a trusted beautician is well worth the wait. Beauticians in the shops are deemed by some as “natural helpers or healers.”^{37,38} The beautician performs “emotional labor,” engaging in deeply personal conversations with the clients. These conversations exemplify the oral cultural tradition, exchanging family history and information.

The salons represent a supportive place where women can be pampered, cared for, advised, and counseled without judgment. It has an encouraging, relaxing, and empowering atmosphere. It is a safe place where they have freedom to exchange ideas, gossip, speak their minds, and weave intricate stories in a trusted environment. There is a lot of “cross talk” or group talk between the beauticians and the clients. “The beauty shop is the ideal combination of a captive audience and a trusted educator.”³⁹



III. Exploring the History of ‘Health in the Shops’

In 1978, the Association of Black Cardiologists in Baltimore, Maryland formed the first documented Black barbershop and church hypertension outreach program in the nation. Sparked by the work in Baltimore, the Healthy Heart Community Prevention Project in New Orleans, Louisiana has organized blood pressure, glucose, and cholesterol screenings in multiple locations including football games, barbershops, and salons since 1993.⁴⁰

In 2007, Bill Releford, DPM, founded the Black Barbershop Health Outreach Program. The initial program grew into a nationwide initiative to screen African American men in barbershops in many cities including Los Angeles, Sacramento, San Diego, St. Louis, Kansas City, Atlanta, Chicago, New York, and many others. In participating barbershops, men were screened for hypertension and diabetes with a strong focus on health education, addressing topics such as hypertension, diabetes, prostate cancer, colon cancer, and other important health issues. Clients without health insurance were referred to appropriate health care facilities, and those insured were advised to see their providers as needed.⁴¹ This program received national media attention on the television program “The View” and in publications such as the Los Angeles Times, Newsweek, and Jet magazine.



“Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love”.

The Ottawa Charter for Health Promotion

In 2012, the Colorado Black Health Collaborative (CBHC), working with the Colorado Kaiser Permanente African American Center of Excellence in Culturally Competent Care (AACE) launched the Black Barbershop and Salon Health Outreach Program (BBSHOP.) Many of the volunteers are from Kaiser Permanente Colorado’s African American Business Resource Group. The BBSHOP currently includes blood pressure screening, diabetes screening, health education, and referrals for those without health insurance or who are underinsured. In its first year of implementation, the BBSHOP trained 48 volunteers and logged 745 volunteer hours at 14 different barbershops and salons.⁴²

In 2014, the National Heart, Lung, and Blood Institute awarded the Cedars-Sinai Heart Institute \$8.5 million to conduct a clinical trial examining the effects of a barbershop hypertension program on uncontrolled hypertension among African American men residing in Los Angeles.⁴³ Funding at this level signals the value of alternative health care sites which offer a greater sense of familiarity, trust, and convenience for the control of chronic illnesses and hard to reach communities.



IV. Barbershop and Salon Health Outreach Program Models: Structure and Function



There are many models that can be applied to barbershops and salons. Four basic outreach models to consider when designing a barbershop and salon program, are described below based on the collective experience of the Colorado BBSHOP and review of the current literature. All of the models include health education with variation on who provides the health education and screening components. It is important to note that a doctor is not necessary to have a successful program. In fact, many of the models described in the literature do not have physician involvement. Any of the models can be modified or alternate models developed to fit the needs and resources of the program designers.

- Shop Owner or Operator Model⁴⁴
The Shop Owner or Operator Model is just as its title describes. The shop owners are doing the on the ground work after they have been trained by a medical professional. This model entails health education with an option to screen and refer, if desired. The shop owner or operator receives approximately four to ten hours of training from a medical professional depending on the services provided. The medical professionals provide limited oversight and are not directly involved in shop activities. Please note that if screening and referral are integrated into this model it may be harder to sustain the program long term without financial support to the owners, as the shop is a business first.
- Volunteer Screening, Education and Referral Model
The Volunteer Screening, Health Education and Referral Model utilizes lay volunteers and various medical volunteers (e.g., Registered Nurses, Licensed Vocational Nurses, Medical Assistants.) The volunteers provide screening and/or health education, and referral. All volunteers receive three hours of offsite education which includes hands on demonstrations.ⁱ One hour of onsite observation takes place during the first shift at a shop. Volunteers are usually proficient after their first screening activity. This model DOES NOT utilize doctors. An enhancement of this model would include a registered nurse serving in an oversight capacity working from pre-determined guidelines set by the BBSHOP.
- 1. Physician Oversight Model
The Physician Oversight Model is led by a physician or a team of physicians who provide supervisory support to all volunteers on the team. The physician and volunteers can provide health education, screenings, and referrals. However, the physician may be available for more advanced counseling needs or medical questions. Depending on state regulations, advanced care practitioners (e.g., Physician Assistants, Nurse Practitioners) can also serve a similar oversight role.
- Hybrid Model
The flexible hybrid model does just what its name implies. The model employs a combination of the three models above.

ⁱ. This requires a more formal training process for the volunteers. Refer to Section VII: Volunteer Knowledge Infusion: Training.



V. Preparing the Landscape: Building the Foundation for Success



Goals of the Black Barbershop and Salon Health Outreach Program

Specific goals should be established before launching a BBSHOP. This will define the key elements and metrics in order to assess the program's impact. Examples of goals for the BBSHOP include:

- Increase awareness of the importance of screening for high blood pressure or other chronic diseases;
- Increase community capacity and efficacy to care for itself;
- Facilitate education, detection, and referral to appropriate health care providers and thus reduce health care disparities;
- Increase accessibility to health care services beyond the traditional health care setting; and

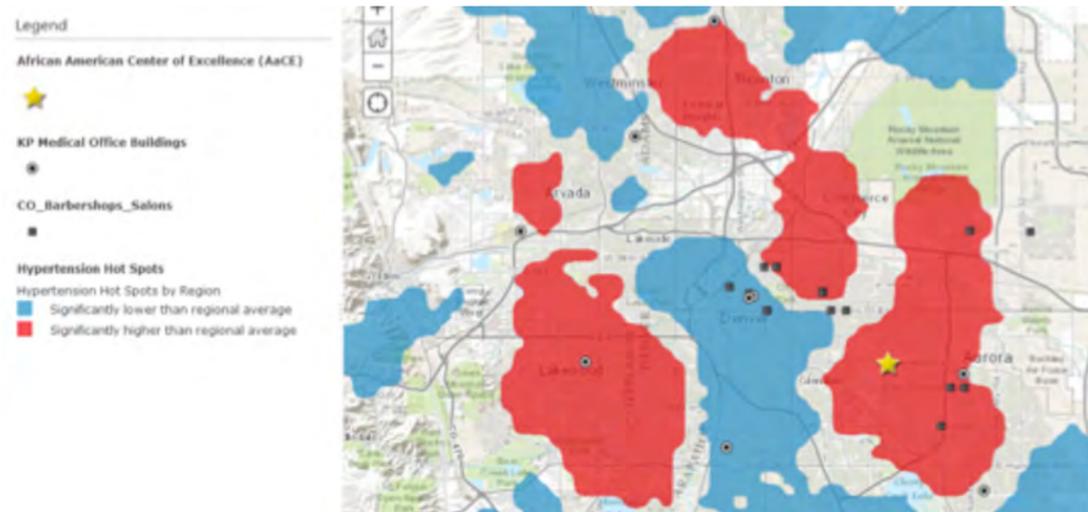
Data Gathering

Geographic Information Systems Mapping

A geographic information system (GIS) is a mapping software program that captures geographic information in the form of maps, reports, and charts. GIS mapping allows users to visualize relationships between data sets in order to problem solve by looking at data in a visual format. For example, Kaiser Permanente has the capability to map hypertension rates and overlay the community barbershops and salons on one map. Featured below is a map from the Kaiser Permanente AACE that illustrates several of the current barbershop locations that are in the zones with significantly higher rates of hypertension. Also contained on this map are the Kaiser Permanente Colorado facilities relative to the shops.

Community Health Needs Assessment

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, added new requirements, which nonprofit hospital organizations must satisfy to maintain their tax-exempt status under section 501(c)3 of the Internal Revenue Code. One such requirement added by the ACA, Section 501(r) of the Code, requires nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) at least once every three years. As part of the CHNA, each hospital is required to collect input from designated individuals in the community, including public health experts as well as members, representatives or leaders of low-income, minority, and medically underserved populations and individuals with chronic conditions.



GIS map of the Denver and Aurora, Colorado metropolitan area with areas of significantly higher levels of hypertension highlighted in red.

Disparity Reports

Access to health disparity data is more widely available than ever, especially for preventive measures such as cancer screenings (e.g., breast, colorectal, etc.), glucose checks, and high blood pressure. Nationally, the Agency for Healthcare Research and Quality releases the annual National Healthcare Disparities Report. In 2012, the Centers for Disease Control released its first Health Disparities & Inequalities Report. In addition, the Healthy People decennial reports bring focus to various health disparity metrics among U.S. populations.

Budget

The cost of designing, implementing, and analyzing a barbershop and salon program can be relatively nothing to millions depending on the scope of the program and the services rendered.⁴⁵ The early identification of hypertension and diabetes can save significant costs in the long term by preventing serious complications, so even a small investment can be fruitful. A modest budget approach would involve utilizing all volunteers that provide blood pressure screening, education and referrals. The only costs would be automated blood pressure cuffs, batteries, and paper products, such as results cards and log sheets. Creativity when thinking about the funds or financial resources available to start a program is essential.

Blank business cards for sharing metrics and plain note paper as the log sheet may be used for a low cost program. A basic program can operate with minimal funding and in-kind support, but to have the greatest impact financial support is necessary.

The sample budget found in Appendix A outlines the costs associated with establishing a basic hypertension and blood glucose screening program at low cost. The estimates may vary by geographic location and many of the items can be purchased online. In kind donations and grants provide great opportunities to support many, if not all, aspects of the program. Note that glucose screening tends to be more costly due to the replacement expense of blood glucose testing strips. Additional sample budgets illustrating higher end costs are available upon request.



Legal Considerations: HIPAA and Liability

Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law overseen by the U.S. Department of Health and Human Services, Office of Civil Rights. Enacted in 1996, HIPAA was created to:

- Protect employees' insurance rights when they lose or change jobs;
- Protect the privacy and security of patients' personal health information;
- Create a national standard for electronic health care transactions; and
- Enhance the efficiency and the effectiveness of the health care system.

HIPAA privacy regulations focus on:

- Individually identifiable health information, which means it identifies the patient or could be used to identify the patient;
- Paper or electronic patient health or medical records;
- Patient health information exchanged verbally;
- Information relating to the past, present, or future mental or physical condition of an individual;
- Research data that identifies specific patients.

Health information gathered at a BBSHOP program may be covered by HIPAA. It all depends on what information is gathered which determines whether a written Notice of Privacy Practices (Notice) needs to be provided to participants.

Health information gathered at a BBSHOP may be covered by HIPAA. In general:

1. If the BBSHOP participant's information is provided to them and the program does not retain any of the information in any format, then a Notice does not need to be provided to the individuals.
2. If the BBSHOP retains information that identifies specific individuals, then HIPAA regulations may apply and the individuals must be provided with a Notice.
3. If information in any format is retained, the BBSHOP must clearly inform the individual (in writing) exactly what data will be retained, how it will be maintained, and what the program is planning to do with it and a Notice must be provided.

If you are gathering data with no identifiers which cannot be linked to specific individuals, such as information that will be used for statistical purposes only, then a Notice to participants is not required. Participants can be provided with a disclaimer which clearly states that the information in this latter circumstance is not covered by federal or state privacy rules.



Liability

In general, this may be considered a low liability activity. Check with your local legal department or the community organization you are working with regarding liability insurance for any planned events.

Community Building

Community Groundtruthing

The term “groundtruthing” has military origins and refers to assessing, researching, and mapping out a geographic region via personal relationships “on the ground.” Groundtruthing has applicability in community outreach work in that effective community outreach relies on the strength of its face-to-face relationships and the identification of cultural perspectives.

