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### Practice Notes: Strategies in Health Education Program, “Full Service”: Talking About Fighting Prostate Cancer—in the Barber Shop!

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## Practice Notes: Strategies in Health Education

*The Practice Notes section is intended to keep readers informed about health education practice around the country. It is an attempt to spread the word about exemplary strategies, initiatives, and programs and share successes in overcoming obstacles or challenges. Periodically, articles presenting perspectives on practice-related issues are also included in Practice Notes.*

### **Program: “Full Service”: Talking About Fighting Prostate Cancer—in the Barber Shop!**

**Sponsors: EXPORT Health Center at the Center for Minority Health,  
Graduate School of Public Health, University of Pittsburgh,  
NIH/NCMHD 5-P60-MD-000-207-05**

#### *Objective*

The purpose of this project is to promote prostate cancer screening, education about disease risk and the importance of early detection, and survivorship among African American males who frequent African American–owned barber shops.

#### *Assessment of Needs*

Although deaths from prostate cancer have been on the decline, prostate cancer remains the leading cancer among men and the second leading cause of cancer mortality among men in the United States (American Cancer Society [ACS], 2004). The prostate cancer incidence rate among African American men is 66% higher than the rate is in Caucasian men, and the prostate cancer death rate is two or more times as high among African Americans as in any other racial or ethnic group (ACS, 2004). Since the use of early detection tests for prostate cancer became relatively common, the prostate cancer death

rate has dropped (Ross, Uhler, & Williams, 2005). Some studies show that African American males have lower levels of knowledge regarding prostate cancer and are less likely to undergo the prostate-specific antigen (PSA) and digital rectal examination (DRE) than their Caucasian counterparts (Ross, Uhler, & Williams, 2005). It is believed that awareness of screening and perceived risk contribute to these disparities (Ross, Uhler, & Williams, 2005).

#### *Program Strategy*

In recognition of National Men’s Health Week and Father’s Day, the Center for Minority Health (CMH) of the Graduate School of Public Health at the University of Pittsburgh partnered with the University of Pittsburgh’s Cancer Institute (UPCI) and the American Cancer Society (ACS) to facilitate a day of prostate cancer awareness and screening in four African American–owned barber shops in three predominantly African American neighborhoods. On two consecutive days, two separate teams, each

consisting of an oncology fellow, public health professionals, an ACS representative, and prostate cancer survivors, visited the barber shops to engage the customers in a conversation about prostate cancer screening and detection, diagnosis, and survivorship. Approximately 103 men received the most recent information about prostate cancer, screening guidelines, treatment options, and side effects. Two of the shops offered awareness education only, another offered awareness education and on-site PSA blood testing, and the fourth offered PSA and DRE examinations by nurse practitioners from UPCI in addition to education. Free clinic screenings were offered at the two education-only sites with a voucher for a free haircut if the screening appointment was kept. At these two sites, a total of 9 men made appointments to go to the clinic to get a free prostate examination. Staff members followed up with several phone call reminders to these men to keep their appointment; to date, not one kept their appointment. At the education/PSA-only site, 9 blood draws were done, all within normal range. At the full-service shop, 14 PSA tests including 10 DRE exams were done. Shop customers were greeted and escorted to the registration table by one of the cancer survivors, introduced to the nurse practitioner who provided a brief orientation on PSA and DRE testing.

#### *Evaluation Approach*

A postprogram survey was administered to the shop owners, barbers, and customers to test the value of the initiative, whether participants felt more encouraged to talk to their doctor about screenings in the future, and whether they would like to see this type of program in the barber shop more often. Anecdotal evidence was very encouraging. Participants said that they would like to see this type of program in more shops more often. CMH and ACS staff conducted field observations and impromptu qualitative interviews with providers and survivors for feedback regarding their experiences in

the shops. Each of these methods provided more process and formative information for further interventions.

#### *Implications for Practitioners*

Prior to the program described above, an initial trial of this program was conducted with the goal of engaging men in a conversation about prostate cancer and then encouraging them to sign up for a free prostate examination at the UPCI clinic, with the incentive of getting a free haircut coupon after the examination. Approximately 100 men signed up for testing but only 10 followed through with their appointments. The above note describes our readjustment by investigating whether men, given the opportunity, would participate in an invasive screening procedure in a nontraditional setting, implemented in the full-service shop above. The answer seems to be *yes*. Our take-home message: Go to where the men are with the full service, when possible.

For more information, please contact Mario C. Browne, MPH, Project Director, Center for Minority Health, University of Pittsburgh Graduate School of Public Health, 127A Parran Hall, 130 DeSoto Street, Pittsburgh, PA 15261; phone: (412) 624-5665; fax: (412) 624-8679; e-mail: mbrowne@cmh.pitt.edu; Web: www.cmh.pitt.edu.

