

Strengthening Health Promotion Through Sustained Hyperlocal Community Engagement

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Executive Summary

In the emergent crisis stages of the COVID-19 pandemic, the CommuniVax Coalition aimed to address pandemic-related health disparities and vaccine equity by centering the lived experiences of communities of color that bear a heavy burden of COVID-19. The continuation of this project is the CommuniHealth Coalition, which is a redoubling of those efforts to sustain the innovations and successes of the health equity initiatives that closed vaccine coverage gaps and reduced COVID-19 morbidity and mortality in communities of color.

Based out of the University of Maryland Center for Health Equity (MCHE), the CommuniVax Maryland (MD) team strongly recommended creating hyperlocal community-based health programs that integrate the local healthcare system along with community gathering places and local businesses. Informing their work was Health Advocates In-Reach and Research (HAIR), a community-based health organization with local barber and beauty shops, that MCHE established in 2012. Active in the pandemic response, this hyperlocal health collaboration was further developed to add value to the community health system to assist in post-pandemic recovery, as part of the CommuniHealth Coalition.

Drawing upon accumulated successes, the CommuniHealth MD team developed two outputs to share with other stakeholders interested in sustaining and strengthening community health systems.

The first is a primer that uses the HAIR organization as a case study for a community and university public health partnership. It describes the history of the organization, supporting research on best practices for health promotion activities in such shops, qualitative data from community partners, and lessons learned. The primer outlines the ingredients for successful community engagement and cross-sector partnerships that support more equitable community health systems.

The second product is a podcast series showcasing strategies for public health communication that can foster health equity during a crisis. The series provides training for public health practitioners across various communication channels, including interpersonal communication, team dynamics, and public communication. Specific skills include how to create original webinars, talk shows, and/or podcasts to reach a broader audience.

The recommendations and best practices are based on the experiences of MCHE core staff who have been organizing COVID-19 town halls and trainings for community members. The podcast series also provides an opportunity for practitioners to hear from community partners who have been involved in COVID-19 communication about how to be a strong communicator.

Primer: How to Build a Successful Community and University Public Health Partnership

This section outlines strategies with which to build cross-sector partnerships and practice community engagement in ways that support a more equitable community health system. The guidance is presented through a case history of the HAIR organization, a rapid literature review of research findings on barbershops and hair salons as community health hubs, direct observations of hair professionals active in the COVID-19 response, and summaries of lessons learned and action steps (Boxes [1-2](#)).

Case Study: Health Advocates In-Reach and Research (HAIR) Project

HAIR began with a community-focused revision of the national public awareness campaign “Take a Loved One to the Doctor Day.” Dr. Stephen Thomas and his colleagues at the Center for Minority Health (CMH) at the University of Pittsburgh’s Graduate School of Public Health partnered with a network of Black barbershops and salons in Pittsburgh, Pennsylvania, to launch the community focused “Take A Health Professional to the People Day.” This innovative twist on the original US Department of Health and Human Services (HHS) campaign evolved over time from three barbershops and 10 health professionals in 2001 to 10 barbershops and salons and more than 200 health professionals screening approximately 700 people in one day at the height of the program in 2008.

Involvement with the barbershops and salons ultimately became a year-round community-engaged research program, Health Advocates In-Reach and Research (HAIR). In time, HAIR grew as a venue for public health education, clinical screenings, and assessments. From the beginning, HAIR included a focus on a broad, holistic definition of health and wellness and a strong emphasis on building trust. Respect for hair professionals’ needs to run a business, as well as their knowledge of both their community and the health problems plaguing it, were key to the HAIR approach. Over time, the HAIR shops in Pittsburgh became sites for wellness in the community. HAIR supported training for barbers as lay health advocates, including certification in cardiopulmonary resuscitation (CPR), and partnered with clinicians to provide services. Blood pressure and depression screenings, echocardiograms, and even prostate exams were conducted throughout the HAIR barbershop network.

In the fall of 2010, Drs. Thomas and Sandra Crouse Quinn, along with Drs. James Butler, Craig S. Fryer, and Mary A. Garza, founded the Maryland Center for Health Equity (MCHE), bringing with them the enduring insights of the HAIR program ([Box 1](#)).

Box 1. Lessons Learned from HAIR Barbershop and Salon Partnerships¹

1. Building trust is essential, and it takes time and effort. Many communities have a history of mistrust with the medical community and, in some cases, with researchers who represent academic institutions.
2. An Advisory Board composed of barbershop and salon owners, barbers and stylists, and customers can be extremely helpful for the process of building trust. Consistent with community-based participatory research approaches, they can help plan, prioritize, implement, and evaluate health-related activities that occur in beauty salons and barbershops.
3. Advisory Board members can help with the recruitment of barbers and stylists and will improve participation in all sponsored programs and activities. In the North Carolina BEAUTY and Health Project—a partnership with beauty salon owners, licensed stylists, and their customers to promote health and address cancer disparities with salon-based interventions—members created a video that enhanced participation and served as an education program about the project over time.¹
4. Barbershop and salon owners, barbers, and stylists tend to be community-minded and eager to work collaboratively on efforts to improve customers' health. They are willing and able to be key spokespersons for prioritized projects and are well-connected with other owners and hair professionals.
5. Owners, barbers, and stylists tend to be busy, entrepreneurial people with limited time to participate in health-related training programs. Do not assume they have a lot of time to participate in trainings or delivering complicated interventions. Instead, find ways to integrate brief messages into typical customer interactions or with materials they can share with customers. Recognize their goal is to see as many customers as possible in a day—the health intervention will need to “fit” within, before, or after a typical visit.
6. Barbershops and salons are unlike other settings (e.g., worksites, schools, or churches) where individuals come on a certain day or time for a specific amount of time. Most women schedule a salon appointment, but others walk in for services. The time spent in the chair depends on the haircare services provided. Nearly 20% of women in the initial BEAUTY study visited salons weekly and up to 80% returned at least once every eight weeks. Thus, determine how often customers visit and make sure materials get updated regularly to keep things new and interesting.
7. Consider ways to recognize barbershops and salons for project participation using local media or newspapers. Local publicity is helpful to small businesses and can help their financial bottom line by strengthening bonds with existing customers and attracting new customers.
8. To build capacity in these small businesses and build trust that strengthens partnership with barbershop and salon owners, offer economic development opportunities in return for participating in health-related research. For example, in North Carolina, HAIR teamed up with the Minority Economic Development Center to offer free workshops for small business owners on preparing taxes, obtaining credit, marketing using social media, and more. Strengthening the economic vitality of businesses helps ensure long-term viability of this work.
9. HAIR is community driven, owing to a large part of the program's success. The HAIR initiative is not defined in clinical or academic ways, leaving it open and driven to explore new ideas and ways of expression through the arts and providing powerful vehicles for communication. It is important to approach projects with an authentic appreciation for what communities can teach public health professionals.

