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Editorial

ShopTalk – Barbers as partners in health promotion: Reviewing social determinants of health, revisiting cardiology pioneers, and moving forward



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ABSTRACT

Social Determinants of Health (SDOH) like education, economic stability, social context, neighborhood environment, and healthcare access are increasingly recognized as major drivers of persistent health disparities, particularly among minority populations. Over the past year, studies have demonstrated and quantified the impact that certain SDOH have on uncontrolled blood pressure in Black and Hispanic adults compared to white adults. This underscores the need to view chronic diseases through a SDOH lens and implement multilevel interventions targeting these underlying social factors to achieve health equity.

The ShopTalk initiative, based in Lakeland, Florida, represents a promising community-based approach to addressing SDOH and health disparities. It conducts health outreach in barbershops and hair salons - trusted community hubs where meaningful dialogues occur. Key components include providing health education materials, offering screenings, and facilitating physician connections, all at no cost. By leveraging these culturally-relevant spaces, ShopTalk simultaneously targets multiple SDOH domains like health literacy, economic barriers, neighborhood familiarity, and healthcare engagement.

This builds upon the pioneering work of leaders like Dr. Elijah Saunders and Dr.

Ronald Victor, who previously engaged social hubs to successfully raise hypertension awareness among underserved populations. As highlighted by Healthy People 2030's emphasis on SDOH, widespread implementation of such culturally-tailored community outreach shows potential for finally reducing longstanding disparities. Specific outcome measures are planned to optimize ShopTalk, with the goal of extracting generalizable insights to guide similar initiatives nationwide.

1. Overview

Economic, social, and environmental conditions are increasingly recognized as major drivers of persistent health disparities. Collectively, these pillars are known as Social Determinants of Health (SDOH). As studies continue to support and quantify the adverse impact of certain SDOH on disease progression and outcomes, it becomes ever more crucial to identify and address these social factors in our own communities to improve health disparities across the board. We have sought to address these issues in our community surrounding Lakeland, Florida, through our unique community outreach initiative known as *ShopTalk*.

Lakeland is a city in central Florida with a population just around 115,000, served by an 892-bed regional hospital and health system operated by the non-profit Lakeland Regional Health. Our community here has long experienced health disparities impacting the Black and Hispanic populations leading to complications from common chronic conditions. *ShopTalk* is dedicated to addressing health disparities among people of color by conducting health outreach initiatives in non-traditional clinical settings like barbershops and hair salons. These establishments serve as vital community hubs where individuals share information and foster connections. Through education, the program empowers community members to take charge of their health, make

informed lifestyle choices, and seek preventive care. *ShopTalk's* components include providing health education materials to clients, offering in-shop health screenings, and facilitating physician meet-and-greets – all at no cost to participating shops and salons. The program aims to tackle disparities in health outcomes, particularly in African American and Hispanic communities, by leveraging these trusted community spaces for health advocacy and support. As this initiative continues to progress, its goals and other metrics will be tracked and analyzed to provide generalizable conclusions on the extent of its efficiency and efficacy; see [Fig. 1](#) for specific outcome measures and plans. Altogether, our work here is guided by recent national initiatives targeting various SDOH, and by new landmark studies quantifying the impact SDOH have on disease progression and outcomes. Additionally, our program and its seemingly unique setting were inspired by pioneers in preventative cardiology.

2. Social determinants of health

Healthy People 2030 is a set of science-based, 10-year national objectives for improving the health and well-being of Americans. Launched in 2020 by the U.S. Department of Health and Human Services (HHS), it builds upon previous initiatives released every 10 years since 1979. The

