

Linking Beauty and Health Among African-American Women: Using Focus Group Data to Build Culturally and Contextually Appropriate Interventions

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African-American women suffer a disproportionate burden of morbidity and mortality compared to Caucasian women. Addressing racial/ethnic disparities in health requires the engagement of African-American women in the development of interventions that are culturally and contextually appropriate. Three age groups of African-American women who attend beauty salons (18-29; 30-49; 50+) were recruited into six focus groups. Participants reviewed a series of magazine pictures of African-American women and discussed their perceptions of beauty and health. In addition, we explored ideas for how to best intervene in beauty salons. Focus group discussions were recorded, transcribed, and analyzed with NVivo 2.0. After a thematic analysis of the substantive content of the transcripts, an iterative process based on grounded theory was used to summarize themes and make recommendations for intervening with contextually appropriate interventions. Beauty and health were each conceptualized as consisting of internal (confidence,

attitude, disposition) and external/behavioral elements (hair, dress, eating healthy, exercise). Younger women perceived beauty and health as consisting more of outer dimensions, whereas older women emphasized inner dimensions. From the linkage between beauty and health emerged a consistent theme of beauty “from the inside out,” where inner aspects of beauty and health were connected with physical health and outer beauty. Participants shared ideas for specific strategies that would help the research team create culturally and contextually appropriate interventions for the beauty salon environment, including the stylist as role-model, materials that depict women with various sizes, shapes and weight loss goals, and graphics exhibiting diversity in terms of beauty and health. Engaging African-American women through focus groups is an important first step when building culturally and contextually appropriate interventions.

Keywords: Focus groups, interventions, culture, African-American, health disparities

African-American women, compared to Caucasian women, are disproportionately affected by heart disease, cancer, diabetes, and stroke, the leading causes of death among women in the United States (Statistics, 2003). Mortality rates are higher for African-American women than nearly all other subgroups for most leading causes of death (Association, 2005; J. B. Campbell, 2002). Compared to other segments of the population, African-American women also report higher rates of several important behavioral risk factors for these leading causes of death, such as obesity (Hedley et al., 2004), physical inactivity (Association, 2005), high blood pressure, and high fat/low fiber diets (Association, 2005). These disparities in risk and death have persisted over time (Association, 2005).

Contributing factors include differential access to health care and research opportunities (Yancey, Ortega, & Kumanyika, 2006), financial inequalities, racism at multiple levels of influence (Jones, 2000), mistrust of the medical system (Cox & McGarry, 2003), and lack of cultural sensitivity by professionals (Kreuter, Lukwago, Bucholtz, Clark, & Sanders-Thompson, 2003; Resnicow, Baranowski, Ahluwalia, & Braithwaite, 1999). As a result, African-American women tend to have lower rates of participation in health promotion activities and research (Corbie-Smith, Thomas, Williams, & Moody-Ayers, 1999; Crawley, 2001; Shavers, Lynch, & Burmeister, 2002; Yancey et al., 2006). The need for culturally appropriate interventions that reach African-American women in overcoming some of these barriers, and that can stimulate behavioral and structural changes are needed (Glanz, Croyle, Chollette, & Pinn, 2003; Kumanyika, 1993; Services, March 2004).

A critically important component in addressing health disparities is to actively engage African-American women in discussions about how they conceptualize health and health promotion in order to design effective interventions. Focus groups have been used to create culturally relevant interventions for African-American women in the areas of physical activity (Young, Gittelsohn, Charleston, Felix-Aaron, & Appel, 2001), overweight and obesity (Punzalan et al., 2006) diet, (Garvin, Cheadle, Chrisman, Chen, & Brunson, 2004), diabetes (Bradley, Berry, Lang, & Myers, 2006; Kieffer et al., 2004; Maillet, D'Eramo Melkus, & Spollett, 1996; Sarkisian et al., 2005), breast cancer (Bailey, Erwin, & Belin, 2000; Holt, Kyles, Wiehagen, & Casey, 2003; Maillet et al., 1996), cardiovascular disease (Gettleman & Winkleby, 2000), tobacco smoking (Shervington,

1994), and organ donation (Jacob Arriola, Perryman, & Doldren, 2005). We chose to conduct focus groups with African-American women because they permit researchers to understand group norms and cultural values that may remain untapped when using other forms of data collection, such as surveys (Basch, 1987; Kitzinger, 1995). Information gathered in this way can be used to develop targeted interventions that are culturally appropriate and responsive to the needs of the population that they serve (Krueger & Casey, 2000).