10. Pay attention to differences in culture and perspective between the world of barbershops and salons and the typical world of clinicians. For some HAIR shops located in high-crime neighborhoods, the clear apprehension felt by some healthcare professionals entering the community was observed by the barbers and stylists, often creating tension. In time, a mandatory successful orientation for health professionals was instituted, but it placed another demand on staff time and budget.
11. Networks like HAIR require sustainable investments; however, funding sources typically available from federal agencies and foundations are project-focused and time-limited. Finding ways to support the work in the times between grant awards is essential for establishing authentic and sustainable trust and partnership. This work requires innovation, collaboration, and resource leveraging. For example, the need to implement community-based health promotion projects for a local healthcare system provides opportunities for screenings in the HAIR network.

HAIR partnerships in Maryland include 10 barbershops and salons where health-related screenings (e.g., CO₂, blood pressure, and A1C) take place regularly through collaboration with a local healthcare system. Maryland barbers and stylists are also trained as lay health advocates to promote colorectal cancer screening. In partnership with Cigna Healthcare, 36 barbers and stylists from all 10 shops attended educational sessions on health disparities, health equity, research ethics, colorectal cancer knowledge/screening, and local healthcare resources. This knowledge equipped barbers and stylists with the ability to pass on information to clients and provide them with referrals to Cigna or another no-cost locally available screening service. Over the past decade, HAIR barbers and stylists with multiple shops have engaged in numerous research studies and shop-based health promotion initiatives and participated in multiple MCHE-sponsored events, including the 2014, 2017, and 2019 Mid-Atlantic Missions of Mercy and Health Equity Festivals.

HAIR also supports other activities in barbershops and salons. For example, in Pittsburgh, a local playwright created a one act play, “A Healthy Day in the Neighborhood,” which was presented to barbers and stylists as well as other audiences. Once HAIR was established in Maryland, the focus on the arts continued through collaboration with the University of Maryland Clarice Smith Performing Arts Center to produce art installations and poetry readings. The HAIR network also supports participation in clinical trials to counter the ongoing lack of diversity in biomedical research that places unnecessary limitations on our knowledge of human variation and disease, the generalizability of research findings, and our ability to address health disparities.^{2,3} Clinical trials supported by HAIR have investigated topics such as environmental health, mental health, and asthma in Pennsylvania and Maryland. HAIR shops also serve as venues to gather community views regarding participation in genomics research and influenza vaccination, among other research topics.

From the beginning of the pandemic, HAIR was an integral part of countless virtual community forums and town halls dealing with multiple related topics. Dr. Thomas worked with the Maryland Department of Health Community Health Worker (CHW) Program to successfully secure CHW certification for three HAIR partners (Katrina Randolph, 2020; Fred Spry, 2021; Mike Brown, 2021). This enabled MCHE to hire the three CHW-certified HAIR partners as part-time University of Maryland (UMD) staff to help launch COVID-19 vaccine and testing initiatives in the shops. In August 2020, we began a collaboration with the Vault, Inc. to bring an FDA-authorized COVID-19 saliva test into the barbershop or salon setting. Bethany Swann, MCHE’s videographer, and HAIR partner Mike Brown were able to document the testing process, resulting in the short film, “[Healthcare’s New Home: A Barbershop Story](#),” which was

nominated for an Emmy by the National Academy of Television Arts and Sciences. A reporter from the Voice of America interviewed HAIR partner Fred Spry as he completed his COVID-19 saliva test, resulting in a broadcast story on August 23, 2020, titled “[Black Barbershops Join COVID-19 Fight](#).” The local HAIR shops have sponsored multiple COVID-19 vaccination clinics in their locales, becoming a major source of information and vaccine services for their clients and communities.

The success of the proof-of-concept weekly COVID-19 testing in barbershops and salons captured the attention of Don Milton, MD, a professor at the Maryland Institute for Applied Environmental Health. To help with recruitment for a study on influenza and COVID-19, Dr. Milton and MCHE partnered to provide formal training to HAIR teams on how to collect, store, and transport biological samples. MCHE also purchased two small refrigerators for sample storage at both the Shop Spa (Fred Spry and Mike Brown) and Tre Shadez Hair Studio (Katrina Randolph). Samples were collected weekly and transported back to Dr. Milton’s lab for analysis. As HAIR partners, Katrina, Fred, and Mike helped to demystify the testing process and served as role models. This ongoing collaboration also ensures that COVID-19 testing services are provided at no cost and nurtures ongoing dialogues about COVID-19 testing and vaccination.

In December 2019, with support from the Cigna Foundation and the National Institute on Minority Health and Health Disparities, MCHE convened a workshop, “What Barbers and Stylists Say to Scientists: No Research on Us Without Us.”⁴ The workshop engaged key stakeholders, researchers, UMD graduate and undergraduate students, software entrepreneurs, funders, patient advocates, cancer survivors, and community leaders from around the United States to discuss how to enhance health promotion and research activities in a collaboration among researchers and barbers and stylists.

In 2021, MCHE was chosen by the Maryland Department of Health to initiate the “Colors of COVID-19: Barbershop & Salon Vaccination Outreach and Education Campaign” for the State of Maryland, leading to engagement with shops in Prince George’s and Montgomery counties and Baltimore City.⁵ Forming the Maryland Barbers and Stylists United for Health, the group has provided COVID-19 testing, masks, vaccine outreach, and vaccination clinics in all three locales.

As a result of May 2021 vaccination clinics held in a HAIR shop, the White House reached out to engage MCHE and HAIR in a national campaign to enroll 1,000 barbershops and beauty salons across the nation to help improve COVID-19 vaccination rates in communities with low uptake.⁶ The resulting “Shots at the Shop” initiative was a partnership with MCHE, the Black Coalition Against COVID, the National Association of County and City Health Officials (NACCHO), and the beauty and personal care brand SheaMoisture. Led by Dr. Thomas, MCHE created an online orientation and a four-hour online rapid response training program called “From Vaccine Hesitancy to Vaccine Confidence.” Following completion of the course, barbers and stylists from multiple locations worked with their local health department or health care provider to bring vaccine outreach, education, and vaccination clinics to their shops.

As of October 2022, MCHE and the HAIR network continue their engagement in vaccination outreach and clinics, hosting multiple events that bring healthcare providers and researchers together with the communities served by HAIR shops. The HAIR community health workers and MCHE continue to address the pandemic, along with other health issues.

