



Missouri Effective Practices Project

Beauty Shop Outreach in Boone County

Name of LPHA: Columbia/Boone

Name of Effective Practice: Beauty Shop Outreach

Overall Description of Program: The purpose of the overall program is to reach the members of the community most in need of health screening (e.g., breast, cervical, colorectal, blood pressure, blood glucose) and in places where they are comfortable. They need to know where they can get screenings and how important they are. We selected shops in the lower socio-economic area of Columbia, which is Ward 1 (central). We established relationships with beauty shops. At first we had 5 shops and continue each week to make contact and strive to the total of 122.

Essential Skill: Assurance

Knowledge Domain: Community Health

NACCHO Operational Definition: Help people receive health services

Planning Time: 1 to 2 years

Experience/Imp of Program: 4 or more years

Number of staff: 2 full-time staff

Department of Program: Administration/Nursing

Basis for Need of Program: The Centers for Disease Control and the National Cancer Institute recommends programming for the hard to reach populations and the under- or never screened people. We also feel this type of programming gets us in touch with our community and helps to improve relationships between the community and the health department. They need to know us by name and face.

Characteristics of the Program: We try not to reinvent the wheel. About 13 years ago, we did mammogram screenings. We went to beauty parlors in Kansas City through churches. We had an overwhelming response and had more people than funds. We told the National Cancer Institute and they gave us more funding to provide screenings. It's been about a year, looking at data, putting groups together, getting feedback, making phone calls. We

then applied for funding from a foundation. We have 2 full-time staff and we utilize graduate students. We first ask the shops to advertise our health screening programs. Finally, we will ask them to host a neighborhood screening event.

Barriers to Implementation: The major barrier to implementation is convincing people that something can be done when diseases are detected by screening. People are hesitant to participate in health screenings if they are under or not insured. There is the fatalistic feeling that if cancer is detected, it always means imminent death.

Evaluations: We have surveys with shop owners and track how many pamphlets are used. However, we do report the number of conversations about health topics within the shop setting and the number of people who get screened. We want to move to not just by how many pamphlets are taken, but what they do with the information. We want to get permission to do personal interviews with clients. One thing we learned from early evaluations is that we first have to build relationships with the shop owners. We sent out a letter and received no response. We then discussed this with a public health worker who was African American and she indicated that focusing on the beauty shop owners and visiting with them, getting them engaged in what would work was best. We also learned they don't trust health department. They may think the health department is there to inspect them. This inside contact helped us by acting as a "gatekeeper". She said to use her name and these people will welcome you. Personal calls and visits made the difference. Now the shop owners display our materials, check them weekly for us and know who we are when we enter their door.

One thing that should be done in public health is that we need to share more. Public health doesn't share what they do. All the federal grants we get, we need to disseminate information. In academia you are forced to, but in the practice setting, we tend to do our programs and move on and others don't necessarily benefit from it.

Geographical Description: 150,000

Target Population: Disease Specific

Explain Other:

Describe Necessary Funding: Funding is always a major challenge. This was a graduate student project in the beginning. We receive some funding through the state's healthy women program; we expect some additional funding through grants. The department supports the planner and nursing staff to participate in this activity. It's not really a lot of money, but more staff time to visit with our community members, establish relationships. It's about relationships, low on dollars, and high on relationships, once they are built, they will last. We'd like to create a group name for our beauty and

health coalitions; they could become a member, give them a plaque or sign and that would go really far with their customers recognizing that this establishment cares about their health.

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