This paper presents results from focus groups that were conducted to help create a culturally and contextually appropriate intervention for the prevention of cancer among African-American women who visit beauty salons. The setting in which health promotion programs are delivered is important to consider when planning successful public health programs (*Settings for health promotion: linking theory and practice*, 2000); and beauty salons have an important historical, political, economic and social role in the African-American community (L. A. Linnan & Ferguson, 2007). Beauty salons are located in all communities and tend to attract women from the same racial/ethnic groups into a particular beauty salon. There are 219,456 licensed salons in the United States and 11,304 in North Carolina alone (Rudner, 1999). Linnan and colleagues found that nearly all stylists in one survey reported talking with their customers; and 82% of them were interested in talking about health (L. A. Linnan et al., 2005). Numerous studies have demonstrated that beauty salons are promising settings for promoting health (Ferdinand, 1997; Forte, 1995; Kong, 1997; Sadler, Thomas, Gebrekristos, Dhanjal, & Mugo, 2000), particularly among African-American women.

The North Carolina Beauty and Health Project (BEAUTY) was a 4-year American Cancer Society-funded cancer prevention intervention trial in 40 African-American beauty salons in North Carolina. Using a randomized-controlled design, BEAUTY was funded to test the effects of stylist training workshops and targeted health magazines for communicating cancer prevention messages to African-American women who frequent beauty salons. An overview, rationale and baseline results from the BEAUTY study are described elsewhere (L. Linnan et al., 2007). While developmental studies from this team worked with salons of diverse race/ethnicity (L. A. Linnan et al., 2005; L. A. Linnan et al., 2001; Solomon et al., 2004), the larger trial was funded to address African-American beauty salons because of the alarming cancer disparities that exist in this population. Thus, as an important first step in the intervention development process, we conducted focus groups with African-American women that were designed to: a) explore their perceptions of beauty and health across the lifespan; b) identify the health preferences and needs of African-American women who frequent beauty salons; c) examine what types of interventions might be appropriate and of interest to African-American women who frequent beauty salons; and d) investigate customers' perceptions about health and cancer prevention messages that might be appropriate, effective and desirable to deliver within a beauty salon setting. The results presented here examine African-American women's perceptions of beauty and health across the life-span, and yield important insights for developing culturally-relevant intervention methods and materials suitable for use in the beauty salon setting.

Method

Participants

Consent from salon owners and stylists were obtained to conduct in-person recruitment of African-American women age 18 and over in salons. A convenience sample of salons was selected from North Carolina that were not a part of the 40 selected to be in the intervention trial. In each salon, women were briefed about the study, asked to sign up for a focus group session, and were informed that they would receive a \$25 stipend for their participation. During the consent process, women were assured that they could withdraw from the study at any time. The study protocol and discussion guide were approved by the Institutional Review Board at the University of North Carolina's School of Public Health.

Procedure

Focus groups were segmented by women's age to explore potential differences in perspectives across the lifespan (Morgan, 1997). Two focus groups from each age category (18-29 yrs, 30-49 yrs, and 50+ years) were conducted. On average, each focus group consisted of seven participants, which is in the range of what is considered an optimum number of participants according to the literature (Patton, 2002). Six focus groups were conducted, although more would have been held had data saturation not been achieved (Krueger & Casey, 2000). All six focus groups were moderated by an African-American woman trained to conduct focus groups (4th author), and assisted by two project staff members to audio record the session, role play, and collect data on non-verbal expressions and key themes. Before group discussions started, demographic and health data were collected using an anonymous questionnaire given to each participant. Each focus group lasted two hours and interview guides covered two topic areas: a) beauty and health images, and b) appropriate salon-based intervention strategies. Focus group questions and the moderator guide were developed with feedback from the BEAUTY Advisory Board, which included licensed cosmetologists, two beauty school directors, a beauty product distributor, a local health department representative, local community residents, a community outreach worker from the Cancer Information Service, and members of the research team. The key objective was to explore perceptions of how beauty and health could be linked in ways that would hold meaning among this population and in these venues.