From November 2020 to the present, MCHE and HAIR found willing partners in CommuniVax and CommuniHealth, coalitions that were both founded on a history of community engagement, partnership, and extensive research on vaccine acceptance, disparities, and communication during routine and pandemic events.

Rapid Literature Review: Barbershops and Hair Salons as Catalysts of Community Health

Barbershops and hair salons have a long history of serving as catalysts of social gathering, economic mobilization, and political organizing in Black communities. Importantly, they also function as conduits for reducing health disparities in these communities, including those associated with HIV/AIDS, hypertension, preventive cancer screenings, and vaccination.^{1,7-9} The ongoing COVID-19 pandemic has illuminated gaps in health systems and social safety net programs across the United States—particularly among communities of color—thereby underscoring the importance of providing health services in nontraditional settings like barbershops and hair salons.



We performed a rapid literature review to better understand how barbershops and hair salons have historically addressed community health needs, characterize their role in responding to COVID-19, identify potential gaps in service provision and coverage, and highlight opportunities for strengthening their role in community health systems across the United States.

Topline findings from the literature are presented below.

By applying a hyperlocal perspective, barbershops and hair salons are effective venues for providing a broad range of both proven and innovative health services to marginalized populations.

From blood pressure reduction and diabetes screening to COVID-19 vaccination and organ donor registration, barbershops and hair salons are proven platforms for bringing both preventive health services and novel health technologies to underserved Black communities across the US.¹⁰⁻¹³ By providing these services in convenient locations, and by enlisting trusted messengers and community champions, barbershops and hair salons and their external partners (e.g., academic, healthcare, and/or private-sector and civil-society partners) can help advance health equity by dismantling disparities in health literacy, access to needed health services, and health service quality. With buy-in from stylists and barbers, barbershops and hair salons are also uniquely poised to provide these services in a culturally appropriate manner that aligns with the priorities and stated needs of the community in question.¹⁴

Mutual trust and respect among barbershops and hair salons, their clientele, and external partners (e.g., academic, healthcare, and/or private-sector institutions) are essential to the success of community-based partnerships.

The relationships among barbers, stylists, and their clients are rooted in trust, and repeated engagement between these individuals over the course of months or years helps fill gaps in social support and provides a reliable channel for dispensing information.⁸ Additionally, given the fraught history of research conducted in and upon marginalized populations in the US, external partners seeking to implement health interventions in Black communities must eschew

extractive models of collaboration in favor of mutual relationships grounded in respect and reciprocal exchanges of information, resources, and support.¹⁵ Involving barbers, stylists, and other trusted community members as equal decision makers and priority setters in barbershop- and hair salon-based health initiatives is essential to earning community trust.⁸

Aligning goals, expertise, and resources across barbershops and hair salons and external partners is critical to sustaining long-term partnerships.

Significant resources are required to implement barbershop and hair salon models of health promotion, primarily in the form of time, money, training—and perhaps most importantly—dedicated effort to build and sustain trust between participating barbershops, salons, and external partners.¹⁶ Absent strategies for long-term sustainability beyond the life cycles of one-time grants, external partners risk jeopardizing the trust of barbershops, hair salons, and their clientele, as well as their willingness to participate in future initiatives, even if previous collaborations proved effective.¹⁵ To prevent eroding relationships with barbershops, hair salons, and their communities, external partners should work with barbershops and hair salons to identify long-term options for subsidizing costs associated with producing informational materials, recruiting and training personnel, providing technical expertise, supporting capacity-building, and providing the health service in question.¹⁵

Further research is needed to understand the roles of barbershops and hair salons as catalysts of health promotion in Black communities.

Though barbershops and hair salons have a long history of bringing needed services to underserved Black communities, further research is needed to clarify the types of health interventions best suited to reach target populations via barbershops and hair salons, how to measure the effectiveness of these interventions, and whether the barbershop and hair salon model might be transferable to other marginalized communities or resource-constrained settings.¹⁶ There are also important research gaps relating to the roles of Black female cosmetologists as community health leaders, as well as their own health behaviors and beliefs.¹⁷ Finally, more research is needed to determine how best to operationalize the barbershop and hair salon model during protracted public health emergencies to avoid exacerbating baseline inequities⁸ in already marginalized communities.

Field Observations: Barbers and Hairstylists Active in the COVID-19 Response

As part of the primer, three hair professionals who were involved with the Shots at the Shop initiative spoke with the CommuniHealth MD team. During these key informant interviews, the barbers and stylists explained their reasons for participating, provided details on implementing the program, and identified best practices for completing community-based work.

Key Informants

The key informants all had a long history of working in the beauty industry and established client bases. The classic structure of a barbershop or hair salon is a group of stylists or barbers who work under one head barber or stylist. This setup is not ubiquitous, and many have blended shops that have barbers and stylists working in the same location. Some salons also offer other cosmetology services such as manicures or hair loss consultations. Among the key informants,

working as a sole proprietor or as the shop manager was common and most of their shops provided multiple types of beauty services. Each of the key informants had a unique story on how they found out about the Shots at the Shop initiative, but all of them felt a strong pull toward helping their community during the pandemic.

“Every conversation is very confidential and very open, and I thought [Shots at the Shop] would make the perfect fit for my type of set up.”

Some defining characteristics of the shop owners included a value of clear, non-divisive communication, determination and passion, and long-held family values of holistic health. Before registering, each assessed their own shops to see if the Shots at the Shop initiative would be feasible. They considered the strength of their relationships with clients, their own time constraints, and how well health education would fit into their existing business model. A supportive work environment was also a positive factor to adopting the program, and support for the initiative from staff and coworkers increased over time along with understanding of COVID-19 mitigation. By their nature, the services barbershops and salons offer involve prolonged close contact with an increased risk of virus transmission, and during the pandemic, the shops were often classified as non-essential businesses. These factors contributed to financial and emotional stress but also heightened the importance of COVID-19 mitigation behaviors. Many of the key informants independently sought COVID-19 information before formally enrolling in the program to protect others and understand the importance of containing the spread.

Bringing Health into the Salons

Each event that the shops organized was unique to suit their clients, their own time and resources, and the availability of clinical partners. These ranged from informational sessions to COVID-19 vaccination and booster clinics and community health fairs.

Some key informants felt that based on the intimate nature of their shop, having a nonjudgmental education session would provide people with information they needed to make their own decisions. They used videos and informational flyers provided by the MCHE training program to provide verified information. Educational events require less coordination with a clinical provider or clinical staff and allow for a relatively faster turnaround time. They require fewer staff hours and can be successfully completed by a sole proprietor, typically for a low cost. Informational events are successful in places where the information could be considered controversial and have a goal of instigating ongoing conversations. Attendees of these events could process the information in their own time and felt comfortable reporting back to the stylist when they got vaccinated, even if it was a month later. One key informant found that a key feature of educational events includes a welcoming environment where no registration or fee are required.