To lead a successful barbershop and salon outreach program, it's essential to engage in groundtruthing and explore the recommended elements that include the following:

- **Visiting the shop(s):** What is the size, layout, number of operators/chairs, and traffic flow?
- **Identifying the physical layout of each shop:** Does the configuration allow enough space for the set-up, e.g. a small card table with your supplies, chairs, etc.?
- **Learning about the culture of each shop:** Does the owner value health? How does the owner view “visitors” who are not paid patrons?
- **Assessing receptivity of the owners and the clients:** Is the shop owner interested? Is the shop owner welcoming of the program? Do the clients find the program valuable?
- **Maintaining business as usual:** Are there ways to insure that the program does not impede the flow of regular business?

Community Partnerships

Establishing community partnerships is an integral component to a flourishing barbershop and salon outreach program. It is vital to reach out to various community based organizations to assist in the collection of supportive materials, volunteer participation, grants and in kind contributions. For example, cultural brokers,ⁱⁱ community health clinics, health collaborative organizations, sororities, fraternities and cultural and disease specific advocacy groups can provide guidance to help navigate successfully in the community. These organizations may already have established relationships with the various salons and barbershops in the community. In addition, nursing schools, nursing associations, churches, local universities, the American Heart Association, and the American Diabetes Association are good resources.

Please note that when creating volunteer programs that are in racial and ethnic communities, a majority of the program's volunteers and promotional materials need to reflect the community being served. Respecting issues such as these will maintain the level of comfort, familiarity, and trust that community members have in their local salons and barbershops, and in turn, will allow the program to be more successful in its outreach efforts.

ⁱⁱ. Cultural brokers are individuals who act as “bridges link[ing] or mediat[ing] between persons or groups from differing cultural backgrounds for the purpose of reducing conflict or producing change” Source: National Center for Cultural Competence: <http://nccc.georgetown.edu/resources/brokering.html>.

Volunteer Recruitment and Management

Volunteers are valuable to this program in many ways. Community volunteers often have a finger on the pulse of the community, and help insure the sustainability of the program. Kaiser Permanente has an excellent base of potential volunteers for a BBSHOP.

- Kaiser Permanente Cares

This website provides an efficient way to list and search for volunteer opportunities. Kaiser Permanente Cares (<https://www.easymatch.com/kpcares/>), is also a tool to support, manage, and track team volunteer activities, enabling those who want to lead community service efforts to recruit and recognize volunteers. This is an important resource that may assist in reaching out and identifying volunteers that may not be otherwise accessible.

- Enlist college or advanced degree student volunteers through your local colleges, universities, and medical schools.



For all potential volunteers or groups, share the following information so that they understand their work is important and valuable:

- This is a novel, and unique method of community outreach and service
- Even in a busy medical practice, one can get involved in community outreach
- The community being served benefits in many ways
- This is an opportunity to be a part of a national effort to improve the health of the African American/Black community

Volunteer Monitoring System

It is important to develop a volunteer monitoring system as the recruitment of volunteers grows. This may entail:

- A manual log system (e.g., track volunteers, hours, shop assignments, etc.)
- Websites or other online systems containing information and shop calendars that give the dates, number of volunteers needed, and volunteers that have already signed up
- Volunteer metrics (e.g. track hours electronically or manually and any other related projects. Consider awards or rewards)

Recruiting Shops

After conducting the GIS mapping, groundtruthing, and determining which shops and salons to approach, the next step involves reaching out to shop owners to determine interest, and determining the number of volunteers the shop can handle. In general, ideal shops should have a minimum of three chairs and enough customers to anticipate screening 12-20 clients per session. Based on the Colorado BBSHOP experience, some helpful tips for approaching owners can be found below in Table 2.



Helpful Tips When Approaching Barbershop and Salon Owners	
1	Choose a time that is convenient for the owner. Shops are frequently closed on Mondays so this could be a good day to talk with the owner. Call in advance to determine a good time.
2	Keep the message personal, informative, but brief.
3	Be patient. It may take a few tries to connect with the owner.
4	Engage in conversation in person with the owner about how the program can benefit their clients/patrons and the community. If you have held the program at other barbershop/salons, let them know the number of people reached and potential of others that may be reached. Describe places where patrons can go for follow-up and future medical care and how this will benefit their clients. An outreach program can lead to healthier customers who come more often to get their hair done.
5	Use social media communication and videos that will explain the program to shop owners or operators. The following is a promotional video from the Colorado Black Health Collaborative BBSHOP and Kaiser Permanente African American Center of Excellence in Culturally Competent Care.
6	Talk about the periodic news media coverage which again can serve as “free” advertisement.
7	Mention that you recognize that this is a business and the program will not slow down the business. This message should be emphasized.

Table 2. Helpful Tips When Approaching Barbershop and Salon Owners

Materials/Supplies

A comprehensive supply list developed in advance will facilitate a smooth operation for the proposed activities. In addition, insuring that there are extra copies of educational materials, a sufficient number of giveaways, and healthy samples of food to share, if possible, is also important. Please see [Appendix B: Supply Checklist](#).

VI. The “Nitty Gritty”: Process Overview

In addition to the establishment of overall project concepts, the SERT (Screen, Educate, Refer, and Track) model is a simple way to remember the areas of focus for BBSHOP outreach efforts. These concepts do not have to be applied in the sequence listed nor do they all have to be utilized. Any one or all of the elements could be utilized.

Screen

- Screen for the disease(s) of focus, for example, high blood pressure or abnormal glucose levels. For capturing individual clients results for collective efficacy and evaluation purposes, see [Appendix I: Sample Log Sheet](#).
- Screening results should only be given to the client (if less than 18 years old, may be given to parent or guardian)
- When conducting HIV screening, respect for the clients’ confidentiality is of utmost importance

Educate

- “Educate” refers to the volunteers and the clients/patrons at the shops.
- **Volunteers:** Volunteers don’t have to be medical professionals to conduct blood pressure screenings. All volunteers should be trained thoroughly according to the program goals. **Please note that lipid/cholesterol screens and HIV testing should be conducted by specially trained volunteers or professionals.**
- **Shop/Salon Clients:** When possible, conducting individual counseling and education services is highly recommended. Education is just as important as screening. Even if the blood pressure is normal, it is important to take the opportunity and share the importance of a living a healthy lifestyle. If possible, reinforce the information shared by providing health education handouts.

Refer (For Blood Pressure Screening)

- In general, refer means to encourage clients to engage with a provider on a regular basis regarding health concerns/needs, routine screenings or evaluations, and their general wellness. The visit to the shop or salon should not be considered their only source of care.
- Please note that clients at the shop may or may not have health insurance. Use the following as a guide when dealing with either of these situations:
- **Uninsured:** Provide information to local providers that don’t require insurance and/or provide services on a sliding –scale – fee. You may also provide them with information on low cost health insurance options.
- **Insured:** Empower the client to follow up with his/her own provider and establish a relationship so that they have a trusted partner for their wellness.
- For clients with abnormal blood pressure readings, referrals should be made based on the information below:
Emergent: If the client has very high blood pressure (i.e., greater than 180/110 mmHg) with other symptoms, referral to the Emergency Department is recommended.
Non-emergent: For others with non-emergent elevations, refer to a health provider. This helps promote the practice of seeking care on a regular basis as a preventative measure and promotion of good health.



Track:

- Developing a system to track the clients with high blood pressure is an option for programs. HIPAA approval does not apply to barbershop and salon programs managed by community groups. In this instance, the groups are not administering care or treatment for the identified condition. Consequently, HIPAA is not required. Community groups that choose to track clients may want to develop a confidentiality document that addresses safeguarding any information they may obtain to track clients with abnormal metrics.

Shop Logistics

The BBSHOP should be advertised as a free service to the community. It is important to schedule the outreach efforts on dates and times that are convenient for the shops as well as the volunteers. Each session should last a minimum of four hours. To maximize organizing efforts, it is recommended that one to two shops per session perform the outreach program. Services should be advertised as free of charge on all marketing materials. Determine the number of volunteers needed in advance based on the screening model you choose and the size of the shop.

Setting up the shops becomes a ritual after a few visits. The Colorado BBSHOP laughs about the times they have fit a square peg in a round hole. Volunteers set up the portable stations (e.g., table and chairs), the client log, metric cards, handouts, and giveaways, if available. Utilization of the supplies check list insures that all necessary items have been brought to the event.

Since many shops work with limited space, it is critical to utilize the available space as best as possible to conduct screenings while maintaining adequate space for clients and volunteers to move around and feel comfortable. Please see Appendix C for a diagram of a shop that provides both blood pressure and blood glucose screening in a shop that is roughly ten by ten square foot area. Be prepared to bring chairs for your volunteers to sit in. Special attention should be paid to not utilizing the seats intended for the clients.

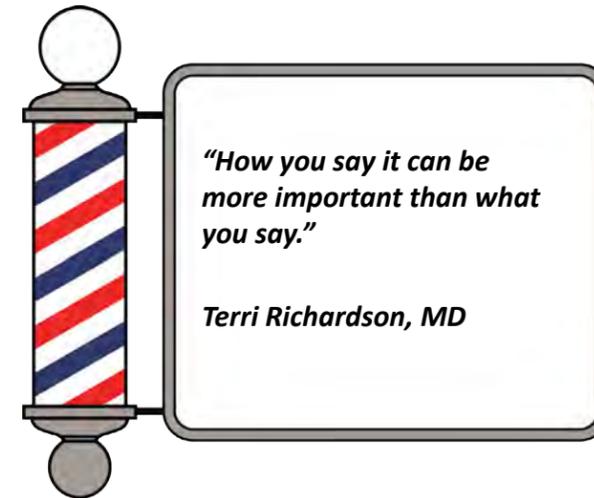
Remember that barbershops are a business first and that the BBSHOP shouldn't impede the regular flow of business. For example, spend five to ten minutes with clients if they have to wait for their hair cut prior to receiving the service. An alternate opportunity is to catch them after their hair cut or other service.



Customizing Your Training to Your Audience

Training diverse audiences requires flexibility and the ability to modify the pace when necessary. With audiences composed primarily of lay volunteers, the information must be presented slowly and more time for questions must be allowed. In contrast, an audience composed of trained medical professionals will likely already have a solid grasp of the material and will require less time to review the clinical concepts but more time may be necessary for training on the culturally relevant information, as well as shop processes. For lay volunteers, most of the training time should be spent on the basic health information and how to use equipment properly.

Communication Skills/Language Matters



Effective communication skills are paramount in establishing trust and conveying health messages to clients. Maintaining a friendly and respectful demeanor may attract more potential clients to participate in the program.

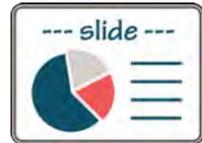
Three helpful communication models to consider when working with clients are the "Acknowledge, Introduce, Duration, Explanation, and Thank You" or AIDET model that can be found in [Appendix D](#). The other communication models are the LEARN model, found in Appendix E, and the Four Habits Model in Appendix F. The following communication tips may be helpful when interacting with a client at a shop:

- Use open body language. Avoid crossing arms or looking down at the ground when speaking with a client.
- Maintain eye contact. Looking away while talking may make the client feel uncomfortable.
- Invite potential clients to the screening table. The only way to know if a client is interested is to ask.
- Avoid the word "practice" when working in the shop. Clients may view the term practice as an opportunity for the volunteer to experiment on a client instead of providing a thoughtful and caring service.
- Give the client full attention and respect by focusing on the client. If necessary, take a brief break; have a healthy snack and rest after seeing a few clients.
- Follow the lead of the client regarding handshaking and hugging while respecting your own physical boundaries.

Blood Pressure Screening Training Materials

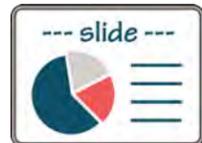
What follows is a suggested outline for a comprehensive blood pressure training program for lay volunteers. As mentioned previously, the content can be tailored and elements discussed based on the needs of the specific program. The following information was formatted to be easily adapted into a slide deck.

1. Hypertension Basics



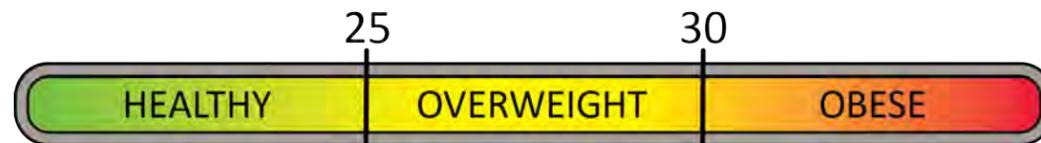
What Is High Blood Pressure?