In the first part of the focus group discussion, images of African-American women of varying skin tones, body shapes, and body sizes taken from popular magazines were displayed in the room. Individually, prior to the start of the group discussion, each participant was asked to carefully view the photographs and rank their top two choices for the most beautiful, the most healthy, and the most unhealthy. Rankings were collected by the moderator and then a discussion about beauty and health ensued with the entire group. The second part of the focus group discussion was developed to review intervention ideas that had been developed by the research team based on previous salon-based work with cosmetologist and client communication, cosmetologists' preferred ways of learning, and cosmetologists' preferred ways of sharing health information gathered during the BEAUTY pilot test (L. A. Linnan et al., 2005). Participants were shown a video detailing the BEAUTY Project, followed by a demonstration where members of the research team simulated a typical client/cosmetologist intervention discussion. Focus group participants were then asked about the connections between

beauty and health, and more specifically, about ways to deliver culturally and contextually specific health messages via targeted health magazines and through conversations with their cosmetologist.

Focus groups were audio recorded, transcribed verbatim, checked for accuracy, and entered into a software program for the management of text data (i.e. NVivo 2.0). Transcripts were coded by the first and fifth authors. After a thematic analysis of the substantive content of the transcripts, an iterative process based on grounded theory was used to identify emerging themes that could be used to recommend culturally and contextually-appropriate intervention strategies for use in the beauty salon. Specific data analysis steps included a) identification of common themes and patterns related to the research topics, b) creation of codes for key concepts that emerged from the data, c) examination of each code for sub-themes and patterns across age groups, d) identification of the most essential points from each code, and e) incorporation of findings into intervention strategies for a beauty salon setting.

Results

Forty-four women representing urban, rural and suburban areas participated in six focus groups held in North Carolina. Table 1 provides participant demographic characteristics by age group. Based on self-reported height and weight, all three focus groups had participants who were, on average, overweight (body mass index greater than 25). Almost all of the women in the 18-29 and 30-49 age groups had a high school diploma or higher level of education. Most participants rated their general health as “Very Good” or “Good”.

Table 1
Characteristics of Participants by Age Group (n=44)

	18-29 (<i>n</i> = 10)	30-49 (<i>n</i> = 14)	50+ (<i>n</i> = 20)
Age (mean years)	21.1	34.1	67.8
Weight (mean pounds)	172.8	164.6	174.6
Height (mean inches)	64.9	64.8	64.0
BMI (mean)	29.9	28.5	31.0
Education			
Some high school	1	-	5
High school diploma / GED	5	1	6
Some college	4	6	2
Completed college (BS, BA)	-	4	2
Graduate school	-	3	4
General health			
Excellent	1	1	3
Very good	5	8	6
Good	3	1	8
Fair	-	4	2
Poor	-	1	-

Linking Beauty and Health

Several themes emerged as women reviewed the photographs and reflected on the reasons why they felt one woman appeared more beautiful and healthier than another. Beauty was broadly described as something that came from within, with confidence and a positive attitude emerging as the main themes defining inner beauty. Outer beauty was defined as a unique and individual style, with groomed hair and nails creating a specific look. With the exception of being too thin, all body types were considered potentially beautiful. Health was defined as being physically active and eating the right foods. While thinness was considered unhealthy among some of the women, overweight was generally deemphasized by participants. Themes and differences across different age groups are discussed below.