Two of the key informants organized events where clients could get vaccinated or boosted against COVID-19. Organizing these events had two major components: planning and marketing and then event implementation.



Planning and Marketing

All the key informants were natural event planners and very comfortable with logistics and set up. They also identified fun and welcoming atmospheres as crucial components for the events' success, with one creating a block party atmosphere to draw in people from the surrounding stores.

Each key informant used many channels of communication to market their events. The two who hosted vaccination events designed electronic and paper flyers with event details and canvassed the community prior to the event. Public gathering spaces such as bus stops, supermarkets, churches, and street corners were used for advertising. They also utilized their established social media accounts to alert their clients and for event registration. Word of mouth was an important communication method; both had one-on-one conversations with clients to inform them of their events. Additionally, they often empowered their coworkers to speak to clients about their events, which helped to bring in significant numbers of people. Both key informants spoke to medical professionals they knew, whether they were clients or their own personal physicians, and invited them to contribute to the vaccination events. Having strong networking skills boosted the success of the events, as other organizations—including local health groups concerned with COVID-19 vaccination, entertainment companies, and local pharmacies—were crucial in amplifying information. A strong contributing success factor was a spirit of helping the local community, facilitated by people having a strong desire to give back to their community during the crisis.

Each shop was free to connect to any clinical partner that had capacity to carry out the clinic. Private local pharmacies, local health departments, and local retail pharmacies were all contacted to assess availability. Connecting with clinical partners was a challenge for one key informant, who could not find a clear point of contact. She sent emails across the department and followed up until she was able to get a response. Another challenge included organizing over email due to delayed responses, particularly when individuals were away on vacation with no coverage. This held up planning until they returned. One key informant selected a clinical partner based on their knowledge of the community and how well they understood the mission.

“We had to really, like, get them, you know. Let them see that we are trying to do something for the community...we ain't trying to, you know—let's all work together.”

Over time, relationships with the clinical partners grew and facilitated repeated events. Some clinical staff initially expressed concern over the potential for lack of follow up for the two-shot vaccine series. They felt that clients would not come back for their second shot, and some preferred to bring the Johnson & Johnson one-shot series despite muted interest from the community for that vaccine. After completing one event at the beauty salon, the clinical partner was more willing to bring a two-shot vaccine and more apt to listen to the community partner. Because capacity and staffing to carry out community clinics fluctuated, the key informants needed connections to multiple clinical partners.

Many clinical partners required vaccination events to have electronic registration forms, allowing them to better estimate the necessary number of on-site staff and how many vaccine vials to bring. This administrative burden usually fell onto the community partner. Administrative organization and maintaining checklists were key to hosting successful vaccination clinics.

Implementation and Resources Needed

On the day of the events, key informants were busy organizing and making sure the programs ran smoothly. One key informant created a block party atmosphere by hiring a DJ, creating event-specific branded t-shirts for her staff, advertising the event by word-of-mouth that day, and having folks dancing. She also had testimonials from individuals who experienced severe health problems from COVID-19 or lost a loved one to help people understand the serious nature of the disease.

The events do have direct costs for the community partner. Some shops closed on regular business days for their events, and staff were instead asked to help with the clinic, potentially costing the salon owner the day's revenue. These shops also paid for design and printing of promotional materials, as well as any refreshments provided. The events cost a minimum of \$300 in materials alone.

University or clinical partners provided resources including educational materials, other materials such as N95 masks, and expertise to answer health questions asked by clients. University and clinical partners also play a critical role in providing educational support and community to barbers and stylists, who have complex roles in interpreting medical information and translating it to their clients. Often, they tailor their approach to the personality and values of their clients, acting as a cultural broker between medical providers and their clients. With the heightened emotional turmoil, politicized atmosphere, and uncertainty of the COVID-19 pandemic, barbers and stylists often felt challenged or frustrated in this role, especially when attempting to speak to someone who was firmly entrenched in their beliefs around COVID-19 safety, vaccinations, and boosters. University and clinical partners can help by organizing and encouraging peer support and a listening ear to the community partner, services that are critical for avoiding burnout and maintaining long-term sustainability partnership.

Challenges and Lessons Learned

While the overall partnership experience was overwhelmingly positive, some challenges arose. One key informant shared her experience with a clinical staff operations manager who seemed to struggle with accepting the community partner as the lead organizer. The manager requested major last-minute revisions to marketing materials, did not bring the vaccine brands she promised, and did not have a pleasant attitude at the event. The key informant felt the manager had an alienating attitude toward other clinical staff and the organizer of the event, falsely accusing them of marketing the wrong vaccines. While this was only the behavior of one staff member on an otherwise friendly and kind team, the experience was enough to turn the key informant away from this clinical partner entirely.

“[Make] sure [clinical partners] have people that really want to be there, that really want to help. Because if you say somebody's just there because they're getting paid, if your heart isn't there, that could turn off a person that's not as strong as me. See, I'm strong, it's hard to make me turn away from something that I believe in. It's gonna take more than a frowny face or somebody not speaking or somebody being snappy. It's gonna take more than that. But...it might be somebody else that would want to do it. And if [the clinical partner] approached them in a negative way, they like, 'Nevermind, I don't feel like messing with it.' You know what I mean? So...we want people that's going to be vibrant, that's going to be really there ready to help the community.”

One key informant had multiple vaccination clinics, one where the clinical staff was racially concordant with the client population, and one where the staff was not concordant. The key informant slightly preferred the experience of the staff being racially concordant, as they were located closer to her location and were able to speak with clients better. However, she noted that it was not a significant issue.

Measuring Success

Client feedback about the events was incredibly supportive, and key informants had clients asking when the next clinic would be. The turnout at the clinics exceeded the key informants' expectations and inspired them to continue their efforts.

“This is an ongoing thing. It’s not a one-shot deal. It’s going to become part of the norm.”

As social distancing decreases and people return to their previous activities, people are seeking information on how to keep themselves safe. Even through pushback, one key informant emphasized the importance of offering service to their communities in a steadfast and trustworthy manner. They expressed that keeping educated and feeling confident in your actions is key to continuing the work with integrity.

Where to Go From Here?

These three key informants were eager to have more health information and events in their barbershops and salons and had several ideas for health topics they would like to see covered, including diabetes, hypertension, mental health, cardiovascular health, and substance use, among others. They also expressed interest in maintaining long-term relationships with clinical partners to provide information and services to expand health promotion activities in their shops and salons. They suggested attending periodic trainings to become more knowledgeable on health conditions to be more well-informed for their clients.