High blood pressure or hypertension is present when excessive pressure is present inside blood vessels. Blood may not flow as easily as it should, which puts added strain on the heart. The extra pressure in blood vessels causes damage over time. The damage can lead to heart attack, stroke, kidney problems, visual loss, and leg circulation problems.

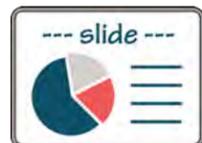


Risk Factors for Hypertension

- Family history
- High sodium diet: Please see page 32 for more information.
- Overweight and obesity: A body mass index (BMI) of 25 and above. BMI is a standardized estimate of a person's relative body fat calculated from height and weight.



- Physical inactivity
- Race: Hypertension is more common among Blacks in the U.S.
- Drinking too much alcohol.
- Advanced age



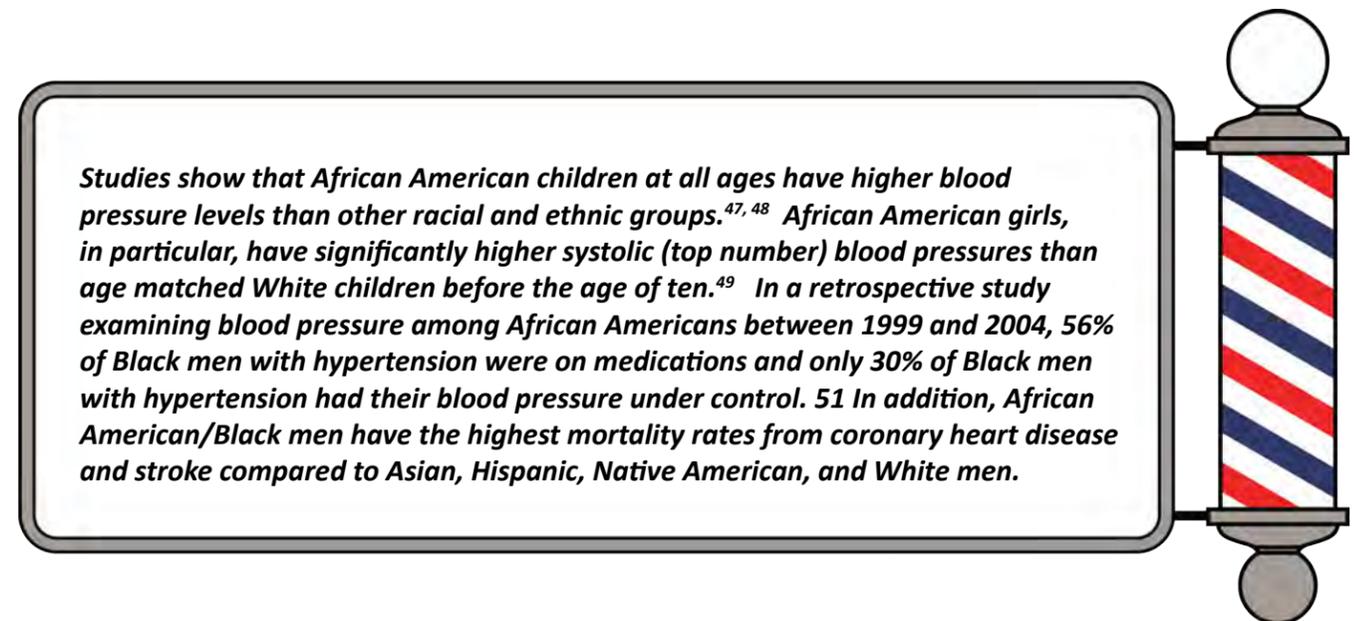
Complications from Hypertension

- Increased risk for heart disease and stroke.
- Hypertensive end stage renal (kidney) disease.
- Increased risk for left ventricular hypertrophy (thickening of the heart muscle) which can lead to cardiovascular disease.

African Americans and Hypertension



Since the 1930's, African American adults have higher blood pressure values than White adults. African Americans have an earlier onset and more aggressive level of hypertension with more severe organ damage than other groups. In 2008, Dr. David Satcher, former Surgeon General, identified access to care, physician management, patient adherence, and hypertension severity or physiological difference in response to treatment, as the four major challenges to African Americans/Blacks with hypertension.⁴⁶



Studies show that African American children at all ages have higher blood pressure levels than other racial and ethnic groups.^{47, 48} African American girls, in particular, have significantly higher systolic (top number) blood pressures than age matched White children before the age of ten.⁴⁹ In a retrospective study examining blood pressure among African Americans between 1999 and 2004, 56% of Black men with hypertension were on medications and only 30% of Black men with hypertension had their blood pressure under control. 51 In addition, African American/Black men have the highest mortality rates from coronary heart disease and stroke compared to Asian, Hispanic, Native American, and White men.

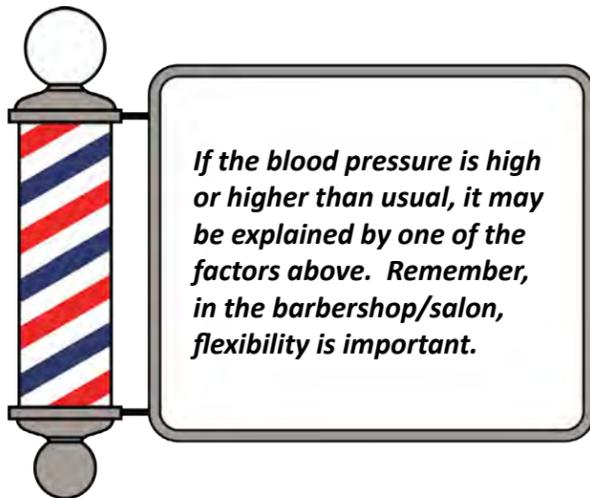
2. Obtaining Accurate Blood Pressure Readings

Preparing the Client for Blood Pressure Reading

Before taking the blood pressure, it is best to ensure that the following criteria are met:

- Empty bladder before hand
- Avoid caffeine (e.g., coffee, soda pop, etc.) for thirty minutes before
- Not talk or text during measurement
- Not walk around prior to being measured
- Not smoke (within one hour)

Bear in mind that these criteria may be more difficult to achieve in a community setting.



When measuring blood pressure, try to follow these rules as best as possible:

- Rest or sit for five minutes, ideally, but may be thirty seconds in a busy shop
- Sit in a chair with both back and arm supported
- Lay both feet flat on the floor with legs uncrossed
- Roll sleeve up to expose a bare arm. Avoid taking blood pressure over clothing
- Rest arm on table and preferably use the left arm
- Hold arm at the level of the heart, if table not available
- Keep the arm still. Don't move the arm
- Avoid talking and/or texting

Special Considerations When Taking Blood Pressure

- Blood pressure readings will vary during the day
- Blood pressure is affected by immediate surroundings and events
- Blood pressure may go up during a visit to the doctor. This is called "white coat hypertension"
- Blood pressure is dynamic; wait a few minutes between measurements, if possible

Blood Pressure Measurement Methods

Using an Automatic Blood Pressure Monitor

Note that an automated cuff is preferred, as the shops tend to be noisy.

- Read instructions that came with the monitor or cuff.
- Wrap on upper arm at one and one-half (1 ½) inches above the elbow (inner) bend.
- Cuff should fit snugly allowing for one finger to fit underneath.
- Tubing of cuff should run down inner arm from bend of elbow. Keep tubing straight.
- Push the on button or the start button followed by the on button.
- Numbers appear on the monitor screen of the blood pressure monitor: systolic (i.e., top number), diastolic (i.e., bottom number) and pulse (i.e., heart beat).

Blood Pressure Cuff Related Errors

These things can lead to an inaccurate blood pressure:

- Using a regular cuff (up to 13.3 inches) when a larger one is needed (this is extremely common);
- Using a large cuff (13.7 – 17.3 inches) when an extra-large or "thigh size" cuff is needed;
- Not using a "thigh size cuff" (17.7 – 20.4 inches) on very obese persons when upper limits are reached;
- Not using other "pulse points" when necessary (e.g., wrist, although, in general, not a preferred location).



Example of Digital cuff with comfi- Cuff
Preferred in the shops



Example of Aneroid Cuff
Difficult to hear above shop noise

3. Interpretation of Blood Pressure Reading

There are four basic categories for blood pressure readings, which are outlined in Table 3 below.

Blood Pressure Category	Systolic	Diastolic
Normal	Less than 120 mmHg	Less than 80 mmHg
Pre-hypertension	120-139 mmHg	80-89 mmHg
Stage 1 Hypertension	140-159 mmHg	90-99 mmHg
Stage 2 Hypertension	160 or higher mmHg	100 mmHg or higher

Table 3. Blood Pressure Categories for Adults Aged 18-59*



Treatment Goals & Recommendations

In 2014, the Eighth Joint National Committee recommended treatment for a blood pressure goal less than 150/90 mmHg for persons aged 60 and older without diabetes mellitus and/or chronic kidney disease. For persons under 60 years of age without diabetes mellitus and/or chronic kidney disease, the recommended treatment for a blood pressure goal is less than 140/90 mmHg.⁵⁰ Medical professionals are still discussing adoption of this recommendation specifically for the African American community age 60 and above.

Responding to a Very High Blood Pressure → 180/110 mmHg

- If there are symptoms (e.g., dizziness, headache, chest pain, shortness of breath), recommend receiving immediate medical attention
- If there are no symptoms, recommend seeing a provider that day
- Document recommendations on the log sheet or other mechanism as outlined by program leaders

Blood Pressure Screening Recommendations

The optimal interval for screening adults for hypertension is unknown. The Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure recommends:

- Screening every two years with blood pressure <120/80 mmHg
- Screening every year with systolic blood pressure of 120-139 mmHg or a diastolic blood pressure of 80-90 mmHg

Referring Hypertensive Clients for Diabetes Screening

United States Preventive Services Task Force Recommendations for Adults:⁵¹

- Sustained BP > 135/80 mm Hg and no symptoms present → screen for diabetes
- Sustained BP ≤ 135/80 mm Hg and no symptoms, do not need to be screened for diabetes

4. Medication and Health Education Counseling for Clients with Hypertension

The client's physician is the medical expert and legal authority regarding medication, medication compliance, and medication dosing. Volunteer physicians and non-physician volunteers are not a replacement for the client's personal physician, but they can reinforce the key messages.

Generic Medication Pointers

- Take medication as directed
- Identify medications by name, not color
- Know the names and doses of your medications
- DO NOT stop medication unless advised to do so by a doctor
- Remember, it may be necessary for your doctor to prescribe more than one medication to control blood pressure
- Call the doctor for ANY questions about medications, such as side effects or allergies

Health Education Counseling

When speaking with clients about the importance of making healthy lifestyle choices, consider including the following pointers regarding diet, exercise, and blood pressure management. Many people need to hear a health education message multiple times before they make a lifestyle change.

Health Education Counseling Pointers – Healthy Eating

- Eat low fat dairy products: (e.g., skim or low fat milk, low fat cheese)
- Eat less red meat and more fish and poultry. The less meat in the diet, the better
- Eat more whole grains, some nuts, and less processed foods/ snack foods, and fast foods
- Reduce salt intake to about 2,300 milligrams daily, which is approximately one teaspoon. Read nutrition labels to check sodium content
- Increase potassium by eating five or more servings of fruits and vegetables daily



Health Education Counseling Pointers – Healthy Living

- Be active every day for thirty minutes. Consult with a physician about developing an exercise plan
- Maintain a healthy body weight. A clue to maintaining a healthy weight is to have a waist size less than 35 inches for women and 40 inches for men
- Learn to cope with stress. Consider meditation, progressive muscle relaxation, and/or visualization



Health Education Counseling Pointers – Blood Pressure

- Measure blood pressure at home
- Blood pressure machines can be purchased without a prescription

The Effect of Sodium on Blood Pressure

- African Americans are particularly salt-sensitive
- Reduce salt intake to about 2,300 milligrams daily, which is approximately one teaspoon. Read nutrition labels to check sodium content.
- The DASH (Dietary Approaches to Stop Hypertension) diet has been proven effective in significantly lowering blood pressure among African Americans

The Scoop on Sodium

African Americans are salt-sensitive, therefore discussing this issue in the shops is important. There are many references that discuss this issue. A brief summation may be found below.