Inner Beauty—Confidence

In general, African-American women described inner beauty as knowing oneself and having confidence. This was consistent across all age groups of women. When asked why certain women were considered more beautiful than others, participants said:

. . . her stance...to me...tells me she really confident about herself. She's confident about what she does, she's confident about how she feels. She accepts herself. She's not really small, but she's not really big. She looks comfortable with herself. She likes herself just the way she is. (18-29 group)

They just seem very confident about their beauty and inner selves. (30-39 group)

I say this here you know a lot of people try to imitate somebody else, but just be yourself. Just be you, what worked for you may not work for someone else. Just follow your heart. Cause it will kind of tell you what is working and what will not work. (50 and up group)

Inner Beauty—Positive Attitudes

Inner beauty was also described by most women as feeling positively about oneself, which was expressed through having positive attitudes of happiness or energy:

. . . you could look like Janet Jackson [but] if you've got a nasty attitude, it makes you look like, y'know what I'm saying. (30-49 group)

Women in the 18-29 and 30-39 age groups equated a positive attitude with how a woman felt about herself, and with "beauty". If a woman felt positively about herself, she would then exhibit an attitude that would be perceived by others as "beautiful". Although women in the 50 and older group referred to a positive attitude in this way, the majority of women in this group described a positive attitude as how one treated others. For this group, an attitude that exhibited beauty was not so much how a woman felt about herself, but rather how a woman related to and/or cared for others:

You can be beautiful but if you got a bad attitude, it kills your character. You got to treat everybody on the same level. (50 and older group)

[Beauty is] someone who is considerate, caring, understanding, someone that gives love. (50 and older group)

Outer Beauty

Although beauty was mostly described as an inner characteristic, physical appearance was also identified as an important component of “beauty”:

I think physical is also an aspect too, it’s definitely inner, but physical still needs to happen. (30-49 age group)

The African-American women in this study described the physical aspect of beauty as a component that differed by individual. There were no universal standards of beauty; the physical aspect of beauty was personalized. Each woman could maximize her physical beauty by emphasizing her own personal style.

You have to know what works best for you, and then you just work with what you have. (30-49 age group)

I mean you don’t have to be drop dead gorgeous, but you have to have personality, and style, and know how to get along with people and everything like that. (18-29 age group)

A woman’s sense of personal style consisted of several dimensions, including clothing/dress, skin, smile, hair, hygiene, grooming, and makeup. Clothing/dress was emphasized by the 18-29 age group and decreased in emphasis across the age categories; those in the 30-49 age group mentioned clothing/dress less and the 50 and up age group did not mention clothing/dress in their conceptualization of beauty at all. Among the 50 and up age group, a smile was emphasized the most, as was the absence of makeup in true physical beauty. Women in other age groups mentioned the importance of minimal make-up to enhance physical beauty. The importance of hygiene was only mentioned by the 30-49 age group, and the role of grooming in physical beauty was reported by all except the 18-29 age group. Women across all groups mentioned the role of healthy eating and physical activity in maximizing beauty, and cited the important role of hair and skin in helping a woman create her own personal style to exude beauty.

I think, for me, I think hair would be the biggest. Cause you can work with everything else. I can throw something together. And it doesn’t have to be new. But if my hair’s not right, then....It’s that hair when you go out. That’s more important. (18-29 age group)

With the exception of being too skinny, all body types were considered potentially beautiful depending on how a woman expressed her personal sense of style. Weight, muscle tone, and body size were expressed as relatively immutable aspects of a woman that served as a canvas from which a woman could be beautiful.

So to me as far as it being looking beautiful, be it regular size or whatever, petite on up to plus size everybody can look really nice so at that point it does not really matter to me what size you are. (30-49 age group)

I don't think skinny is pretty. And I've always been skinny. . . but I think skin and bones just ain't pretty at all. (50 and up age group)

Inner Beauty and Outer Beauty

Although African-American women in all age categories spoke of beauty in terms of disposition, personality, and physical attributes, older African-American women (age 50+) specifically connected inner beauty and outer beauty, with inner beauty affecting and at times overcoming physical detriments.

Facilitator: "Since we are talking about the issue of being beautiful, in your opinion what does it mean to be beautiful?"

Participant in 50 and up age group: "It comes from the inside out."

Facilitator: "From the inside out."

Participant in 50 and up age group: "Yes." "Right, I like #9 cause she has this thing about, I don't know, she has this certain look about her. Like with the glasses. I been there, I've overcome it, I know what it took to overcome it, and I am happy with myself. And when you are happy with yourself, people around, you could look like Godzilla's momma, (laughter) but if you're happy with yourself and you present yourself with a smile and good attitude then you're beautiful to everybody. Certain things come out in everybody."