The key informants felt it was their duty as community stakeholders to take extra steps to improve the health of their clients and surrounding neighborhoods. One key informant suggested that local chambers of commerce take a more active role in giving back to the community by highlighting and supporting health equity initiatives.

“I think it’s easy and great to set up a business in a community, but what are you actually doing for the community? How are you giving back to the community? And I think that should be a requirement in terms of opening up a business.”

The key informants have high hopes for incorporating health education into their profession and several ideas for how to create a sustainable foundation to maintain barbershops and salons as sources of trusted health information. One key informant noted that it is not uncommon for barbers and stylists to give out unfounded health information for better hair or nutrition, suggesting that some form of health education be added to the curricula of barber and stylist certifications and licensing renewals.

None of the key informants were aware of any active state or national barber/stylist organizations, as many ceased activity after the 2020 pandemic lockdowns. They suggested these types of organizations would be good avenues for educating barbers and stylists across the country and creating nationwide partnerships; however, they would have to be built from the ground up.

“I will do everything in my power to ensure that my establishment continues to be one that will provide the services that will help and support and treat the whole person.”

Key Takeaways and Next Steps

Health equity is centered on addressing the needs of populations historically marginalized. The initial lessons from the HAIR program ([Box 1](#)), established well before COVID-19 emerged, were further validated by the pandemic and its aftermath. In Black communities, public health systems need to engage people who are already trusted sources. Black barbers and stylists have tremendous credibility, and they are seen as trustworthy pillars of their communities. Public health needs people with this level of credibility and trust to help eliminate racial and ethnic health disparities, which contribute to COVID-19 being more severe in many of these populations.

During pandemics, mitigation messaging is important, but the messenger also matters. In this context, we can reimagine the societal role of barbershops and salons. What better place to model and teach how to practice disease transmission mitigation behaviors? What better trusted venue to receive information, testing, or vaccinations, whether novel or routine? What better trusted venue to receive information, testing, or vaccinations, whether novel or routine? These services can be provided all while receiving personal care in a barbershop or salon! A growing body of scientific evidence underscores it is 1) feasible to deliver lifesaving medical screenings and public health services in barbershops and salons and 2) these activities are acceptable to and welcomed by the Black community. Given these facts, we have a scientific and ethical obligation to scale barbershop and salon health campaigns across the nation.^{18,19}

There is a growing body of consensus that the pandemic has a silver lining. According to Dr. Cameron Webb, who served as a Senior Policy Advisor for COVID-19 Equity on the White House COVID-19 Response Team, “The natural social history of many diseases is that they tend toward inequality, unless you intentionally combat it.”²⁰ Ron Klain, the White House Chief of Staff, stated, “[W]e built our COVID response with equity at the heart of it.”²⁰ The Biden administration diverted some vaccine doses from state stockpiles directly to community health clinics, created a working group across federal agencies to spread successful ideas, established federally supported clinics in Black and Latino neighborhoods, and helped local organizations set up clinics at churches, barbershops, and beauty salons. According to data from the US Centers for Disease Control and Prevention (CDC), earlier recognized disparities in vaccination coverage for some racial and ethnic groups narrowed by late 2021, with coverage rates becoming similar for non-Hispanic Black, Hispanic, Native Hawaiian and other Pacific Islander, and non-Hispanic White adults. Likely as a result, racial disparities in death rates also narrowed, as vaccination is highly effective in preventing severe COVID-19 illness and death.²¹

Given the power of creative partnerships to advance health equity and community wellbeing during the pandemic, the US government can and should sustain and strengthen these collaborations for ongoing benefit, in both everyday and emergency contexts. Clinicians and public health practitioners can take specific steps to spur collaborations with barbers and hairstylists in their own cities and towns ([Box 2](#)).

Box 2. How to Start a Health Promotion Initiative in Your Local Barbershop or Salon: Tips for Public Health Agencies and Health Care Organizations

1. All staff should participate in [Building Trust Training](#), a MCHE-supported project, as preparation for contentious conversations.
2. Start with empathy and do your homework on the health issues people in the community are talking about and their possible concerns.
3. Hire credible community outreach staff dedicated to cultivating trustworthy relationships with barbershop and salon owners.
4. Remember, barbershops and salons are **NOT** nonprofits. Treat them as small businesses and adjust incentives accordingly.
5. How are barbershops and salons regulated, licensed, and monitored by oversight agencies in your area? Engage local chambers of commerce and other relevant organizations to assist with conducting environmental scans.
6. To build relationships, make routine visits to shops. This can include a preliminary windshield tour, a bus tour, or another method to physically get out into the neighborhood. Ask the barber or stylist for advice on who could give a good tour of the community.
7. Ask permission to talk with clients about health questions or issues that are important to them, their families, or communities. Figure out what languages are spoken in the shop and establish a base knowledge of the social determinants of health in the local area. Using a social deprivation index along with interviews conducted in shops can help build this base.
8. Characterize messages in signs, posters, and magazines in the shops.
9. Characterize the music and TV shows played in the shops.
10. Assess what barbers and stylists already know about health issues. Ask what health issues are important to them or that they are passionate about. Do they have a personal or family history of a specific disease they want to address in their community?
11. Provide barbers and stylists with opportunities to learn new skills in health promotion and disease prevention. Appropriate training includes, but is not limited to, Certified Community Health Worker, Mental Health First Aid, CPR, and Lifestyle Coaching.
12. Identify a clinical partner who can provide noninvasive screenings and preventive services acceptable and feasible for deployment in barbershops and salons. Examples include, but are not limited to, cardiovascular screenings and vaccinations.
13. Use the [Qualitative Story Deck](#) method—a game-like elicitation technique—to create scenarios and uncover factors associated with motivation to engage in behavior change.

Best Practices: How to Amplify the Conversation



Break with One-Way, One-Sided ‘Messaging’

The CommuniHealth MD team has worked diligently to create public communication platforms that provide a unique opportunity for two-way communication between health practitioners and community members to raise important issues and brainstorm solutions.

Beginning in Spring 2020, MCHE assembled town hall meetings that connected doctors, clinical trial experts, public health professionals, and community members to stay up to date on COVID-19. This allowed community members to ask questions and address misinformation they were hearing directly with a health professional. The town halls continued throughout the vaccine rollout in 2021 and the booster rollout in 2022. These town halls were originally called “The Colors of COVID,” and they are all available on the [MCHE YouTube channel](#).

These town halls then transitioned to focus on the Shots at the Shop initiative, which enrolled barbers and stylists across the country in trainings to help them become community vaccination sites to combat vaccine inequity and improve vaccination uptake. These orientations became the basis for the ongoing program “[The Cutting Edge](#)” which continues biweekly to provide barbers and stylists access to experts in public health, healthcare, and civic organization.



