

Saving lives in Black barbershops

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Credit: Library of Congress

A new look at data from a landmark Cedars-Sinai study of health interventions in Black barbershops, and a new study that looks at barbershop patrons' virtual visits with pharmacists, have added to the

evidence that convenient, community-based health programs can cost-effectively control high blood pressure and prevent heart attack and stroke.

A Landmark Study

The first expert to subject barbershop health interventions to scientific scrutiny was the late Ronald G. Victor, MD, then associate director of the Smidt Heart Institute. For his Los Angeles Barbershop Blood Pressure Study, Victor recruited 319 Black men with [high blood pressure](#) from 52 Los Angeles barbershops. Barbers prompted participants to follow up with visiting pharmacists, who measured patrons' [blood pressure](#) every two to four weeks in the barbershops and prescribed medications in collaboration with [primary-care physicians](#).

"Ron Victor was a true visionary," said Eduardo Marbán, MD, Ph.D., executive director of the Smidt Heart Institute and the Mark S. Siegel Family Foundation Distinguished Professor. "His pioneering paradigm—bringing medical care to the patient, rather than the patient to medical care—not only saves lives, but also saves money."

Results after six months and 12 months, published in 2018 in *The New England Journal of Medicine* and in *Circulation* found that 64% of participants were able to reduce their blood [pressure](#) to healthy levels and keep it under control for a year.

As part of a planned analysis of the study, researchers from Columbia University and University of California San Francisco recently examined the data and found the barbershop programs could prevent nearly 40% of heart attacks and strokes among participating Black men if scaled up nationally.

Researchers measure the cost effectiveness of medical interventions by

tabulating their cost versus the quality and quantity of life gained for the patient, the dollar amount per quality-adjusted life-year (QALY). Programs that cost under \$50,000 per QALY are considered cost effective, and Columbia researchers found the original barbershop program cost \$43,000. Those results, published June 14 in *Circulation*, also suggested costs could be brought as low as \$17,000 per QALY through exclusive use of generic drugs, and even lower by reducing pharmacists' travel time to and from the barbershops. Adair Blyler, PharmD, with barbershop patron Marcus Byrd. Photo by Cedars-Sinai.

"During the original study, I was traveling from Cedars-Sinai to barbershops as far away as Bellflower," said C. Adair Blyler, PharmD, one of two clinical pharmacists from the Smidt Heart Institute who worked on the study. "That's a 45-minute to hourlong trek each way, which means I wasn't delivering patient care for up to a quarter of my day—an inefficiency that contributed to the cost of the intervention."

Going Virtual

To see if telemedicine could reduce her travel time with the same benefits for patients, Blyler recruited 10 barbershop patrons for a proof-of-concept study. From December 2018 to March 2020, she worked with patrons in person, then transitioned them to virtual visits once their blood pressure was at a healthy level—usually in three to six months. Results from that study, published June 22 in the *Journal of the American Heart Association*, showed virtual visits were equally effective.

"In this new version of the model, the barber can strap on the blood pressure cuff, and we can do these remote visits right there from the barbershop without my having to travel," said Blyler.

Byrd saw information about the study posted at Hair Masters in Gardena and decided to sign up in hope of getting the "roller coaster" of his blood

pressure under control. Since 2000, his primary care physician had prescribed several different medications, but when they didn't seem to help, Byrd got frustrated and didn't take them regularly.

Blyler educated Byrd about blood pressure basics, how medications can work differently in different individuals, and about the need to take his medication as directed.

"She drew me in," Byrd said. "I took the medicine and I walked out super-excited."

During the next few months, Byrd's barber checked his blood pressure at each visit and Blyler gradually adjusted his medications.

"Blood pressure was going down, blood pressure was going down, blood pressure was going down," said Byrd. "And one time, I went in and had the target blood pressure rate, and I got emotional. That was the first time in years that my blood pressure was in control."

Because Blyler had gained Byrd's trust, he said the virtual visits were as good as in-person interaction.

"I don't care if we were talking with a can and a string," he said. "I'm going to listen to her. I'm going to take her advice. "

Barber Devon Hamilton, owner of Soulful Shears in Palos Verdes, was recruited into the study by a fellow barber and started checking the blood pressure of several of his patrons, with similar results.

"I felt that it was a good idea," said Hamilton. "There's guys in the barber shop that are kind of anti-checkups and didn't really follow up on their health. One of my good buddies found out he had high blood pressure and actually started working out and dropped some pounds, and he's

doing well now. He changed his whole lifestyle."

In the Future

Blyler is hopeful that barbershop programs could be scaled nationally. An ongoing study in Nashville, Tennessee, which has a larger Black population than Los Angeles, is underway, and Blyler and colleagues are working on a five-year follow-up with the original study participants.

At the same time, she said the barbershop studies also demonstrate how pharmacists can help reach underserved patients.

"Pharmacists are highly accessible, essential members of the healthcare team and can help manage chronic conditions like hypertension in any environment," Blyler said. "We're now looking at programs to reach Black women and the Latinx community, where there is also high prevalence of uncontrolled hypertension, through beauty salons or churches."

For men like Byrd, who is married and has a 24-year-old daughter and 27-year-old son, a [barbershop](#) intervention made all the difference. He even applied what he learned from Blyler to managing his diabetes.

"A lot of people my age, they don't make it because of diabetes," he said. "They don't make it because of high blood pressure. And those two factors are the number-one killer in my culture because we just don't go to the doctor."

In a recent email, Byrd's doctor told him that his [blood](#) sugar is now under control and asked what he'd been doing.

"I'm following instructions," Byrd replied.

Provided by Cedars-Sinai Medical Center

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