Health

For women of all age groups, themes about health referred to being physically active and eating healthy.

I think just seeing the preventive measures that you can take and just seeing if you don't just what they lead up to. And I can really understand the risk factors and not doing that. So I think that it does make a big difference in watching what you do, what you eat, exercise. (30-49 age group)

I think eating right, the kind of foods they have has a lot to do with it. The right kind of food and then doing exercise. You don't have to spend such heavy exercise, its fine just walking, walk a little bit everyday and eat the right kind of food. (50 and up age group)

When African-American women spoke of weight's relationship with health, low body weight or thinness was often associated with poor health. Although women acknowledged that overweight may play a role in health, most expressed a broader view of health than body weight. This view was consistent across all age groups.

I see it as an overall picture... sometime you can't have no control over your weight but eating at least mostly healthy....and being active...and you know a combination of both I think that will generally get you to where you need to be health-wise. (18-29 age group)

Sometimes the smallest people have high cholesterol even though they look tiny and all that...what she look like that doesn't necessarily mean they're healthy. So looking at someone's size, you can't always tell. (30-49 age group)

I think its all about the person. You know how comfortable they are with themselves and what they feel is best for them. Because what's good for me, may not be good for someone else. Because I know for me, I workout, but, you know, I want to get to a certain weight or a certain size that I feel comfortable with and I feel like I am in excellent health and all that . But I think too, as ____ said, when you get older you do things that are preventative, some things before you get to a certain age. So I think its all about the person and how they think of themselves. (50 and up age group)

Other health issues mentioned included having a healthy blood pressure, obtaining adequate sleep, getting regular check-ups with a doctor, maintaining emotional and mental health, and religion and spirituality. Older African-American women emphasized the importance of being able to perform day-to-day tasks such as getting out of bed, making meals, and taking care of themselves as an aspect of good health. Older African-American women also described health as feeling good about oneself, having confidence, and being happy.

If you feel good about yourself then you are going to be healthy. In order to be healthy you have to feel good about yourself, it's not what you say, you say or you say its what you say. I will make myself presentable as long as I live and can lift my hands up. And between me and my God I ask him to keep in my health and strength until he calls me home and I believe he'll do it. (50 and up age group)

Beauty and Health

Most women agreed there was a relationship between beauty and health:

They (beauty and health) do play a good part of each other because you can't have one without the other. You know. You can't just have beauty and be on the inside just corroded. But I mean you just have to have both of them to live a good life. (18-29 age group)

If you are healthy it helps you to be beautiful. I don't know any other way to say it. They kinda fit together like a hand and glove. (30-49 age group)

But I think if you don't have good health, a lot of times you don't think about the beauty part of it. If you in bad health you just sick, and you don't think about how you look or what you should look like if you in bad health. Sometimes people have to help you out and beauty come in and get right there. (50 and up age group)

Review of Intervention Components and Recommendations

Using two intervention components (stylist training workshops and an educational display placed in the beauty salon) that were successfully implemented in the BEAUTY pilot project (L. A. Linnan et al., 2005), along with targeted health magazines that have proven effective in other interventions with African-American women (M. K. Campbell

et al., 2002), we looked for ways to integrate these focus group results into a series of messages on beauty and health that would be effective, clear, and contextually relevant for African-American women who attend beauty salons.

Stylist Training

Across all age groups, focus group participants agreed that stylists were important for imparting support, encouragement, and confidence when communicating with customers about beauty and health.

I think it means a lot for a person to know that they are not alone. And that they have somebody to back them up; somebody that cares and show concern about the situation. (18-29 age group)

If you down and out and somebody encouraged you, that would make you feel good about yourself. (50 and up age group)

Offering small reasonable goals was a way stylists could encourage their customers to practice healthy behaviors. Focus group participants also talked about the importance of the stylist's relationship with the customer in dictating how much health information could be shared from stylist to customer. If the stylist had a close relationship with a customer, more health information could be shared; however, if the intimacy of the relationship was not in line with the amount and detail of the health information shared, the stylist would be seen as 'too pushy' by customers. An important contributing factor was *how* the message was conveyed.