Appeal to Sight and Sound – The Health Equity Podcast

To preserve and promote the techniques used to create the above communication channels, the CommuniHealth MD team put together a best practices podcast titled, “You Got That?: Health Communication Simplified” (see [Appendix](#)). MCHE staff interviewed one another to describe their own roles in the communication projects, detail their challenges and solutions, and explain the methodologies they use for communication. Episode topics include discussions of various MCHE programs and how each has discrete communication channels.

The CommuniHealth MD team chose to use an audio format to increase equity in creating and distributing the information. Each team member could contribute to the product in their own words. It mirrors the collaborative methodology of the MCHE and provides an example of non-traditional data collection that is vital in health equity practice.

Providing our research findings and best practices in podcast form also increases accessibility. The episodes are structured based on multimodal learning techniques. Each episode has a companion document that provides images, episode outlines, and concept summaries of the main points for visual and reading-based learners. At the end of each podcast, a reflection called “What Can I Do Today?” facilitates information processing for people who learn through writing and reflecting, as well as auditory learners who can use the questions as points of discussion among their peers. Providing the podcast widely on many different podcast platforms also brings the research out from behind academic paywalls and translates MCHE findings and experiences into applicable and meaningful lessons for others.

The pandemic has brought health disparity and health equity to the forefront of public conversations. In a time when health equity and antiracist practices are highly sought after, creating accessible and evidence-based health equity information is crucial. This podcast is ideal for people who are looking to create more equitable practices and shift their thinking away from traditional public health and healthcare delivery.



Give Partners Space to Lift Up Their Voices – Wellness Warrior Webinar

Another output of CommuniHealth MD team includes the planning material for the Wellness Warrior best-practices webinar.

The Wellness Warrior network is a group of approximately 15 barbershops and salons across the country that are committed to improving the health of their communities. They have provided COVID-19 vaccines and boosters, flu vaccines, other routine vaccinations (e.g., shingles), COVID-19 safety information, and monkeypox information to their clients. They engage people in conversations to understand their feelings on COVID-19 mitigation and encourage habits like mask wearing, social distancing, and vaccination. They empathetically and routinely talk to clients about various health topics that impact them.

Planning has started for the Wellness Warriors to implement their own teaching sessions about their experience as community partners. They plan to reach out to their networks of peer barbers and stylists, as well as barber and beauty salon organizations, barber and beauty schools, and apprentices to spread the word. This is an opportunity for them to explain their roles as community partners as well as the resources needed to conduct clinic events. It also serves as inspiration for others to join a grassroots health equity movement with an emphasis on giving back.

For clinical and public health partners, it is an opportunity to understand the needs of small business partners to conduct community health promotion events and the types of impact they can expect from these partnerships and events. The Wellness Warriors can provide examples about how they are reimagining partnership with health organizations and bridging gaps between healthcare services and underserved communities.

Previous public events organized by the Wellness Warriors include two sessions on the importance of flu vaccination. These sessions were moderated by Wellness Warrior representatives, and questions curated from clients and personal experiences were answered live by pharmacists. This format was well received, and the Warriors are interested in organizing additional health education opportunities that mirror it.

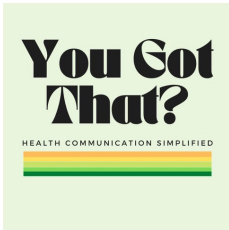
The Wellness Warrior webinar is planned for Winter 2022, and details will be available at the [MCHE website](#).

References

1. Linnan L, Thomas S, D'Angelo H, Ferguson Y. African American barbershops and beauty salons: an innovative approach to reducing health disparities through community building and health education. In: Minkler M, ed. *Community Organizing and Community Building for Health and Welfare*. Ithaca, NY: Rutgers University Press; 2012:229-245. doi:10.36019/9780813553146-015
2. Knepper TC, McLeod HL. When will clinical trials finally reflect diversity? *Nature*. 2018;557(7704):157-159. doi:10.1038/d41586-018-05049-5
3. Oh SS, Galanter J, Thakur N, et al. Diversity in clinical and biomedical research: a promise yet to be fulfilled. *PLOS Med*. 2015;12(12):e1001918. doi:10.1371/journal.pmed.1001918
4. University of Maryland School of Public Health. Building Trust, Styling Hair, Saving Lives. Published January 30, 2020. Accessed October 4, 2022. <https://sph.umd.edu/news/building-trust-styling-hair-saving-lives>
5. University of Maryland School of Public Health. Maryland Barbers and Stylists United for Health. Accessed October 4, 2022. <https://sph.umd.edu/research-impact/research-centers/maryland-center-health-equity/projects-maryland-center-health-equity/maryland-barbers-and-stylists-united-health>
6. Sun LH. A new national model? Barbershop offers coronavirus shots in addition to cuts and shaves. *Washington Post*. Published May 30, 2021. Accessed October 4, 2022. <https://www.washingtonpost.com/health/2021/05/30/barbershop-coronavirus-vaccines/>
7. Ferdinand DP, Nedunchezian S, Ferdinand KC. Hypertension in African Americans: advances in community outreach and public health approaches. *Prog Cardiovasc Dis*. 2020;63(1):40-45. doi:10.1016/j.pcad.2019.12.005
8. Palmer KNB, Rivers PS, Melton FL, et al. Health promotion interventions for African Americans delivered in US barbershops and hair salons – a systematic review. *BMC Public Health*. 2021;21(1):1553. doi:10.1186/s12889-021-11584-0
9. Bryant KB, Blyler CA, Fullilove RE. It's time for a haircut: a perspective on barbershop health interventions serving Black men. *J Gen Intern Med*. 2020;35(10):3057-3059. doi:10.1007/s11606-020-05764-8
10. Bryant KB, Moran AE, Kazi DS, et al. Cost-effectiveness of hypertension treatment by pharmacists in Black barbershops. *Circulation*. 2021;143(24):2384-2394. doi:10.1161/CIRCULATIONAHA.120.051683
11. Osorio M, Ravenell JE, Sevic MA, et al. Community-based hemoglobin A1C testing in barbershops to identify Black men with undiagnosed diabetes. *JAMA Intern Med*. 2020;180(4):596-597. doi:10.1001/jamainternmed.2019.6867
12. Dada D, Djiometio JN, McFadden SM, et al. Strategies that promote equity in COVID-19 vaccine uptake for Black communities: a review. *J Urban Health*. 2022;99(1):15-27. doi:10.1007/s11524-021-00594-3
13. Wall SP, Castillo P, Shuchat-Shaw F, et al. Targeting versus tailoring educational videos for encouraging deceased organ donor registration in Black-owned barbershops. *J Health Commun*. 2022;27(1):37-48. doi:10.1080/10810730.2022.2035021