Table salt is sodium chloride. Kosher salt and sea salt are salt. Approximately one teaspoon of table salt is equal to 2,300 milligrams of sodium. Processed foods account for most of the sodium and salt consumed. Most (75%-80%) of dietary salt is derived from salt added in food and drink processing. The following foods are responsible for more than 40% of people's sodium intake: bread and rolls, cold cuts/cured meats, pizza, poultry, soups, sandwiches, cheese, pasta mixed dishes, meat mixed dishes, and savory snacks. It is estimated that reducing the sodium content of the above foods by one fourth would reduce sodium consumption by 10% while preventing 28,000 deaths and \$7 billion in annual health care expenditures.⁵²

Sodium Consumption

According to the National Health and Nutrition Examination Survey, the estimated dietary sodium intake was similar for African Americans/Blacks and Whites, 3,161 mg/day versus 3,423 mg/day, respectively.⁵³ These amounts were self-reported and did not include the amount added at the table. Please see Appendix G for a nice handout, "The Salty Six", emphasizing the high sodium foods.

The Dietary Approaches to Stop Hypertension diet, also known as the DASH diet, emphasizes eating healthy foods such as fruits, vegetables, low fat dairy, poultry, fish, beans, eggs, whole grains, and low sodium and low sugar foods.⁵⁴ The DASH diet is also low in saturated and trans fats. The DASH diet has been proven effective in significantly lowering blood pressure among African Americans when compared to Whites.⁵⁵

Please see examples of the DASH diet at www.dashdiet.org.

5. Recording Blood Pressure Results

Record the results of the blood pressure screening on a card that the client can take home. Please see Appendix H for an example of a results card.

In addition, record the blood pressure results, along with any other screening results on the log sheet. Include items such as the date, location, client age, gender, one to two blood pressure readings (if the first blood pressure reading was > 140/90 mm Hg, then repeat and record both) glucose, lipids/cholesterol, comments, names of volunteers, handouts given, and points of discussion. Please see a sample log sheet in [Appendix I](#).

This concludes the **Hypertension Screening Training Material** content.

Diabetes Screening Training Material

What is Type 2 Diabetes?

Diabetes is a condition that causes elevated levels of blood glucose (sugar) in the body, otherwise known as hyperglycemia.

There may be no symptoms with diabetes, which reinforces the need for screening in those with the risk factors outlined below.

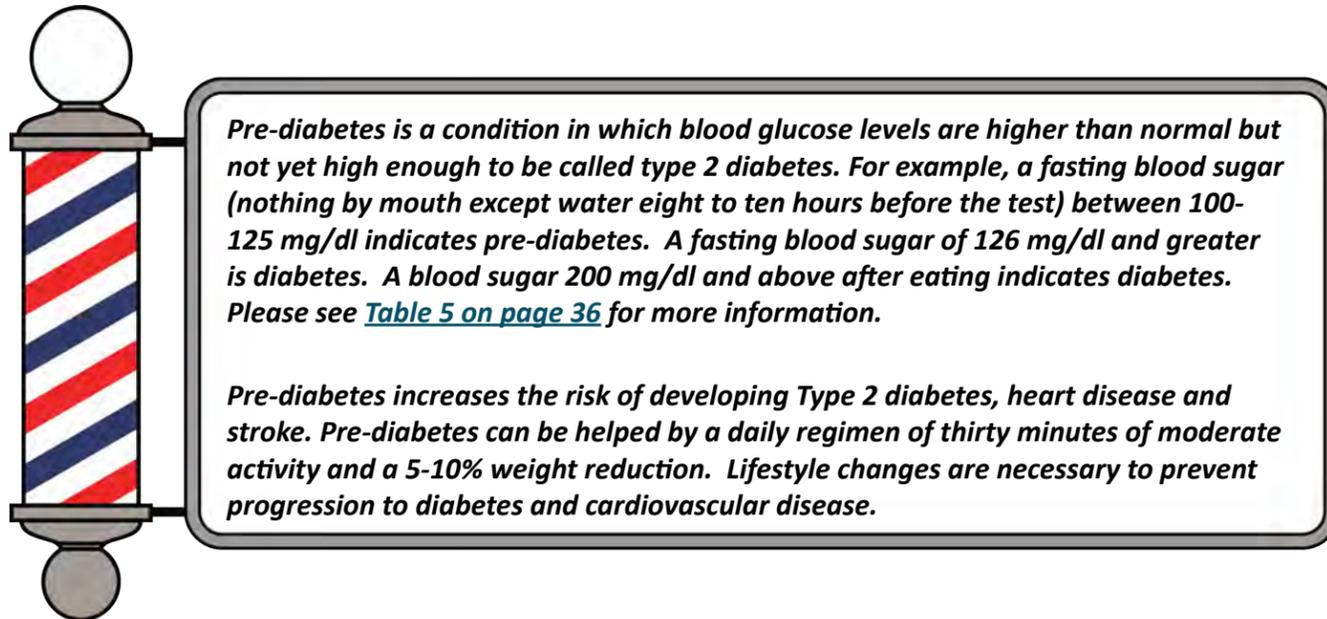
Symptoms of Type 2 Diabetes

Symptoms of Type 2 diabetes may include:

- Weight loss
- Excessive thirst
- Excessive urination
- Blurred vision, and
- Repeated and persistent infections

Remember, there may be no symptoms

What is Pre-Diabetes?



Risk Factors for Type 2 Diabetes

Risk factors include:

- A family history of diabetes
- Being a member of a minority ethnic group (i.e., African American/Black, Native American)
- Being overweight or obese
- Abdominal obesity or having extra fat in the waist area
- Childhood obesity
- History of gestational diabetes or diabetes during pregnancy
- Lack of exercise

Diabetes can be prevented by adopting a healthy lifestyle including weight control, exercise and a healthy diet.

Complications of Diabetes

Serious complications of diabetes:

- Heart disease and stroke
- Hypertension
- Visual loss
- Kidney disease
- Nervous system disease (neuropathy-loss of sensation, and at times foot pain)
- Amputations
- Dental disease
- Pregnancy complications
- Higher infant mortality among babies with mothers with pre-existing diabetes

Most of these complications are preventable with proper management and lifestyle changes.

African Americans/Blacks and Type 2 Diabetes

- More common in African Americans/Blacks, Latinos, Native Americans, and Asian Americans/Pacific Islanders
- Older Adults
- African American/Black adults are twice as likely as non-Hispanic White adults to have been diagnosed with diabetes.



Screening for Diabetes

- For all individuals 45 years old and older

And...

Screening for Diabetes (continued)

Adults \leq 45 yo and overweight (i.e., BMI \geq 25kg/m², may be lower in some ethnic groups) with any of the following additional risk factors:

- Physical inactivity
- First-degree relative with diabetes
- Members of a high-risk ethnic population (e.g., Black/African American, Latino, Native American, Asian American, Pacific Islander)
- Women who delivered a baby weighing $>$ 9 lb or were diagnosed with gestational diabetes mellitus
- Hypertension (\geq 140/90 mmHg or on therapy for hypertension)
- High density lipid cholesterol level $<$ 35 mg/dl (0.90 mmol/l) and/or a triglyceride level $>$ 250 mg/dl (2.82 mmol/l)
- Women with polycystic ovarian syndrome (e.g., large ovaries, menstrual problems, hormone problems)
- A1C \geq 5.7%
- Other clinical conditions associated with insulin resistance (e.g., severe obesity- BMI \geq 40)
- History of cardiovascular disease

Frequency of Screening for Diabetes

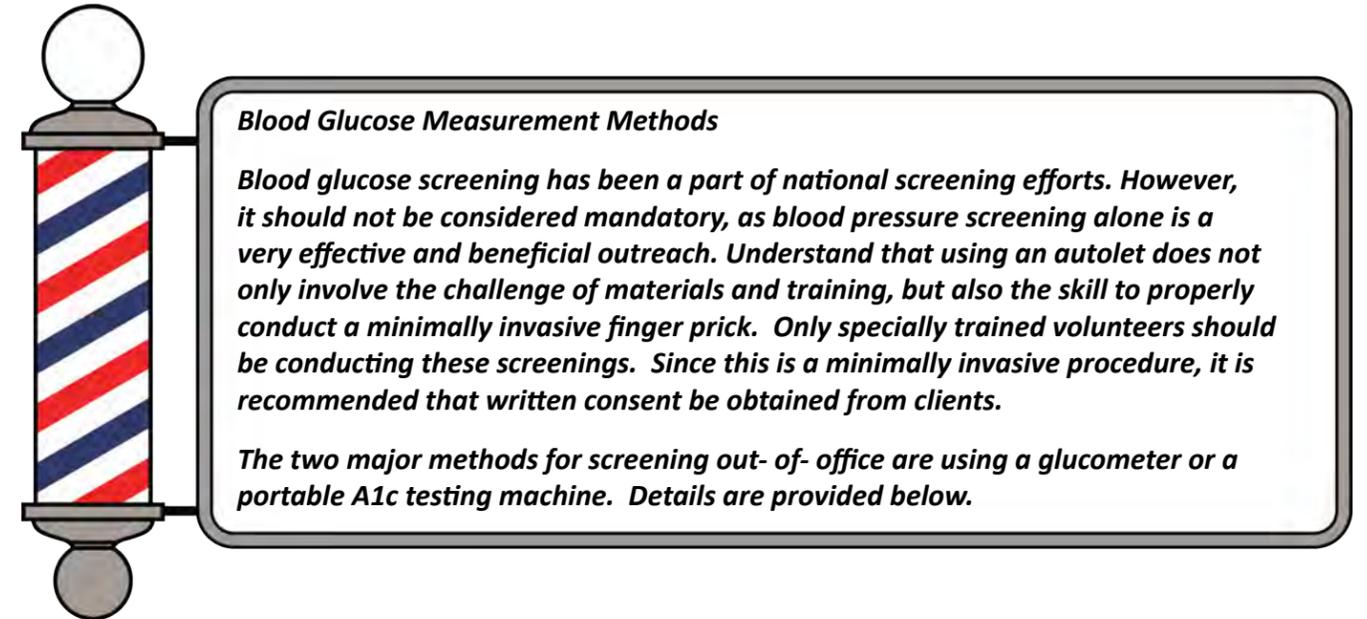
The optimal screening interval is not known, but according to the American Diabetes Association, every three years may be appropriate.

The screening interval may be lower for people under the age of 45 and who are overweight (BMI \geq 25kg/m², may be lower in some ethnic groups) with additional risk factors.

2. Obtaining Accurate Blood Glucose Readings

Preparing the Client for Blood Glucose Screening

Before the glucose screen, prepare the client by completing the consent form and making sure the client is seated and comfortable. Explain to the client that the finger prick will cause minimal pain and that a second finger prick may be necessary.



Glucometer Testing

An instrument called an autolet or lancet is used to prick the finger to obtain a spot of blood. The blood is applied to a testing strip that is inserted into a separate instrument called a glucometer, which provides an immediate blood sugar reading.



Example of testing strip inserted into the glucometer with residual blood left from finger prick



Sample Biohazard Bag

Preparing for Glucose Testing

- Wash and dry your hands before handling the testing strip or the glucometer
- Use hand sanitizer before putting on gloves – if no sink is available
- Clean the client’s finger with an alcohol swab
- Change your gloves and wash your hands between each client
- Use latex-free gloves to avoid problems in clients with a latex allergy

Performing the Test

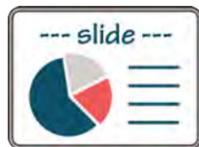
- Place the strip into the glucometer
- Provide a cotton swab to the client to help stop the bleeding (which usually is minimal.)
- Dispose of all used sharps and lancets into a plastic sharps container and dispose of all used cotton swabs into a biohazard bag

Glucose Results

- Results will be ready in a few
- Record results on the consent form and the log sheet
- Provide duplicate form to client

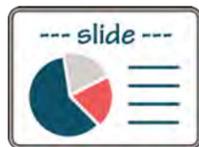
For results interpretation see Tables 4 & 5.