It's how it is presented to the customer in the first place: Attitude, stance, tone, not being sarcastic. ...and sincere, that's going to be very important. 18-29 age group)

It depends on how they say it....If they just come out and say ..."You need to lose weight" instead of saying you know we both can work together or let's get together and exercise or something like that. (30-49 age group)

The stylist as a role model was also an important theme that emerged. Several participants said that it would be helpful if the stylist had similar health experiences, were proactive in sharing health information, and were encouraging or offered to help improve health behaviors in concrete ways.

"I don't think a beautician can really talk to me about health and they don't look healthy or you know they not taking care of themselves because of whatever reason, what you see in their salon room, what they eat (giggles). I mean it's true, it's going to be hard for a beautician to really talk about it if they aren't doing it themselves. Not that everyone won't listen, but I think that what would help is if they bring up the[display] board and say this has really helped me and I get my screenings now or I started working out, you know, whatever, them sharing about their lives is something that will help. (30-49 age group)

Maybe she [stylist] could say, oh I walk such and such a time, why don't you come walk with me. Just come on and walk with me and that will help a lot too..." (50 and above age group)

When asked how a stylist might convey the link between the types of foods eaten and beauty, focus group participants suggested making a link between food, skin, and hair:

Maybe, because women are always going to talk about their hair and how to make it look healthier or longer or it's broken off or something. They're always going to talk about that and perhaps having the stylist initiate the conversation by saying, "You know we can put all the stuff on your hair we like, but ultimately what you eat and how healthy you are and how active you are is really going to have a huge affect upon your hair. (30-49 age group)

In general, focus group participants felt that their cosmetologist could be an effective source of information to them about beauty and health-related issues, such as physical activity, weight, and cancer screenings, providing the message was conveyed in an emotionally supportive way with concrete follow up.

Magazine and Beauty Salon Display

Focus group participants were shown a mock-up magazine and asked to provide feedback on both its layout and content. Participants emphasized that a shorter amount of text would be most appealing, as would the presentation of charts, graphs, pictures, and the generous use of color. Several also stated that it would be important to have pictures of working women, older women, and women with different body types and sizes.

Not a lot of reading but a lot of information. (50 and above age group)

Not all young people. Some people like our age, you know. (50 and above age group)

Focus group participants expressed that having personal stories (i.e., testimonials) of women like them who have been successful at becoming healthier would increase the relevance and salience of materials. Easy-to-read, interesting facts (i.e., Did you know?) and quick and healthy recipes for breakfast, lunch, and dinner were also mentioned as important in enhancing magazine and display acceptability and utility.

I think that it would be catchy if you had a little recipe or something that is not food that you have to go out and spend a whole lot of money on, like stuff that you know is going to be in the house. (18-29 age group)

So in the magazine, facts about obesity would be helpful. Facts about it and also respect for people as they are. Some tips about not just naturally thinking that everybody who's obese is just automatically unhealthy. We do need to know the facts about it. (50 and above age group)

Offering coupons or samples, and regional information related to health promotion activities were mentioned. Several participants stated that making the beauty and health connection more explicit was important. One participant summarized the groups' sentiment regarding the important message of taking small steps toward success in the intervention materials: “. . . you don't have to jump off the cliff you can just walk through the valley for a little bit and work your way up to the mountainside – that is very encouraging.”

Discussion

Translating Focus Group Findings into Intervention Strategies

Focus group data regarding women's perceptions of beauty and health, and specific intervention components were translated into specific intervention strategies. Table 2 lists how emerging focus group themes were used to develop specific intervention strategies that were subsequently implemented in the larger BEAUTY trial. Connections between inner and outer beauty led to the development of an important sub-theme for the BEAUTY project: “Beauty from the Inside Out”, which served as the subtitle for the BEAUTY and Health magazine. Each magazine carried this subtitle and offered special features to highlight success stories, variation in the type, body size and age of women, along with personal testimonials from women who made successful behavior changes. Future health programs for African-American women may benefit by affirming women of their inherent beauty in a way that encourages healthy behavior change.