14. Hood S, Hall M, Dixon C, Jolly D, Linnan L. Organizational-level recruitment of barbershops as health promotion intervention study sites: addressing health disparities among Black men. *Health Promot Pract*. 2018;19(3):377-389. doi:10.1177/1524839917696715
15. Dill LJ, Gousse Y, Huggins K, et al. Adjournment in community HIV prevention: exploring transitions in community–academic partnerships. *Health Promot Pract*. 2020;21(4):544-551. doi:10.1177/1524839919839361
16. Linnan LA, D’Angelo H, Harrington CB. A literature synthesis of health promotion research in salons and barbershops. *Am J Prev Med*. 2014;47(1):77-85. doi:10.1016/j.amepre.2014.02.007
17. Thelusma N, Ralston P. Health promotion and health behaviors of diverse ethnic/racial women cosmetologists: a review. *Clin Med Insights Womens Health*. 2016;9(Suppl 1):9-16. doi:10.4137/CMWH.S34688
18. Thomas SB, Quinn SC, Butler J, Fryer CS, Garza MA. Toward a fourth generation of disparities research to achieve health equity. *Annu Rev Public Health*. 2011;32:399-416. doi:10.1146/annurev-publhealth-031210-101136
19. Linnan LA, Cluff L, Lang JE, Penne M, Leff MS. Results of the Workplace Health in America Survey. *Am J Health Promot*. 2019;33(5):652-665. doi:10.1177/0890117119842047
20. Leonhardt D. A Public Health Success Story. New York Times. October 4, 2022. Accessed November 7, 2022. <https://www.nytimes.com/2022/10/04/briefing/covid-race-gaps.html>
21. Kriss JL, Hung MC, Srivastav A, et al. COVID-19 vaccination coverage, by race and ethnicity – National Immunization Survey Adult COVID Module, United States, December 2020–November 2021. *MMWR*. 2022;71(23):757-763. doi:10.15585/mmwr.mm7123a2

Appendix: Podcast Episode Summaries with Communication Tips on Building Trust and Using Technology



Ep 0: Welcome Scholars

Dr. Stephen B. Thomas, PhD and Meg Jordan, MPH (final audio not yet complete)



Summary

In this episode, Maryland Center for Health Equity (MCHE) Director Stephen B. Thomas and Center Coordinator Meg Jordan give a brief introduction to MCHE and the 'You Got That?' podcast. They cover the goals and motivations for the podcast, including what we hope listeners will get out of it. They also give the background and rationale for the CommuniHealth initiative. This episode does not include the 'key concepts' and 'what can I do today' segments but short explanations of what to expect in each future episode.



Ep 1: History of MCHE

Dr. Sandra C. Quinn, PhD & Dr. Stephen B. Thomas, PhD (final audio not yet complete)



Summary

In this episode, Dr. Sandra Quinn and Dr. Stephen Thomas discuss the origins of the Maryland Center for Health Equity and its seminal programs, originating from their work at the University of Pittsburgh. They discuss how they have maintained these partnerships for over a decade and the unique communication methods they have developed to create close and sustainable relationships with community partners. Both have worked in other public health crises, like anthrax and HIV, and give insight into how they have approached the COVID-19 pandemic and why they chose to pivot to focus on COVID when many others are returning to pre-pandemic initiatives.



Ep 2: The Essential Ingredient

Katrina Randolph,
LCHW & Dr. Sandra
Crouse Quinn, PhD



Summary

In this episode, Dr. Sandra Quinn chats with Katrina Randolph about their different approaches to health communication and how they shifted during the COVID-19 pandemic to address resulting new challenges. Katrina also discusses her perspective on community health work as a salon owner, stylist, and community member, and her conversation with the US Surgeon General. As an experienced public health professional, Dr. Quinn has developed and taught emergency communication strategies and best practices and talks about how the COVID-19 pandemic has differed from previous emergency communication situations.

Tips for Communicating with the Public and Community Partners:

Communication with the Public

- Build a relationship in which the community knows they can get trusted information from you
- Lead by example
- Be honest about what you don't know
- Listen to and take seriously ALL concerns from the community
- Connect content experts with trusted community messengers to help spread accurate information

Partnering with Community Leaders

- Provide them with tangible benefits
 - Education, funds, networking opportunities, resources, etc.
- Be flexible with their schedules because this is not their full-time job
- Be responsive to the topics THEY want to talk/hear about
- Maintain relationships even if there is no funding

Key Concept:
The Transtheoretical Model

Program Highlight:
Wellness Warriors



Ep 3: Be Prepared to Be Unprepared

Dr. Stephen B. Thomas, PhD & Surayyah Khan, MPH



Summary

In this episode, Dr. Stephen Thomas and Community Partner Specialist Surayyah Kahn discuss their experiences working with community partners to organize large events and maintain close relationships that last for years. They also shed light on how they were able to preserve and grow the MCHE's community network during the pandemic, when most events were canceled and in-person interactions were limited. As public health educators, Dr. Thomas and Surayyah also reflect on why they use design thinking in the training of future public health practitioners.

Tips for Getting Your Foot in the Door with Community Partners

- Put in 'sweat equity' (unpaid community networking and relationship building)
- Know that many community partners will be apprehensive at first, so be respectful and treat them as the community experts they are
- Each partner will be different, so build programs around them to fit their strengths
- Consider the partner's needs, make sure you meet those, and provide valuable exchange for their time (i.e., health trainings, media exposure, media training, etc.)
- Do not 'trash' your communities by focusing too much on the problem and using them as a bad example; focus on the solution because it's someone's home
- Be prepared to deal with anger and frustration at your institution or others that have wronged the community in some way
 - Do not respond defensively, give people space to vent, and SHOW them you are different

Key Concept:
The Social Determinants of Health

Program Highlight:
Mission of Mercy

You Got That?

HEALTH COMMUNICATION SIMPLIFIED

Ep 4: Harnessing Empathy



Elsie Essien, MPH &
Surayyah Khan, MPH

Summary

In this episode, Elsie Essien, a Health Services Research doctoral student, and Surayyah Khan describe how to integrate design thinking and human-centered design into undergraduate education based on their experiences as teaching assistants and educators. They describe how they prepare new practitioners to conduct community engagement through real community interactions and how they maintained this dynamic in the virtual learning environment. As young professionals themselves, they also share their professional goals and achievements.

