

# Most Black Women Have a Regular Source of Hair Care—But Not Medical Care

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In this issue, Brown, Naman, Homel et al. present the results of an innovative community-based health education program that the Arthur Ashe Institute for Urban Health has conducted in African-American beauty salons since 1996.<sup>1</sup> *Black Pearls: The Health and Beauty of the Black Woman* is a beauty-salon-based health education and screening program in Brooklyn, NY that has recently been replicated in West Philadelphia, PA.

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Salon-based health education programs have received attention in recent years around the country because they engage trusted members of the community (hair stylists) in community health promotion efforts. Hair salons hold special meaning among African-American women. Historically, beauty salons represent one of the few businesses black women in the United States could start and gain economic independence. In many ways, salons are like places of worship in communities—places of refuge and healing. To their customers, salons represent a place where women can go to be pampered and cared for consistently. Although the salon setting is important to the delivery of health messages, the relationship between the customer and her stylist is a key factor. The salon stylist has always been considered a confidant. She has traditionally had a personal history of each of her clients, their significant others, including spouses and children. Since stylists generally stand 6–8 inches from a woman's ear, who better to whisper some potentially lifesaving pearls of wisdom? Most black women have a regular source of hair care, but not medical care. In this program, the Arthur Ashe Institute for Urban Health (AAIUH) has weaved health into the ongoing, traditional work of restoring and taking care of the beauty of the community.

Healthy People 2010's health communication goal is to use communication strategically to improve health.

The investigative team at the AAIUH has employed an innovative strategy to engage hair salons in health promotion activities.

More than 70% of excess deaths in the United States (preventable years of life lost) is attributable to social/environmental factors and individual behavior. Part of the problem, experts say, is the difficulty health professionals have in communicating health information. While large segments of the population are accessing health information in very sophisticated ways, many in the African-American population remain disconnected from basic lifesaving health information. Interventions that have any chance of reducing or eliminating excess morbidity and mortality, especially among racially and ethnically diverse populations, have to be culturally tailored and delivered in partnership with affected communities in a manner that is acceptable to the community.

Sadler and colleagues, Booker, Turner, DiAna and Browne, in the 1990s, added to the groundbreaking trend of using hair salons as venues for health education.<sup>2-5</sup> Since then, salon-based health programs have emerged all over the country.<sup>6-12</sup> The AAIUH has developed the longest running and most comprehensive salon-based health programs for African-American and Afro-Caribbean women, and has expanded the model to personal care establishments generally, including barbershops, body-piercing and tattoo salons and laundromats. The health promotion issues addressed by the AAIUH in these settings range from asthma, diabetes, cancer (breast, prostate and colorectal), heart health, sexual health, smoking and nutrition to organ donation education. The model has also been transcreated for Latina salons. In 2001, the National Cancer Institute (NCI) of the National Institutes of Health funded the AAIUH to expand the model even further through a program called *A Soul Sense of Beauty*.<sup>11</sup> This program further engaged hair stylists in community health promotion by training them how to communicate with their customers about breast health.<sup>12</sup> This effort moved the AAIUH's groundbreaking health education efforts to behavioral health interventions with potential for lasting

community impact. In 2002, the NCI also funded the AAIUH to develop a curriculum to train barbers to communicate with their customers about prostate health.<sup>13</sup>

Brown et al. found that zeroing in on aspects of health information that are least understood is the key to effective community health education. While women tend to be aware that screening may help prevent death from certain diseases, they tend to be less knowledgeable about the specific signs, symptoms and risk factors for a host of illnesses from heart disease to breast cancer. Typically, women can name  $\geq 1$  of the risk factors for breast cancer or heart disease, but not all. Some individuals acknowledge that they should do breast self-examinations, but many do not know how to perform them correctly or when they should be done.

Programs such as these have tremendous potential to reach thousands of women in community-based venues with lifesaving health information. Women tend to be the family health gatekeepers. Therefore, the more women you reach, the greater the potential impact on the family and the community.

Arthur Ashe once said, "To achieve greatness, *start* where you are, *use* what you have and *do* what you can."

Brooklyn, NY, with its multicultural, multilingual, multiracial and religious diversity, is a microcosm and virtual laboratory for testing the cultural competency and tailoring of healthcare models. It is where Ashe himself started in founding the AAIUH. Brooklyn has the largest native-born African-American population in the five boroughs of New York City, and nearly 60% of Brooklyn blacks are of Caribbean descent.

Ashe believed in using what you have, and in Brooklyn there are nearly 1,500 beauty salons, more than 800 worshipping congregations and 700 barbershops. He envisioned community-based interventions that would leverage existing local resources and engage the community leaders, business owners, stylists, barbers and ministers in promoting the community's health.

In establishing the AAIUH, Ashe did what he could. He was clear that new approaches were needed to address seemingly intractable health problems in underserved communities of color. The AAIUH was founded to: 1) test new models of health education and behavioral health interventions that meet people where they are, and 2) to build community and institutional bridges that acknowledge and value cultural and social realities, and ensure the provision of high-quality care to historically underserved groups. Beauty salons make up nearly 20% of the businesses in the Central Brooklyn communities, where the AAIUH started its health promotion efforts. The team at the AAIUH has worked with more than 120 beauty salons since 1996 and has engaged these personal care establishments in its local community health empowerment work.

Today, more and more evidence is emerging that tailoring healthy messages for racially and ethnically diverse communities is a best practice for community health education. Using nontraditional venues, such as beauty salons, as health educational campuses may help us move expeditiously to reaching more people at the community level in settings where they are comfortable, while they are conducting the daily activities of their lives and perhaps where they are more receptive to health promoting messages.

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