Table 2
Linkages Between Focus Group Themes and Developed Intervention Component

THEME	INTERVENTION STRATEGIES
Inner beauty-positive attitude	Emphasized in magazine and training workshop “success stories”; illustrated through pictures of women
Outer beauty-personal style (important role of hair)	Training workshops gave stylists information on foods and physical activity practices to enhance outer beauty and maximize health of hair
Outer beauty-multidimensional body type	The magazine used pictures of women with different body types; Healthier Weight Challenge materials emphasized stories of 3 different women with different body sizes/weight goals
Inner beauty and outer beauty	Magazine subtitle, “Beauty from the Inside Out”
Health	
Health behaviors (eating and physical activity)	Five of seven campaigns (including in-salon educational displays, print materials and stylist training workshops) focused on physical activity and healthy
Weight-multidimensional view	Overall health was emphasized in the “Healthy Weight Challenge” campaign; BMI chart taught women about the connections between overweight and health/health risk
Intervention-Magazine and Display	
Pictures and illustrations-many and diverse	Pictures of African-American women of all ages with varied body shapes, weights, and diverse illustrations in the magazine and display
Content-stories, facts, tips	“Success stories” in every magazine; Myths, tips, or facts in every magazine and display; <u>as well as in every training workshop</u>

Other themes that emerged from focus group data were used to create culturally appropriate intervention components. The BEAUTY trial consisted of seven health-related campaigns, each campaign focusing on an aspect of cancer prevention addressing the primary or secondary outcomes of the larger study. Each of the seven campaigns included a theme, targeted health messages, and three deliverables that were offered depending upon the condition to which the salon was randomized: targeted health magazines mailed to customers at home, educational display for the salon, and stylist training workshop. The Healthy Weight campaign used results from the focus groups and included pictures of women with different shapes, sizes, and weights, in addition to weight loss goals in the targeted magazine and the salon displays. Pictures exhibiting confident women with positive attitudes were chosen to display the outer beauty

identified by the focus group participants. To connect inner beauty with outer beauty in the same manner as the focus group participants had described, testimonies of how inner beauty led to positive changes in health and outer beauty were included in the health magazines using spotlights on real customers from the salons (with their permission). Instead of focusing on weight loss, healthy weight was featured as a way of contributing to a woman's sense of personal style. Stylist training workshops incorporated information about linkages between nutrition and beauty, particularly how certain foods promoted hair health. To create awareness about the health risks associated with being overweight, educational displays in the salons and the magazine article encouraged women to plot their height and weight on a body mass index grid to become aware of their personal BMI. Then data concerning the relationship between excess body weight, general health, and cancer risk, was presented to counter focus group participant-identified perceptions of excess weight as a very low risk factor for health or cancer-related concerns.

In addition to the Healthy Weight Campaign, based on results from the focus groups and requests from the participants, a Healthier Weight Challenge was developed and implemented. The Healthier Weight Challenge included a 12 week event with pre/post-event weigh-ins, distribution of a Healthier Weight Challenge kit to all registered participants, and a few giveaways. The Healthier Weight Challenge personal guidebook described three African-American women of different ages, weights, sizes, and personal weight goals who were followed throughout the 12-week weight challenge period and experienced different challenges, barriers, and successes with weight loss. The focus was on maintaining or achieving a healthy weight via physical activity and making healthy food choices – two areas of importance from the focus group themes. Focus group results emphasized the importance of having a focus on overall health instead of weight as a way of enhancing participation among African-American women.

Conclusions

The perceptions of African-American women regarding beauty and health across the life span are needed if we are to effectively construct culturally and contextually appropriate intervention strategies tailored to beauty salon settings and designed to prevent cancer and eliminate cancer disparities. African-American women in our focus groups described a multifaceted and individualized perception of beauty that emphasized the importance of confidence and attitude/disposition over physical, bodily characteristics. Being 'too thin' or 'too skinny' was regarded as a negative attribute, detracting from beauty. The women acknowledged that society associates low body weight with beauty, but in general these women did not agree with this belief system. Instead, African-American women of all ages believed that any given woman could be beautiful at any size, and could enhance personal beauty by addressing attitude, dress/clothes, and skin to portray her own sense of style. Physical aspects of a person, such as clothing/dress and hair were cited as indicators of beauty, but were described as small pieces of the overall beauty picture. On average, older African-American women emphasized the internal aspect of beauty over the physical/outward aspect of beauty, making specific connections between internal and outward beauty.