Further evaluation in a medical office may be needed for abnormal readings.



Fasting Blood Sugar	Result
< 100 mg/dL	Normal
100-125 mg/dL	Pre-Diabetes
> 126 mg/dL and greater	Diabetes

Table 4. Interpretation of Fasting Blood Glucose Screenings (8 – 10 Hours of Not Eating)



Blood Sugar After Eating	Result
<140 mg/dL	Normal
140-199 mg/dL	Pre-Diabetes
>200 mg/dL	Diabetes

Table 5. Interpretation of Blood Glucose Screenings (1-2 Hours After Eating)

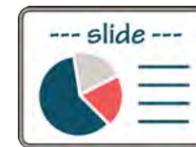
Portable Hemoglobin A1c Testing



Hemoglobin A1c (HgbA1c) requires a blood test that is examined in a clinical laboratory or via finger stick for portable testing. Before investing in a portable A1c machine, it is important to make sure that the machine has a National Glycohemoglobin Standardization Program certification and is deemed accurate when compared to standard laboratory measurements. The HgbA1c requires more blood than is needed for testing via glucometer. Benefits to using the A1c is that it identifies how well blood sugar is being controlled for the past three months. This screening may be conducted at the barbershop or salon, but is not as cost efficient as glucose testing and requires more time. An HgbA1c result of 5.7% – 6.4% is in the pre-diabetic range. A result of 6.5% and above is considered in the diabetic range.

Understanding the Hemoglobin A1c

- Hemoglobin A1c (A1c) measures your average blood sugar levels over the past 3 months
- It is a screening test for diabetes or tells how well diabetes is controlled
- Normal A1c is < 5.7%
- Diabetes is ≥ 6.5%



A1c	Result
<5.7%	Normal
5.7%-6.4%	Pre-Diabetes
>6.5%	Diabetes

Table 6. Interpretation of Hemoglobin A1c Testing (Fasting Not Required)

Further evaluation in a medical office may be needed for abnormal readings.

Responding to Very Low or Very High Blood Glucose Levels

Very Low Blood Glucose Levels

If glucose < 80 mg/dL and a diabetic client complains of dizziness, confusion, lack of focus, or fatigue:

- Ask the client to sit down and give the patient glucose tab(s) or gel.
- Further medical attention is dependent on the circumstances.

Very High Blood Glucose Levels

When a client's blood glucose is very high (e.g., glucose 300 mg/dL or greater), strongly encourage them to seek medical attention.

4. Health Education Counseling for Clients with Diabetes

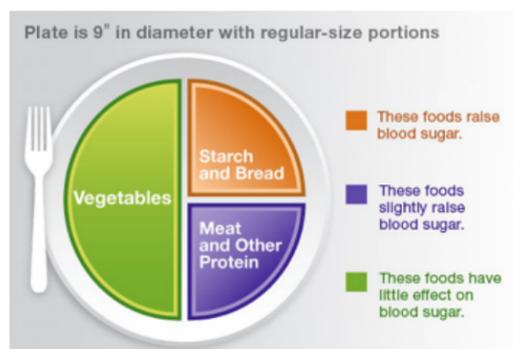
The following are a few instructions that the volunteer can share with a client:

Health Education Counseling

- Visit your health care team regularly at agreed on times
- Call health care team for any problems
- Take charge of your health, you are responsible for controlling your blood sugar

Health Education Counseling – Healthy Eating

- Eat well as instructed by a dietician
- Some general diet pointers:
 - » Half of the plate should be vegetables
 - » Eat two or less fruits
 - » One fourth of the plate should be carbohydrates like bread, pasta, or dense vegetables- corn, peas,
 - » One fourth of the plate should be meat, protein, and/or small servings of milk or yogurt.



From: [Diabetes Management & Supplies](#)

Health Education Counseling – Healthy Living

- Be active every day for thirty minutes or more if overweight/obese. Consult with a doctor about developing an exercise plan
- Maintain a healthy body weight. A clue to maintaining a healthy weight is to have a waist size less than 35 inches for women and 40 inches for men
- Learn to cope with stress. Consider meditation, progressive muscle relaxation, and/or visualization

Health Education Counseling – Diabetes Care

- Check blood sugar regularly at home (e.g., fasting and after supper, and other times as needed)
- Take medication as prescribed, even if diabetes symptoms are not present
- Monitor blood pressure and lipid panel/cholesterol levels
- Schedule an eye exam each year
- Have a foot check at doctor appointments. Inspect feet for signs of fungal infections, calluses, corns, blisters, and any other unusual problems
- Obtain necessary blood and urine tests to assess for kidney disease
- Get a Hemoglobin A1c (HgbA1c) blood test every three to six months, which shows how well diabetes is being controlled

This concludes **Diabetes Screening Training Material** content.

HIV Screening Material

1. HIV Screening Basics

Sensitivity Issues Regarding HIV Screening

Be aware of the following:

- Stigma associated with being HIV positive
- Fear that sensitive information related to sexual behavior and/or substance use may be shared

Because of these complexities, it is critical that **only formally trained HIV counselors conduct HIV testing and counseling at the barbershop and salon.**



Formally Trained HIV Counseling Options

- State health departments provide trained medical personnel to conduct HIV testing and counseling in the community at no or minimal cost
- Community based groups that have been trained to conduct HIV testing and counseling may be interested in doing the testing in the shops
- Private organizations may provide full day volunteer trainings, but often at a cost

Human Immunodeficiency Virus and the Acquired Immunodeficiency Syndrome

- HIV is a viral infection that damages the immune system
- HIV is contracted from blood and body fluid exposure through:
 - » Sexual activity,
 - » Shared needles,
 - » Transfusion or other body fluid exposure,

And can progress to the acquired immunodeficiency syndrome (AIDs)

AIDS

AIDS is the final stage of HIV infection. With AIDS, the immune system is badly damaged. AIDS is diagnosed with a blood test or when one or more opportunistic infections develop. Without treatment, the latency period lasts an average of ten years.⁵⁶

Transmission of HIV

Mainly by

- Unprotected vaginal or anal sex
- Intravenous drug use

Less common

- Infected mother to unborn child
- Needle stick from contaminated needle to health care worker

Complications of HIV Infection

HIV infection weakens the immune system and can lead to other infections and diseases such as tuberculosis, salmonellosis, cytomegalovirus, candidiasis, cryptococcal meningitis, toxoplasmosis, cryptosporidiosis, wasting syndrome, neurological complications (e.g., dementia, forgetfulness, depression), kidney disease, and Kaposi's Sarcoma.⁵⁷

African Americans/Blacks and HIV

- African Americans/Blacks are affected by HIV more than any other racial/ethnic group in the United States.
- The rate of new HIV infection among African Americans/Blacks is eight times greater than it is for Whites.⁵⁸
- In 2010, almost 85,000 HIV infected people in the African American/Black community didn't know they were HIV positive.⁵⁹
- African Americans are disproportionately affected, especially African American women



2. Conducting HIV Screening

Privacy in the Shops

- Assure that the shops have a confidential space
- Confidential space must:
 - » Be well lit
 - » Be sound proof
 - » Have covering for any windows
 - » Have a door that can be locked

If shops do not meet these criteria – DO NOT CONDUCT SCREENING!

Preparing the Client for the HIV Test

- Assure the client that the test results will remain confidential and anonymous
- Let women know that it is important to know her HIV status if she is pregnant or planning to get pregnant. Convey that “knowledge of one’s HIV status can help protect the mother and the baby”

Rapid Oral HIV Test

- This test uses oral fluid or saliva to look for antibodies to HIV
- Results are available in twenty minutes
- Insure that the test results will remain confidential and anonymous
- A unique identifier such as a sequence of numbers will be assigned to the client’s test results.

Confidential refers to the test results not being shared with anyone and anonymous refers to a client’s name not being tied to any test results.

Confidential Space

Before administering the rapid oral HIV test, insure that there is a private space to administer the test and obtain the client’s consent using an HIV Test Consent Form. Please see [Appendix J](#) for a sample HIV Test Consent Form. In some smaller shops, do not conduct the HIV test unless a confidential space is available as previously outlined.

3. Interpretation of HIV Testing Results

HIV Tests Results

- A positive HIV test means that the HIV infection is present.
- Negative HIV results should be repeated if exposed within the last 6 months. Treatment, but not a cure, for HIV is available.

HIV Positive Results

If a client is HIV positive, encourage the client to:

- See a doctor immediately
- Get screened for other sexually transmitted diseases (STDs)
- Tell her/his partner(s) about HIV status before any type of sexual contact
- Practice abstinence or use latex condoms which are available for both males and females
- Avoid sharing needles, syringes, or any other drug paraphernalia
- A positive HIV test result must be reported to the state health department. Check with your state health department to identify the specific time frame for reporting and any other state specific details

4. Health Education Counseling for Clients with HIV Positive Test Result

If a client receives a positive HIV test, encourage the client to:

- See a doctor and start taking medicine for HIV, if necessary. Taking medicine for HIV prolongs life
- Protect his/her partner(s) from getting infected

This concludes **HIV Screening Training** Material content.

Barbershop and Salon Volunteer Training Materials

See the table below for an example of the content of Volunteer Training Packets

Educational/programmatic	Administrative documents
<i>Training documents on BP, DM 2, HIV (pgs 24 – 45)</i>	<i>Information about the program</i>
<i>Shop marketing flyer sample</i>	<i>Information about lead organization, community based organization</i>
<i>Equipment list</i>	<i>Trainer(s) biography</i>
<i>Log sheet</i>	<i>Program lead Contact Numbers</i>
<i>Results cards</i>	<i>Volunteer application</i>
<i>Referral sources</i>	<i>List of shops and locations</i>
<i>Logistics/ role at the shops</i>	<i>Culture of the shop - description</i>

Table 7: Volunteer Training Packet Content

For a list of additional programs and incentives for a BBSHOP, please see [Appendix K](#).



VIII. Marketing the Program

The BBSHOP will sell itself to the community. However, given the current funding environment, selling it to funders may be more difficult. The good news is that a very effective program can run with minimal financial support, as long as modest amounts of money, in-kind goods, and services are secured.

Elevator Speech

An elevator speech is a simple and concise pitch that drives home the benefits of your product or plan. The best elevator speech can sell an idea in thirty seconds or less. In these days of extreme time sensitivity, economy of words to deliver a powerful message is important.

Key elements and important tips to the elevator speech:

- Know your audience: Make the speech specific to that audience
- Why are you interested in the company or organization
- Identify your goal(s): (See goals in [Section V](#))
- Communicate your “unique selling proposition.” What are your selling points? For example: We partner with trusted sources in the community. We make health care accessible and trustworthy, etc.
- What is it that you are trying to “sell” or let others know about?
- Engage with a question: How does your organization support the health of the community?
- Define precisely what you are offering, what problems you can solve and what benefits you bring to a prospective contact (shop owner, community organization, etc.), funder, and/or collaborator.
- Make sure to emphasize that the services are free.
- Practice your speech!