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Planned Outcome Measures	Description
Trending Participation Rates	Measure the number of individuals who participate in health screenings before and after the incentive implementation. Increasing participation rates would indicate greater awareness and engagement with healthcare.
Community Partnerships	Evaluate the program's success in building partnerships with barbershops, hair salons, and other community organizations. Measure the growth in the number of participating establishments over time.
Total Impact	Track the total number of health screenings conducted throughout the life of the program.
Client Satisfaction	Conduct surveys or interviews with clients and participating shop/salon owners to gauge their satisfaction with the program. Feedback can help refine and improve the initiative.
Expansion of Screening Services	Monitor the growth and diversification of health screening services offered through the program. Starting with basic screenings like blood glucose, BP, and cholesterol, and then track the introduction of additional screenings over time. This expansion demonstrates the program's adaptability and its responsiveness to specific healthcare needs of the community.
Self-Reported Changes Over Time	Track self-reported health behavior improvements at follow-up encounters. Document individuals' reports of positive changes like dietary improvements, increased exercise, better medication adherence, or enhanced chronic condition management. This qualitative feedback highlights the program's long-term impact on individual health choices.
Participation Rates and Client Demographics	Analyze participation rates and demographic profiles of clients utilizing health screenings and educational materials. This assessment will provide insight into the program's reach and guide future growth.

Fig. 1. Planned outcomes measures: as the program continues to mature, certain metrics will be tracked to monitor efficiency and efficacy to optimize the program and extract some generalizable conclusions on community engagement and preventative medicine.

newest and most significant features of Healthy People 2030, compared to previous iterations, include a much greater emphasis on social determinants of health (SDOH), specifically domains of education, economic stability, social context, neighborhood environment, and healthcare access. Since the iteration of these pillars of SDOH, key studies have emerged examining relationships between SDOH and uncontrolled blood pressure among black and white adults in the United States, investigating for confounding variables that may be addressed to close these gaps in health equity.

Over the past year, studies have demonstrated and quantified the impact that certain SDOH have on uncontrolled blood pressure in blacks compared to white adults, as well as the significant disparities evident in black and Hispanic women of childbearing age when compared to white women [1–3]. The 2023 REGARDS study, for example, further investigated the excess likelihood of uncontrolled blood pressure among black compared to white adults; and a clear relationship between the number of adverse SDOH and increased risk of controlled blood pressure was found. One study with a similar goal sought to provide key insights into SDOH and racial disparities in blood pressure control, specifically among women of childbearing age. It found significant racial disparities when analyzing SDOH, noting that black and Hispanic women experience higher rates of economic instability, lower rates of education, and more limited healthcare access compared to white women. As these factors further widened among the two groups, so did the disparity ratio for uncontrolled hypertension, indicating a linear relationship between SDOH and blood pressure control. These findings all suggest that if SDOH are appropriately addressed, one can help to improve these disparities.

Hypertension is driven by a complex web of social determinants of health. To make meaningful progress in reducing healthcare disparities as they relate to hypertension, a shift in perspective regarding this disease is necessary. Hypertension should be addressed as a social disease, with multilevel interventions to target these social determinants of health. Community outreach at the local level initiated by local physicians and regional health systems are the best way to target these SDOH,

one neighborhood at a time.

3. Cardiology pioneers

Community outreach efforts touch the lives of hundreds by amplifying good heart health screenings and promoting education that participants can share with others. Our concept of using barbershops as a medium to accomplish this is not an obscure position. Over 45 years ago, renowned cardiologist Dr. Elijah Saunders (1934–2015) successfully engaged local hair care professionals in Baltimore by leveraging their close relationships with clients to screen and spread impactful information about hypertension in the Black community [4]. Known for his work in treating hypertension in African American communities, his initiatives and breakthroughs not only raised awareness, but also empowered individuals to take control of their cardiovascular health. Similarly, Dr. Ronald Victor (1952–2018), a distinguished cardiologist and hypertension specialist, studied the impact of blood pressure screening in underserved Southern California communities and further encouraged others to do the same. Through his research and advocacy, Victor has emphasized the importance of community-based interventions for hypertension management, ensuring that all individuals, regardless of background, have access to essential healthcare services.

Barbershops and hair salons have emerged as culturally significant spaces that foster trust and build communal relationships, making them ideal venues for health outreach initiatives aimed at African Americans and Hispanics [6,9]. These establishments serve as communal hubs where clients regularly gather, socialize, and exchange information. It is within these spaces that a unique form of trust and rapport is established between clients and their barbers or stylists, who often serve as trusted advisors in various aspects of their lives [8]. The position of barbers and stylists as trusted advisors, developed through frequent and ongoing interactions, uniquely positions them to deliver impactful health messaging and connect clients to essential healthcare services.