Like beauty, health was also described as an internal disposition, confidence, and feeling; however, health behaviors such as physical activity and healthy eating were emphasized in women's description of good health. Weight was not viewed as a sole or

defining indicator of good health, and was seen as relatively immutable; whereas health behaviors and internal dispositions were viewed as mutable. Thus the attitude concerning body weight was to accept what body one was given, and work with other more seemingly changeable factors, such as attitude and health behaviors to maximize one's health. Older women again differed from the younger women in emphasizing the importance of internal attitudes over practicing specific health behaviors. Older women also resonated with functional ability as an important indicator of good health, such as the ability to take care of daily activities or duties, getting out of bed, and cooking for oneself.

In conjunction with the specific intervention strategies identified by the African-American women in these focus groups (e.g. diverse graphics, stylist as role model), perceptions and descriptions of beauty and health can be used to design appealing intervention materials— a multifaceted view of beauty is useful in creating illustrations for print materials, educational displays for the salon, and as part of discussions of beauty in all intervention materials and stylist training sessions. Emphasizing quality of life and functional ability can serve as an important motivational influence for improving health behavior in older women.

It was clear that African-American women in these focus groups believed that to be beautiful, one needs to be healthy; and vice-versa. A common theme that ran across the conceptualization of beauty and health was the importance of the internal state—the level of confidence and attitude/disposition of the woman.

I think some way how we were talking before about the inner beauty and the self confidence part of it and being OK with, you decide what makes you happy. And then you decide how you want to be healthy and then figure out a way to obtain it and bring that in to the point of you have to be Ok with you self in the beauty and the health. Because you can be healthy and the most beautiful woman in the world but if you don't think so, you are going to continue to strive for a goal that is not you and eventually become unhealthy. So I think that that other dimension will come into part with people. 'Cause in a beauty salon, I'm sure that stylist deal with people all of the time who are not confident in themselves and who they are and I think that is important. 'Cause that tends to draw things that they wouldn't normally do. (18-29 age group)

Thus to be beautiful and healthy required an internal state of confidence and self worth before the external components of beauty and health could be manifest. Over the life-course, it appears that conceptualizations of beauty and health become less about what a woman looks like or does, but more about how a woman represents herself — her self-confidence and personal contentment.

These data expand upon current knowledge about African-American women's definitions of beauty and health across the life-span that can be used to build culturally and contextually appropriate interventions. These results are consistent with efforts to build more culturally appropriate weight loss interventions for African-American women (Kumanyika et al., 2007). The results also provide specific strategies for delivering successful interventions in a beauty salon setting. Beauty salons are trusted places that provide a rich historical, political, social, and economic rationale for addressing

disparities in health among African-Americans (L. A. Linnan & Ferguson, 2007). Eliminating the health disparities that differentially disadvantage African-American women requires a more thorough understanding of how African-American women view health and how they view potential intervention strategies. Intervention solutions would benefit from considering the perceptions of these women and their concerns, as well as from taking into account the settings in which these interventions take place. Beauty salons are in all communities, and interventions taking into account the unique perspectives of their participants about what will work best and how the salon environment can be mobilized would maximally promote health. There is a growing recognition that beauty salons are a place where African-Americans can be reached with health messages, thus learning about the perspectives of customers regarding a wide range of intervention strategies—health magazines, educational displays, and stylist trainings—are needed.

This study addressed a fundamental issue of how to best to link beauty and health messages, and in what ways salons might be mobilized to promote health. Our data also expands upon knowledge about African-American women's definitions of beauty and health across the life span and of the building of culturally appropriate interventions. To combat the health disparities that differentially disadvantaged African-American women requires expertise and understanding from multiple perspectives. By providing insight into how a woman comes to be beautiful and healthy, the African-American women in our focus groups lend a necessary voice in the effort towards healthy equity through contributing to the effort of creating effective health interventions that will appeal to African-American women who visit beauty salons.

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