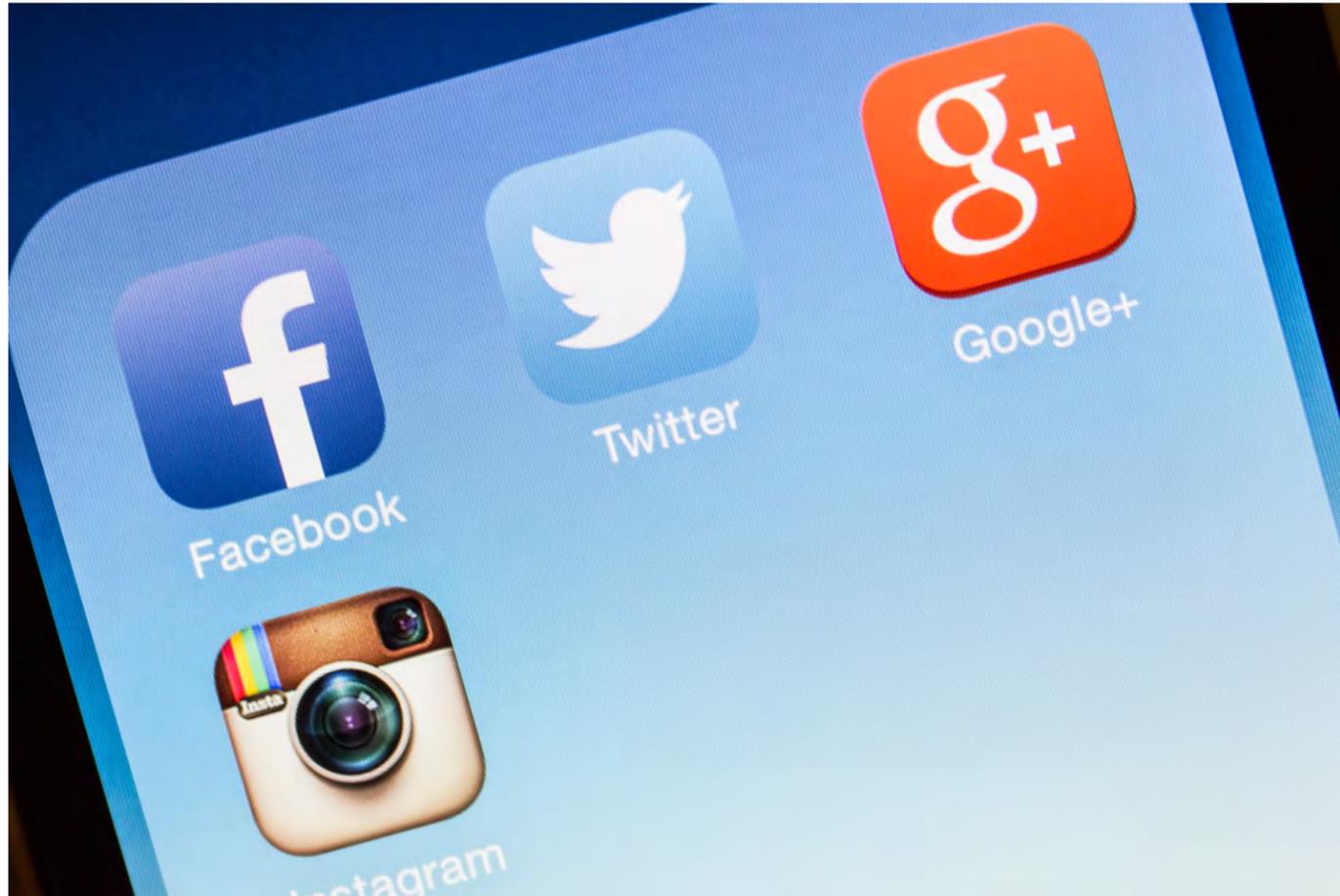
Marketing Materials and Online Visibility

An effective marketing campaign will include flyers posted at the site of the event and other pertinent locations, announcements in local periodicals and on radio stations, churches, laundromats, etc., as well as visibility on social media venues. Disseminate flyers or posters to share in the shops to announce when the screening will be held. Flyers should be clear, eye catching, culturally appropriate and posted in visible locations. Flyers could also include a photograph of a recent client with a brief testimonial about how the BBSHOP can be life-changing. Organizations should consider getting a formal written photo release that is kept on file for any pictures taken that may be used for external purposes. See [Appendix L](#) for a sample Media Consent Form.

Social Marketing and Education Tips

A 2011 study from the Pew Research Center's Internet and American Life Project showed that one in ten African American internet users visit Twitter every day, which is double the rate of Latinos and almost four times that of Whites.⁶⁰

Combined with the fact that young African American/Black men under thirty years of age tend to underutilize health care services, social media represents a significant opportunity to promote health outreach efforts and to facilitate dialogues on health.



When constructing a social media project:

- It is essential to have someone dedicated to updating the site on a regular basis. This is critical to insuring that the site is active and engaging
- Consider overall communication strategy and objectives
- Target the audience (e.g., what are the demographics of the target audience)
- Determine the objectives (e.g., explain the reasons for constructing the social media project)
- Define the communication needs of the audience (e.g., determine the daily social media consumption habits of the target audience)
- Goal integration – the media message should reflect the project's goals
- Message development
- Resources and capacity (e.g., a designated person should be responsible for maintaining and monitoring the project.)
- Define success and evaluate
- Create a comment policy that covers the response to inappropriate or derogatory comments⁶¹

If using Twitter chat, schedule events to allow users to talk to health professionals directly. For example, clients may speak directly to physicians. Physicians may provide general medical knowledge but specific medical advice may not be given in these formats. When using Facebook allow for multiple venues to communicate your work (e.g., email, video, voice chat, file sharing, blogging, and discussion groups.)

IX. Data Collection and Analysis

Identify Data Collection Objectives

Data collection is an integral piece of any outreach program as it allows the organizers to evaluate the impact of the work, to track health outcomes, to modify the program if necessary, and to provide a strong reference point when fundraising. At the onset of the program, establish clear objectives, which may include, for example:

- Conduct hypertension screening for five hundred African American/Black men and women annually.
- Identify and counsel a specific percentage of clients with diagnosed hypertension not taking their medication.
- Increase the rate of controlled hypertension by 10% by end of the year for this community.

Data Collection and Analysis Methods

Depending on what the outreach objectives are, a variety of data gathering and analytic methods may be used. What follows is an overview of four commonly used data collection methods and their associated methods.

Log Sheets

Quantitative or numerical data can be gathered easily from the log sheet. Please see [Appendix I](#) for a sample Log Sheet. The log sheet is an important tool for tracking clients screening and health education counseling. For example, the following quantitative data can be extracted from a log sheet:

- Number of clients who participated in blood pressure or blood glucose screening
- Number of clients with elevated blood pressures or blood glucose readings
- Number of clients who received referrals to their primary care provider for treatment of elevated blood pressure and/or blood glucose levels
- Number of clients who are at a normal weight or overweight using body mass index (BMI) measurements
- Number of volunteer hours accumulated
- Number and type of materials distributed

Data from the log sheets can be entered into a Microsoft Excel spreadsheet. This software program performs several operations that include filters, summations, averages, and statistical tests that can compare data between two groups. Free tutorials are available online at office.microsoft.com. In the event that the work requires more scientific analysis for a potential publication, more rigorous statistical analysis programs should be explored. Please see [Appendix M](#) for a sample Microsoft Excel spreadsheet that captures common data for a BBSHOP.

Surveys and Assessments

In addition, some barbershop and salon programs administer health surveys or assessments to clients to learn about some of the following demographics and lifestyle behaviors:

- Health care coverage status
- Family history of disease
- Levels of physical activity
- Diet and nutrition
- Smoking status
- Frequency of getting regular doctor check ups
- Frequency of visiting the shop

Data from surveys like these can help to inform future outreach programs and identify specific interventions. The software program, Microsoft Excel, is a dependable resource to store these data and to perform simple analyses. Again, free tutorials are available online at office.microsoft.com.

Data Reporting

Presenting data from a BBSHOP is an effective way to spread the word on the benefits of the program. A clear and concise report of the BBSHOP's quarterly or annual accomplishments will serve as a valuable tool to share at specific shops as well as a document to present to stakeholders and/or to potential funders. Please see [Appendix N](#) for a sample one page BBSHOP report.

Stories from the Barbershop and Salon

While it's important to have quantitative or numerical data to illustrate the impact of a barbershop and salon program, it's also very powerful to share the stories of clients who are managing their hypertension and other health conditions with the support of the BBSHOP. These stories can be shared with potential owners, community based organizations, potential funders, and local politicians. Contact the authors for examples of stories that can be used in a training context.



X. Frequently Asked Questions



FAQs Regarding the Barbershop and Salon Health Outreach Program

- 1. I want to start a barbershop outreach program, but I'm concerned about the time and financial commitment. How can I get started in a meaningful way that won't take too much time or money?**

Starting a barbershop outreach program can seem overwhelming in the beginning but there are numerous tools and resources available to help you get started, like this Toolkit. Start small and conduct a simple screening, like hypertension screening with health education, at one shop. Think about doing one event per month or even once a quarter. Don't let time or money become obstacles. Even a one man band can certainly play this tune.

- 2. I've done all my prep work and my team and I have decided which shop(s) we would like to work with. What do we need to know when we approach a barbershop or salon for the first time?**

There are a number of ways to approach this. Probably the best is to arrange a face-to-face brief meeting with the owner(s) or operator(s). Let them know why the proposed program is important, what you propose doing, and who will be involved. Please see Section V: Preparing the Landscape: Building the Foundation for Success, Recruiting Shops, for specific tips on how to approach a shop owner.

- 3. What do we do if a client is resistant to getting screened and/or filling out a form?**

Client participation is always voluntary. Remember that you're offering a free service without any pressure to participate. If client participation is low initially, don't give up. Word will spread of the work that you are doing.

- 4. How should the program flow? Do we educate and screen after or before the haircut?**

The event should be helpful and not intrusive. If the client appears to be waiting for a haircut, ask if he/she would like their blood pressure taken while waiting. The clients are usually forthright. Sometimes a client will suggest that the screening be done after the barber/beautician sees them.

- 5. Do volunteers have to have a medical background?**

No. It can enhance your program if you have at least a few volunteers that have a medical background. We find that with a little formal training in advance and regular participation, even non-medical volunteers become comfortable doing basic screenings and education.

Also make sure that volunteers understand their scope and the limitations that they have so that they will seek advice if something comes up that is out of their scope.

- 6. Our local government doesn't seem interested in the work we're doing. How can we engage key stakeholders to support us, both technically and financially?**

Schedule a meeting with local representatives and show them the tangible results of your work. Obtain testimonials from volunteers, shop owners, and clients. Analyze the metrics that you gather doing the screenings. If possible, track the referrals and log the outcomes.

- 7. The majority of our community health volunteers are not African American/Black. How will this affect the work that we'll be doing with a primarily African American/Black population?**

When creating volunteer programs that are in racial and ethnic communities, a majority of the program's volunteers and promotional materials need to reflect the community in which you are working. Respecting issues such as these will maintain the level of comfort, familiarity, and trust that community members have in their local salons and barbershops, and in turn, will allow the program to be more successful in its outreach efforts.

- 8. We want to demonstrate the positive impact of our work with evidence based research while respecting African American/Black cultural values. What culturally appropriate approaches can you recommend?**

It is imperative that the community knows that the primary focus of the effort is to screen and educate to improve health outcomes. It is okay to secondarily note that some of the results may be shared without using any specific names, with the scientific community and others so that important learnings are shared more broadly. It is important that clients feel comfortable and don't think they are being used as "guinea pigs." In general, only general demographic information is recorded on the log sheets. Clients seem comfortable when they note that we are not including their name, address or phone numbers on the log sheets. Let the clients know that you will not be using their name when generating reports. If you do need names, for instance for follow up on referrals, ask the clients permission to utilize the information for the intended purposes.

- 9. What do we do if a client has an elevated blood pressure, blood glucose, or positive HIV test?**

If clients have abnormal metrics it should be discussed that day and appropriate referral suggestions made. For instance, if the blood pressure is very high then the client should be encouraged to seek medical attention right away.

Most of the glucose screenings will be non-fasting. Anything above 200 on a non-fasting sample needs to be followed up by a medical provider. If a glucose value is very high, then the client should be encouraged to seek medical attention soon.

A positive HIV test requires immediate counseling and referral to a medical provider for further assessment and treatment. It is also required by law to report a positive HIV test to the state health department.

10. What is the best type of educational literature to have available at the screenings?

In general, having succinct, culturally appropriate literature is the best. The American Heart Association has some great culturally appropriate information cards for African Americans/Blacks. They are card stock, 4 x 11 inches and 8.5 x 11 documents. Kaiser Permanente’s DASH diet and the American Heart Association’s Salty Six Handout are excellent resources. Please see the Resource Section for information on how to obtain these documents. It is good to have an assortment of various documents to cover what issues may come up or you could have focused months where you deal with a specific topic that month.



11. Do you need a doctor to run this program?

No. While it is always helpful to have a physician on board, it is not necessary. Many barbershop and salons programs are run by barbers alone or in tandem with nurses, allied health professionals (e.g., licensed vocational nurses, certified nursing assistants, medical assistants, etc.), nursing students or lay volunteers in collaboration with health professionals.