The utilization of barbershops and salons as conduits for health outreach has yielded notable successes in educating African American

and Hispanic clients on a range of health topics, including hypertension, cancer screening, diabetes, HIV, and prostate cancer [7–10]. These interventions have not only raised awareness but have also played a pivotal role in connecting individuals to clinical services, resulting in increased rates of preventive screening and improved management of chronic diseases [6]. For instance, the Barbershop Talk with Brothers program stands out as a significant achievement, as it successfully reduced HIV risk behaviors in African American heterosexual men [7]. The BARBER-1 hypertension study demonstrated that barber-based monitoring and peer counseling were more effective at improving blood pressure control than conventional pamphlet-based education alone [5]. Another notable program focused on prostate cancer outreach managed to increase patients’ knowledge and likelihood of discussing screening with healthcare providers after receiving education led by barbers [10].

The existing body of literature and the paths paved by pioneers in the field drive home the idea that barbershops and hair salons are effective venues for health outreach efforts aimed at addressing disparities within African American and Hispanic communities. *ShopTalk* leverages the trusted and communal aspects of these spaces, have the potential to make a substantial impact by providing education, screenings, and physician connections, empowering clients to take control of their health and improve health outcomes. As these programs continue to evolve and expand, there is a promising prospect of reducing the healthcare disparities that persist within these communities and promoting equitable access to healthcare services.

4. Moving forward

Engaging the community and addressing any health disparities is very rewarding for the individual clinician and remains a core mission of non-profit healthcare systems. This review highlights the benefits of

continuing to leverage barbershops and salons as venues for health outreach to target minority populations. As demonstrated by the pioneering programs discussed above, past leaders have worked hard to identify these disparities and subsequently worked closely with community leaders to address the issues via culturally sensitive programs. Interventions in these spaces can successfully raise awareness, provide screenings, facilitate physician connections, and empower individuals to make positive health and behavioral changes. We hope other communities with local medical experts join initiatives to work towards health disparity reductions, keeping in line with the time-tested and evidence-based standards highlighted in the literature review above. Widespread adoption and support of these culturally tailored initiatives can make meaningful progress against ongoing health disparities, bringing us closer to health equity.

Healthy People 2030 represents a significant shift in the national approach to improving public health by placing a much greater emphasis on addressing key social determinants of health. Several recent landmark studies have highlighted the clear relationship between adverse social determinants like low education levels, economic instability, disadvantaged social and neighborhood environments, and lack of healthcare access with increased risks of uncontrolled chronic conditions like hypertension. These findings underscore the idea that hypertension and other chronic diseases should not only be viewed as medical issues, but as social diseases as well, driven by a complex web of social determinants. And so multilevel interventions directly targeting these underlying social determinants is vital.

Community outreach programs like *ShopTalk* that are initiated at the local level by regional healthcare systems and engage trusted community leaders represent a promising path forward. To assist in this effort, we’ve provided a “How-To” map as a guide to launching a similar program in other communities, see Fig. 2. By leveraging deeply-rooted community spaces like barbershops and hair salons, these initiatives