Tips for Young Professionals and Public Health Educators

Getting comfortable with going into the community

- Have a supportive environment where you can push yourself (or others) to interact
- Give community members the opportunity to provide feedback on the training process
- Get creative by using virtual platforms
 - Pros: Can create and visualize solutions, designs, and prototypes quickly using online tools to keep track of ideas, thoughts, and plans; promotes coworker/student collaboration (Mural is a great tool)
 - Cons: Still requires in-person visits, which can be more difficult to coordinate when most other work is done virtually

Public Health Leadership

- Be knowledgeable about the past and present dynamics in the industry to be able to predict changes and future trends
- Use design thinking to help brainstorm ways to stay involved with the community and up to date on its current needs and strengths

Key Concept:
University of Maryland Course: HLSA 484

Program Highlight:
Design Thinking



Ep 5: Let's Get Technical

Meg Jordan, MPH & Maggie Daly



Summary

In this episode, MCHC Coordinator Meg Jordan and Project Manager Maggie Daly describe how to set up a project plan for a health equity broadcast and carry it out with limited staff and media experience. They discuss how to structure segments, design online content, and create an online footprint, and describe the administrative work behind the weekly show, The Cutting Edge: All Things Health and Wellness.

Tips for Creating Serialized Content

Getting Started

- Choose your format carefully with all the features in mind (i.e., if using Zoom, do you want a webinar or meeting format?)
- Run of shows can be helpful when starting out to organize the flow and timing of the content; but remember, the run of show should be developed to best fit your goal, not the other way around
- Have regularly scheduled meeting times for content planning and technical feedback

Planning Content

- Plan topics ahead of time, but allow room for changes in approach and tone to tailor to current events
- If having guests or panelists, keep an organized database with contact information
 - Have no more than 5 panelists to give them ample response and interaction time
- Think about including regular segments to create a familiar structure for the audience to approach content

Key Concept:
Plain Language

Program Highlight:
CommuniHealth



Ep 6: Trust the Process

Omar Neal & Meg Jordan, MPH



Summary

Radio personality of over 30 years and former Mayor of Tuskegee, Alabama, Omar Neal gets into the nitty gritty details of how to moderate and structure a talk show with Center Coordinator Meg Jordan. Using MCHES show The Cutting Edge as an example, they go through how to approach building and sustaining a show through partnerships and content development, as well as the technical steps and know-how necessary to carry out a smooth and successful show.

Tips for Building a Serial Content Team

- Moderator/Host
 - Keeps continuity, context, and the conversation moving
 - Creates and maintains the tone
- Technical staff
 - Need at least two people to share these responsibilities and to workshop any technical difficulties
 - Technical director to manage team and keep track of all show details
 - Technicians active live to troubleshoot and run software (like Zoom)
- Communications
 - Need a primary point of communication for panelists/guests
- Marketing
 - Designated social media manager to maintain pages and create promotional posts
 - Video/content editor to create clips and highlights from your content to push on social media

Key Concept:
Deep vs Superficial Culture

Program Highlight:
Shots at the Shop



Ep 7: The Reel Deal

Surayyah Khan,
MPH, Kimberly 'Kimi'
Flemming, & Maggie
Daly

Summary



Social media has become a primary method for getting information out to the public in recent years. In this episode, Surayyah Khan, Kimi Flemming, and Maggie Daly describe how they plan social media content and posting schedules to maximize views and interactions. They also discuss finding the perfect video segments to pull out of The Cutting Edge show to share on social media to create maximum interest and impact.

Tips for Creating Social Media Presence and Content

Creating a social media presence

- Research your primary audience to see what platforms will reach them best and what suits your content
 - Photos: Instagram, Pinterest
 - Short videos: Instagram, TikTok, YouTube
 - Text posts: Twitter, Facebook
- Understand the website trends to keep posts feeling fresh

Making Successful Social Media Content

- Use strong visuals and impactful sounds
- Video clips
 - Keep them short and sweet
 - Look for places where passion and emotion shine through
- Images
 - Don't use too much text
 - Make text different sizes
 - Use contrasting colors to make it visually accessible

Key Concept:
Branding (NACCHO)

Program Highlight:
The Cutting Edge



Ep 8: Lift as You Climb

Elsie Essien, MPH &
Meg Jordan, MPH



Summary

In this episode, Elsie Essien and Meg Jordan talk about mentorship to grow and prepare new public health professionals and to combat burnout, turnover, and shortages in the public health workforce. This episode shares advice for both mentors and mentees on the value of connecting to others as essential for health equity and the continued development of the field, as well as on the importance of professional skills.

Tips for Seeking Mentors & Community Partners

Finding a Mentor

- Find someone with whom you can be open, honest, and vulnerable
- Find someone with whom you can have tough conversations and who will engage you on issues like structural racism and health disparities
- Create a talent bank of your skills, technical and 'soft'
 - This will help with confidence in mentorship interactions because you have a discrete list of skills that you are bringing to the relationship that can be helpful to your mentor

Engaging with Community Partners

- Remember, one partner is not the WHOLE community
- Be clear about your goals
- Be clear about PARTNER'S goals for participating
- Be clear about how the payment process will work
 - If there is going to be processing time for payment, talk about that up front

Key Concept:
Community Engagement

Program Highlight:
CommuniVax



Ep 9: Searching in Hidden Places

Mike Brown & Jasmine Mitchell

Summary



Long-time community partner and barber Mike Brown sits down with artist Jasmine Mitchell to discuss how they got involved with MCHE and what their involvement means to them. Combining public health with community activism, leadership, and art is not always easy, but with insight from Mike and Jasmine, we can see the everyday work and challenges that go into what they make look so effortless.

This episode is a little bit different than the others. It is focused on the experiences of two of our community partners who have also become integral members of the University of Maryland Center for Health Equity. This episode serves as a case study for the types of relationships you can have with partners when relationships are put first.

Advice for Health Professionals to Reach Those Who are Skeptical

- Be humble
- Remember that people take time to change their minds
- Don't respond with anger or frustration
- Keep an open and honest dialogue to prevent frustration created by not speaking your mind

Key Concept:
Translational & Implementation Research

Program Highlight:
The Barbershop Storybook Project



Ep 10: TBD

CommuniHealth
Teams from AL & CA
(optional episode)

Summary

In this episode, we hope to bring together the other two CommuniHealth teams, from Alabama and California, to talk about their projects and initiatives, and how they translate them into community action. Both teams are deeply involved with their local communities, and they will share how they interface with legislation, keep up momentum with community partners, and handle the struggles of volunteer versus paid health equity work. As each is in a very different cultural and political climate, the discussion will provide fruitful and instructive information for public health professionals nationwide.

Key Concept:
Community Health Workers

Program Highlight:
CommuniHealth



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