12. If you don’t have resources where can you obtain appropriate handouts?

Start with some of the bigger organizations who are often willing to give educational literature to distribute to groups that they always have a more difficult time reaching. Try your local American Heart Association, American Diabetes Association, American Cancer Association, and state and local Public Health Departments.

XI. Appendix

Appendix A:

Sample Blood Pressure Screening Budget

	Projected Unit Cost	Suggested Quantity	Projected Start Up Cost	Annual Maintenance Expenditures	Comments
Card table and four chairs	\$55	2 sets	\$55	\$0	Should last for years
Blood Pressure Electronic Monitor Omron with Comfort Cuff	\$60	2 cuffs	\$120	\$0	Should last about 3-5 years
Life Source extra-large cuff	\$100	1	\$100	\$0	Thigh size
Pediatric cuff for children	\$60	1	\$0	\$0	Should last about 3-5 years
Batteries for one blood pressure cuff	\$1.25/ battery	4	\$5	\$75	Replace frequently if screening often
Blood pressure results card	10 cents/ card	80-100/ month	\$80-\$100	\$0	
Metric log sheets	10 cents/ sheet	20	\$2	\$17	19 slots per page
Brochure rack	\$6	1	\$6	\$0	Should last for years
Hand sanitizer	\$3	1 large container	\$3	\$12	Will need 3-4 containers per year
Pens	0.25	12	\$3	\$3	Replenish as needed
Clipboards	\$1.60	5	\$8	\$0	Should last for years
Large equipment bin	\$7	1	\$7	\$0	Should last for years
Small equipment bin	\$7	1	\$7	\$0	Should last for years
Handout: American Heart Association Hypertension of African Americans	0.4	25	\$10	\$10	Replenish as needed
Handout: American Heart Association Stroke for African Americans	0.4	25	\$10	\$10	Replenish as needed
Sub-Total for Blood Pressure Screening			\$416-\$436	\$127	

Sample Blood Glucose Screening Budget

	Projected Unit Cost	Suggested Quantity	Projected Start Up Cost	Annual Maintenance Expenditures	Comments
Oversized TV table and chairs	\$20	1 set	\$20	\$0	Should last for years
Glucometer by Relion	\$15	1	\$15	\$0	Should last about 3-5 years
Lancets by SafeT	\$74.90/200 count	1 package	\$75	\$75	Relion is the least painful
Glucose strips	\$6.00/210 count	1 package	\$6	\$6	One package should last about one year
Consent form-NCR	\$30/100 count	1 packet	\$30	\$30	Keep one copy for your records
Blood glucose results card	10 cents/card	80-100/month	\$80-\$100	\$0	Replenish as needed
Gloves	\$7/100 count	1 package	\$7	\$7	Replenish as needed
Hand sanitizer	\$3	1 large container	\$3	\$12	Will need 3-4 containers per year
Alcohol swabs	\$3/100 count	1 package	\$3	\$3	Replenish as needed
Cotton balls	\$3/120 count	1 package	\$3	\$3	Replenish as needed
Adhesive Bandages (e.g, Band-Aids)	7/85 count	1 package	\$7	\$7	Replenish as needed
Absorbent table cover	\$32/150 count	1 package	\$32	\$32	Replenish as needed
Sharps container	\$7/1.5 quart container	1 container	\$7	\$0	Should last long term
Trash bags	\$5/100 count	1 package	\$5	\$5	Replenish as needed
Glucose gels	\$7/2 count	1 package	\$7	\$7	Replenish as needed
Sub-Total for Blood Glucose Screening			\$300-\$320	\$187	

Total for Blood Pressure and Blood Glucose Screenings			\$716-\$756	\$314	
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Appendix B: Supply Check List

General Items

Item Description	Quantity	Notes	Done
Large card table	1	Walmart sells oversized television table.	
Small card table	1		
Chairs	4		
Pens	2-4		
Clipboards	2	For log sheets and consent forms	
Log Sheets	2-3		
Health education brochures		Include handouts addressing hypertension, diabetes, heart disease and stroke, prostate cancer, healthy diet, exercise, weight control, stress, depression, smoking cessation, HIV/AIDS, and STDs	
Brochure rack	1	Place in visible location to hold a variety of hand outs.	
Large Tent sign	1	Place outside the shop	
Large plastic containers to hold items and transport	2	Will hold cuffs, handouts, etc.	
Giveaways		Pedometers, cookbooks	
Photographs of previous participants		Hang on wall	
Computer Laptop or iPad (optional)		To encourage folks to sign up for Heart360 on American Heart Association site. Sign up electronically	
Referral card with list of private and safety net providers			
Copies of newsletters		Post to share	

Blood Pressure Station

Item Description	Quantity	Notes	Done
Blood Pressure Cuffs	3-4	Make sure to have one larger sized cuff to accommodate large sized arms. The Omron Comfort Cuff is easy for non-medical volunteers to use. A&D and Life Source brands are also recommended.	
Batteries for portable cuffs	4 for each cuff		
Mini plastic containers for the blood pressure cards	2	One container for normal blood pressure and one container for Stage 2 hypertension	
Metric Cards	80-100		

Glucose Station

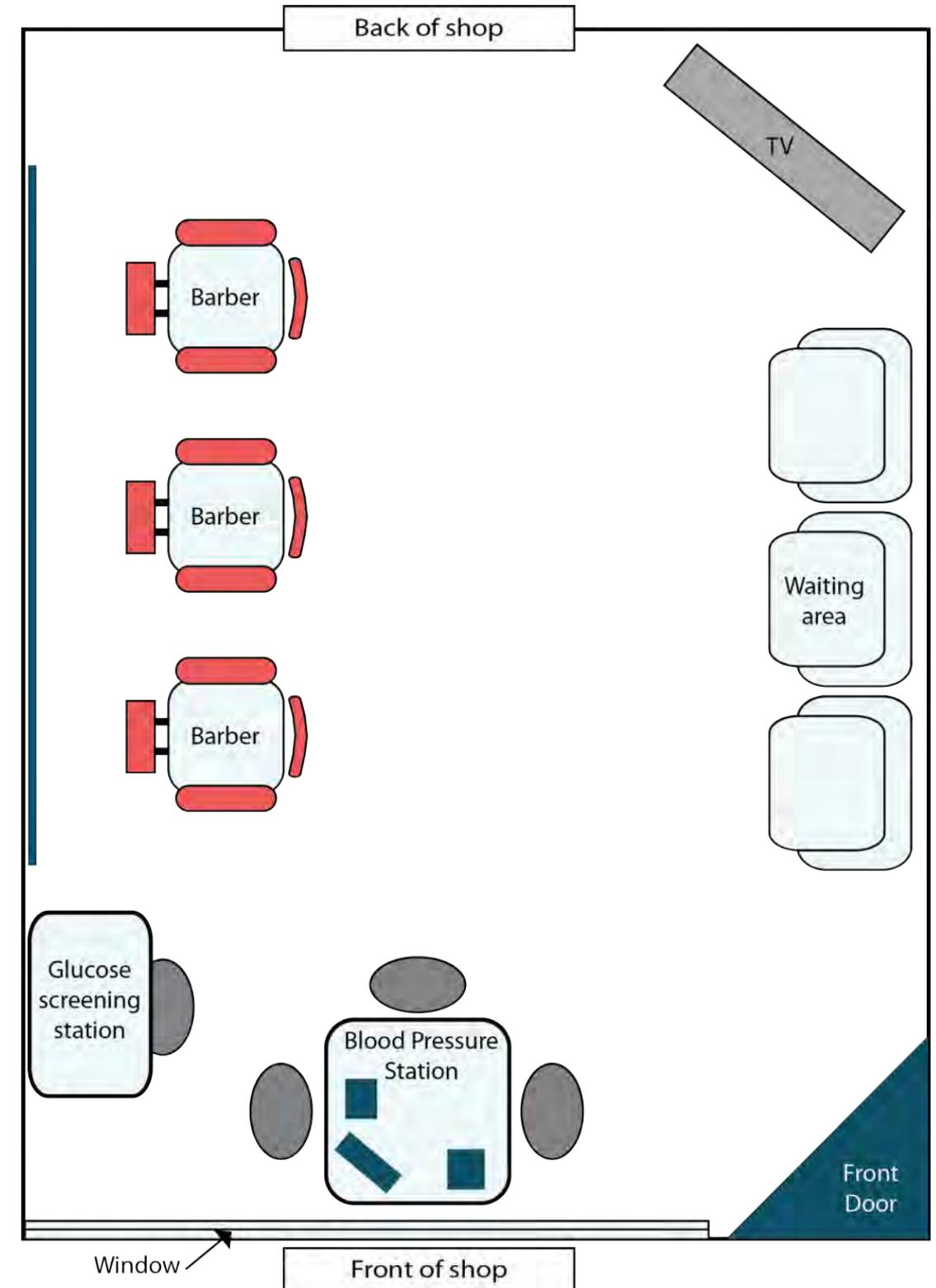
Item Description	Quantity	Notes	Done
Glucose consent form-NCR	30	Give one copy of duplex form to client and keep one copy for your records	
Disposable table cover	2		
Mini sharps container	1		
Glucometer, lancets and strips	1-2	Adequate lancets and strips	
Alcohol wipes			
Gloves			
Cotton balls			
Adhesive Bandages (e.g., Band- Aids)			
Glucose tabs or gels		In the event that a participant is hypoglycemic	
Trash bags		For used swabs, strips, etc.	

HIV Station

Item Description	Quantity	Notes	Done
HIV Station			
Swabs – if conducting the screening			
Condoms-male and female			
HIV Educational Materials			
Consent forms			

Note that quantities on several of the items would be determined by the numbers anticipated to be screened.

Appendix C: Example of Barbershop Layout



Appendix D: Client Communication AIDET Model

Acknowledge, Introduce, Duration, Explanation, Thank You (AIDET) Model -- Adapted from Studer Group's Five Fundamentals of Service

Acknowledge — Greet people with a smile and use their names if you know them. Attitude is everything. Create a lasting impression.

Introduce— Introduce yourself to others politely. Tell them who you are and how you are going to help them. Escort people where they need to go rather than pointing or giving directions.

- “My name is Jennifer and I’m doing free blood pressure checks today. We also have other volunteers here who are doing glucose checks. Please feel free to stop by after your haircut.”

Duration — Keep in touch to ease waiting times. Let others know if there is a delay and how long it will be. Make it better and apply service recovery methods when necessary.

- “Would you like to get your blood pressure checked before or after your haircut?”

Explanation — Advise others what you are doing, how procedures work and whom to contact if they need assistance. Communicate any steps they may need to take. Make words work. Talk, listen and learn. Make time to help. Ask, “Is there anything else I can do for you?”

- “The blood glucose or sugar check takes about 5 minutes. We’ll clean your finger and take a small blood sample with a finger prick. The results are immediate. Would you like to read while you wait?”

Thank You — Thank the client. Foster an attitude of gratitude. Thank people for their patronage, help or assistance. Use reward and recognition tools.

- “Thank you for stopping by today. Is there anything else I can do today? It has been a privilege to care for you.”

Appendix E: LEARN Communication Model

Excerpted from: Berlin EA. & Fowkes WC. (1983). A teaching framework for cross cultural healthcare: Application in family practice. West J. Med. 12(139), 93-98.)

The following LEARN communication framework may be used to help health care providers overcome communication and cultural barriers to successful patient education.

1. Listen

Listen with empathy and understanding to your patient’s perception of the problem. Encourage your patient to discuss his understanding of the causes and effects of his illness and to describe the treatment and resources he feels will contribute to recovery. “What do you feel may be causing your problem? What do you feel might help or hinder your recovery?” are examples of questions that elicit patient feedback.

2. Explain

Explain your patient’s illness, the recommended plan of care and subsequent management of self-care. Even without a diagnosis, it is essential that you explain what you have in mind in terms the patient can understand. Take into account literacy level, cultural beliefs, and past experiences which may affect understanding and acceptance of any suggestions you give. Try to link your explanation to something the patient already knows. Do not ask for feedback by asking “Do you understand or have any questions?” but rather, discuss a particular point or pose a problem to which the new information can be applied.