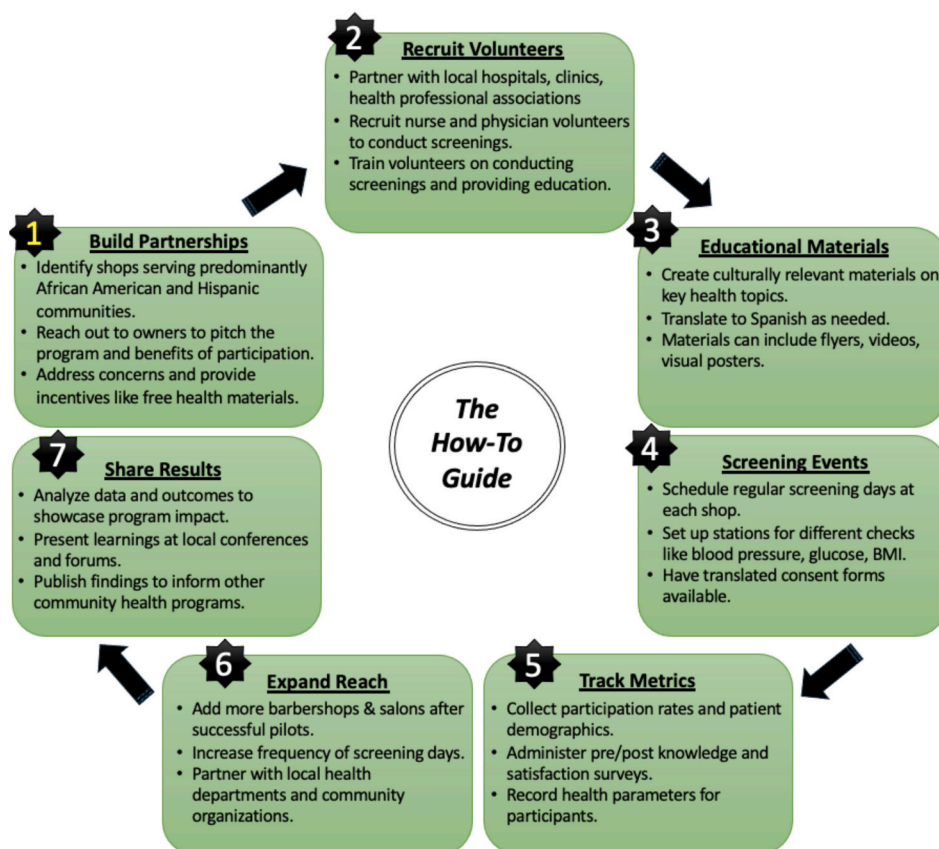


Fig. 2. The how-to guide: based on our experience in starting ShopTalk, we’ve created this map as a guide to initiating a similar project within your community.

can effectively provide health education, screenings, and connections to physicians in a culturally-relevant manner. This addresses multiple domains of social determinants simultaneously - improving health literacy, reducing economic barriers to access, capitalizing on neighborhood familiarity and social bonds, and ultimately enhancing healthcare engagement. Widespread adoption and support for such culturally-tailored, community-based interventions can drive meaningful reductions in persistent health disparities and bring us closer to the goal of achieving true health equity across all populations.

As an example, a local licensed barbershop owner describes witnessing firsthand how the unique rapport between barbers and their clients creates an ideal environment for raising health consciousness and advocacy. His two barbershops are participating locations with our *ShopTalk* initiative. In discussing this initiative and his motivations for partnering with us, he recalls a conversation a few years ago that would go on to change his life: his brother was diagnosed with stage IV prostate cancer at an age under 50 and he would go on to uncover a history of cancers within the family, compelling him to get other recommended screening tests such as a colonoscopy. Though he was initially apprehensive about the testing, within weeks the conversations within the barbershop turned to lively discussions and jokes, ultimately inspiring five additional clients to pursue similar health and cancer screenings they may have otherwise delayed. Moreover, he adds, while sports statistics are commonly discussed and well-known, barbers recognize that openly sharing personal health statistics, such as glucose levels, blood pressure, and cholesterol, can be a powerful catalyst for meaningful dialogue and questions that ultimately inspire individuals to take proactive steps towards better health outcomes.

These anecdotes underscore the unique potential of barbershops and hair salons to facilitate candid health dialogues and dispel misconceptions. Altogether, this motivates individuals to prioritize preventive care, underscoring the significance of initiatives like *ShopTalk* in promoting health equity within communities. We hope other communities with local medical experts join initiatives to work towards health disparity reductions, keeping in line with the time-tested and evidence-based standards highlighted in the literature review above. As highlighted by Healthy People 2030, a paradigm shift to view chronic diseases through a social determinants lens is vital for finally turning the tide against these longstanding public health challenges.

CRedit authorship contribution statement

Aqeel Khanani: Writing – review & editing, Writing – original draft, Formal analysis, Conceptualization. **Daniel Haight:** Writing – review & editing, Writing – original draft, Project administration, Methodology, Conceptualization.

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