3. Acknowledge

Acknowledge your patient’s feedback and understanding of his illness and plan of care. Discussing the differences and similarities with your observations will help promote patient involvement. Areas you agree upon should be recognized and differences resolved. Whenever possible, integrate your patient’s suggestions into any care approach. This will give him a sense of control and commitment. If his suggestions would have a negative effect, explain the consequences and try to make the appropriate plan of care more desirable.

4. Recommend

Recommend a plan of care that fits within the patient’s parameters. This can be accomplished after completing the 3 previous steps. The more involved your patient is in the development of his plan of care, the more interested he will be in its outcome. It is important to listen to concerns your patient may have and agree on solutions that will enhance commitment.

5. Negotiate

Negotiate agreement with your patient on a course of action. This requires a keen understanding of your patient’s perspective and the ability to integrate the information you gained in the previous four steps. Successful completion of this final and key step can lead to a variety of patient-specific approaches that will increase the change of a successful recovery and healthier life

Appendix F: Four Habits Communication Model

The following communication model was developed by Terri Stein, MD, Director of Clinician-Patient Communication, The Permanente Medical Group, Kaiser Permanente.

Habit	Skills
Invert in the Beginning	Create rapport quickly; Elicit patient's concerns; Plan the visit with the patient
Elicit the Patient's Perspective	Ask for patient's ideas; Elicit specific requests; Explore the impact on the patient's life
Demonstrate Empathy	Be open to patient's emotions; Make at least one empathic statement; Convey empathy non-verbally; Be aware of your own reactions
Invest in the End	Deliver diagnostic information; Provide education; Involve patient in making decisions; Complete the visit

Appendix G: Salty Six Handout

THE SALTY SIX

DID YOU KNOW?

THESE SIX POPULAR FOODS CAN ADD HIGH LEVELS OF SODIUM TO YOUR DIET*

The American Heart Association recommends that you aim to eat less than 1,500 mg of sodium per day.

When you see the Heart-Check mark on a product, you know the food has been certified to meet nutritional criteria for heart-healthy foods, including sodium.

- BREADS & ROLLS**
Some foods that you eat several times a day, such as bread, add up to a lot of sodium even though each serving may not seem high in sodium. Check the labels to find lower-sodium varieties.
- COLD CUTS & CURED MEATS**
One 2 oz. serving, or 6 thin slices, of deli meat can contain as much as half of your daily recommended dietary sodium. Look for lower-sodium varieties of your favorite lunch meats.
- PIZZA**
A slice of pizza with several toppings can contain more than half of your daily recommended dietary sodium. Limit the cheese and add more veggies to your next slice.
- POULTRY**
Sodium levels in poultry can vary based on preparation methods. You will find a wide range of sodium in poultry products, so it is important to choose wisely.
- SOUP**
Sodium in one cup of canned soup can range from 100 to as much as 940 milligrams—more than half of your daily recommended intake. Check the labels to find lower sodium varieties.
- SANDWICHES**
A sandwich or burger from a fast food restaurant can contain more than 100 percent of your daily suggested dietary sodium. Try half a sandwich with a side salad instead.

*Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR), Vital Signs: Food Categories Contributing the Most to Sodium Consumption—United States, 2007–2008, February 10, 2012 / 61(05):92–98.

Appendix J: HIV Test Consent Form Example

Human Immunodeficiency Virus (HIV) Testing Information and Consent

Information —

HIV is found in body fluids (blood, semen, vaginal fluids, and breast milk) and is spread through exposure to these fluids during unprotected sex, sharing needles, or from mother to baby. Those infected with HIV carry the virus for life and may infect others.

Most people will have antibodies to HIV 1–2 months after exposure if infection has occurred. **Although the window for detecting HIV with testing has decreased, a true negative test is best assured by re-testing at least 4–6 months after the last possible exposure.**

It is possible to have a negative antibody test while the HIV infection is in the process of developing.

The benefits of knowing positive results are that appropriate treatments are available to delay progression of disease and measures can be learned to prevent infecting others. Transmission to your infant (if you are pregnant) may be avoided. **The benefit of knowing negative results** is that appropriate measures can be taken to prevent future infection, such as the consistent use of latex condoms.

Confidentiality ---

I understand that the results of my test will only be given to me directly after the results are obtained. This information will be provided in a confidential space.

Consent —

I understand that a small amount of blood will be drawn for laboratory testing or a swab if the Orasure method is being used.

I, _____, have read and understand the information on this form. I have had the opportunity to ask questions about any matter I did not understand and I have received satisfactory explanations. By my signature below, I consent to having a test for exposure to HIV.

Client Signature

Witness

DOB: _____

Date: _____

Appendix K: BBSHOP Activities and Incentives

While the majority of barbershop and salon health outreach involves blood pressure and blood glucose screenings, there are additional screenings and activities to consider incorporating into a program. The following activities and incentives have been explored by various barbershop and salon programs around the country.

	Activities	Comments
1	Body Mass Index (BMI)	Based on weight and height
2	Prostate cancer screening	Prostate Specific Antigen (PSA) blood test
3	Exercise	
4	Exercise competitions between shops or between clients	
5	Nutrition demonstrations/counseling	
6	Cholesterol screening	

	Incentives	Comments
1	Free Hair products	
2	Discounts or vouchers for a free or discounted haircut	
3	Grocery coupons	

Appendix L: Sample Media Consent Form

Sample Media Consent Form

I, _____, consent to the use of
 Name of person giving consent or name of parent/guardian, if under 18 years of age

photographs and/or video for use on the _____ website, in
 Name of organization

newsletters, and any other publications.

I understand that I may withdraw this consent anytime, upon written notice.

 Signature of person giving consent

 Signature of parent/guardian

Appendix M: Sample Data Spreadsheet

The following Microsoft Excel spreadsheet, which includes eleven variables, could include additional fields including, but not limited to, follow up encounters, health care coverage, health education provided, referrals made, and health education materials provided. When using Microsoft Excel, data from a spreadsheet like this can be used to compare data sets, make charts, and easily assess minimums and maximums.

Date of Event	Client Identifier	Age	Sex	Systolic	Diastolic	Heart Rate	Blood Glucose	On Meds	BMI
4/18/14	1	44	M	129	79	72	110	N	25
4/18/14	2	32	M	133	80	75	140	N	29
4/18/14	3	65	M	142	86	70	289	N	30
4/18/14	4	56	M	141	84	68	200	N	32
4/18/14	5	54	M	137	84	70	119	N	29
4/18/14	6	34	M	120	79	70	102	N	22
4/18/14	7	34	M	118	80	69	100	N	25
4/18/14	8	21	M	122	77	75	120	N	25
4/18/14	9	56	M	116	72	73	149	Y	28
4/18/14	10	67	M	140	89	79	222	Y	27
4/18/14	11	75	M	139	83	72	119	Y	30
4/18/14	12	34	M	140	85	78	176	N	33
4/18/14	13	25	M	138	85	69	123	N	35
4/18/14	14	56	M	135	79	75	132	Y	34
8/25/14	15	32	M	136	81	72	130	N	22
8/25/14	16	23	M	137	83	69	120	N	20
8/25/14	17	21	M	138	85	66	115	N	25
8/25/14	18	24	M	135	80	67	125	N	28
8/25/14	19	56	M	142	85	72	244	N	20
8/25/14	20	76	M	136	81	72	110	Y	28
8/25/14	21	43	M	137	83	69	122	N	30
8/25/14	22	42	M	138	85	66	101	N	35
8/25/14	23	43	M	135	80	67	129	N	39
8/25/14	24	56	M	142	85	72	289	Y	38

Appendix N: Sample BBSHOP Report

The Barbershop and Salon Health Outreach Program Annual Report, 2013

Summary

The Black Barbershop and Salon Health Outreach Program (BBSHOP) experienced a banner year in 2013. The BBSHOP conducted 400 blood pressure screenings on men aged 19-79 at five different barbershops in the Healthyville metropolitan area. Of the 400 blood pressure screenings on men, 100 had elevated blood pressures. In addition, the BBSHOP performed 200 blood pressure screenings on women aged 23-64 at two salons in Healthyville. Of the 200 blood pressure screenings on women, 20 had elevated blood pressures. In the past five years, rates of elevated blood pressures have declined since 2009.



Data Trends in Percent Elevated Blood Pressure, 2009-2013

In the past five years, the BBSHOP has conducted ongoing blood pressure screenings at multiple shops and salons. When examining the rates of elevated blood pressure among men and women in the past five years, there has been a steady decline in the percent of elevated blood pressures that are taken in the shops and salons. When compared to women, the BBSHOP has identified that men are experiencing a faster decline in the percent of elevated blood pressures among men.

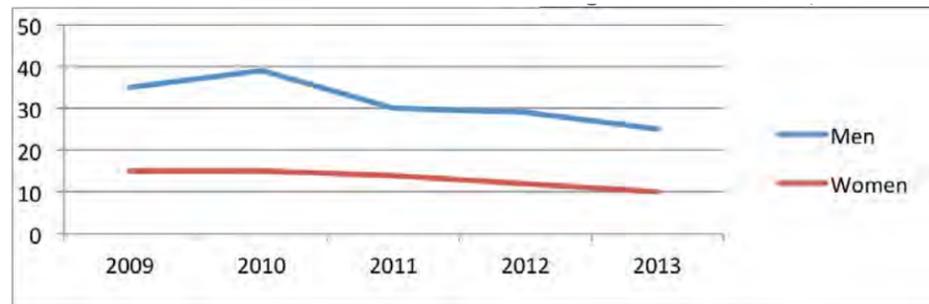


Table 1. Percent Elevated Blood Pressures Among Men and Women, 2009-2013

Plans to examine the reasons for the decline among both men and women are underway.

XII. Resources

	Services	Website/Contact
Blood Pressure		
American Heart Association (AHA) and AHA360	AHA culturally appropriate materials and on-line resources related to hypertension, stroke, and heart disease. AHA 360 is an online program that allows users to manage their hypertension on a daily basis and get to goal.	www.aha.org
Nutrition.gov	Learn ways to manage hypertension through dietary changes.	www.nutrition.gov
Diabetes		
American Diabetes Association	Tips and information on the detection and management of diabetes.	www.diabetes.org
National Diabetes Information Clearinghouse	Provides educational materials to increase knowledge of diabetes.	www.niddk.nih.gov
HIV/AIDS		
HIV/AIDS Resource Center for African Americans	The Body is an online resource for African Americans interested in learning more about the prevention and treatment of HIV/AIDS.	www.thebody.com
GIS Mapping		
Community Commons	Community Commons is a free online platform that generates maps and community health needs assessments.	www.communitycommons.org
General Health		
Caring for Your Family's Health: A Guide for African Americans	A comprehensive health education resource addressing healthy lifestyle choices regarding diet, exercise, screening, etc. Developed by Kaiser Permanente.	Available internally at Inside KP .



XIII. Preserving the Experience: Photos and Testimonials



Wright's Barbershop, Denver, Colorado



World Class Barbershop

A small but mighty shop, which holds the 2012 record for greatest number of blood pressure screenings in Denver, Colorado



"This is great stuff. We are happy to be a part of this program as it so exemplifies the value of culturally appropriate outreach, access and early intervention for prevention of things that matter in health care. I just saw a new patient this week that you guys connected to care with uncontrolled hypertension and diabetes. He was so appreciative of the ability to gain access to care."

Dr. Bob Cutillo, Inner City Health Clinic, Denver, Colorado



XIV. Quotes References



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Barbershop and Salon Health Outreach Program Toolkit Evaluation

Thank you for completing the following evaluation of the Barbershop and Salon Health Outreach Program Toolkit (Toolkit). Your feedback is very important as it will inform the design and content of future editions of the Toolkit.

1. How satisfied are you with the effectiveness of the Toolkit as a learning tool?

Not at All	Minimally	Somewhat	Very	Extremely
1	2	3	4	5

2. How satisfied are you with the effectiveness of the Toolkit as a training tool?

Not at All	Minimally	Somewhat	Very	Extremely
1	2	3	4	5

3. Please describe what you like about the Toolkit?

4. Please describe what you would change about the Toolkit?

5. Any other comments?

Please submit your comments to ColoradoBHC@yahoo.com.

Thank you.