#### *Acknowledgments*

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#### **References**

- American Cancer Society. (2004). Cancer facts and figures. Retrieved from [www.cancer.org](http://www.cancer.org)
- Ross, L. E., Uhler, R. J., & Williams, K. N. (2005). Awareness and use of the prostate-specific antigen test among African-American men. *Journal of the National Medical Association, 97*(7), 963-971.

## **Program: The Illinois Campaign for Responsible Sex Education**

### **Sponsor: Illinois Caucus for Adolescent Health; Planned Parenthood/Chicago Area**

#### *Objectives*

The Illinois Campaign for Responsible Sex Education (ICRSE) aims to increase the number of Illinois youth who have access to classroom-based comprehensive sex education (CSE). ICRSE responds directly to the recent rise in abstinence-only approaches to sex education (AOE). The campaign has three primary objectives: (a) to garner state funding for CSE; (b) to advocate with school districts for policy change that promotes CSE; and (c) to provide teacher training in CSE.

#### *Assessment of Needs*

The needs assessment and subsequent campaign responded to concerns that some (if not many) of the current AOE approaches are both scientifically and ethically flawed (Santelli et al., 2006). ICRSE used two methods to assess the need for CSE in Illinois: (a) a teacher survey and (b) a voter survey. The middle school and high school teacher survey ( $N = 208$ ) was conducted by the National Opinion Research Center at the University of Chicago in fall 2004 (Burke et al., 2005). The Illinois voter survey ( $N = 600$ ) was conducted by Lake, Snell, Perry, Mermin, and Associates (LSPMA), a private polling firm, in January 2005. Results from these surveys suggest both teacher and voter support for CSE.

#### *Program Strategy*

ICRSE uses advocacy strategies to address issues that grow directly from its

needs assessment and are the basis for campaign objectives. To meet its first objective (to garner state funding), the campaign worked to have the “Age Appropriate Sex Education Grant Program Act” introduced into the Illinois General Assembly during both the 2005 and 2006 legislative sessions. Campaign staff advocate with state legislators whose constituents are supportive of CSE to promote passage of this bill. To change sex education policy in Illinois school districts (objective b), ICRSE works with youth advocates, parent advocates, and school board administrators to shape policies that mandate CSE (and term AOE insufficient). In addition, ICRSE trains teachers in the selection and delivery of CSE curricula (objective c).

#### *Evaluation Approach*

ICRSE’s evaluation approach focuses on assessing processes that are designed to achieve the campaign’s three objectives. Campaign staff members document their contacts with legislators and constituents to identify those strategies that are successfully leading toward passage of the CSE bill (objective a). Similarly, staffers document their advocacy work with youth, parents, and school district administrators to track those processes that are most effective in changing school board CSE policies (objective b). In addition, ICRSE assesses satisfaction with (and responsiveness to) its teacher trainings in CSE (objective c). Ultimately, the campaign aims to conduct a follow-up teacher survey that will assess whether

ICRSE is achieving its long-term goal of increasing CSE access for Illinois youth.

### *Implications for Practitioners*

ICRSE results should prove informative for practitioners working to promote CSE using multilevel approaches. Part of the campaign's success will likely depend on applying results from the needs assessment, thus building on teacher and public support shown via their surveys. For example, teachers reported that availability of curricula influenced their selection of sex education topics. As a result, ICRSE's teacher training component makes sound CSE curricula readily available and is seen as critical to campaign success. Similarly, data such as that focused on whether Illinois voters would choose CSE as opposed to AOE can be useful in approaching and addressing legislators and policy makers because it gives them specific concrete information from their constituents. Thus, in addressing controversial areas such as sex education, data regarding support from both the public and those responsible for program delivery (i.e., teachers) can facilitate advocacy efforts.

Ultimately, the campaign's evaluation will identify strategies (and corresponding barriers) that can be used to (a) secure state funding, (b) promote school district policy change, and (c) effectively train teachers. ICRSE views its school district policy change approach as particularly promising because this strategy has (to this point) not been used significantly by CSE advocates. Thus, the campaign intends to provide increased resources for the implementation and evaluation of

school district policy work during its next phase, potentially providing a model approach for CSE-focused practitioners.

For more information about ICRSE evaluation, contact Michael C. Fagen, PhD, MPH, Institute for Health Research and Policy (M/C 275), University of Illinois at Chicago, 1747 W. Roosevelt Road, Room 558, Chicago, IL 60608; phone: (312) 413-9812; fax: (312) 996-2703; e-mail: mfragen1@uic.edu.

For more information about ICRSE planning and implementation, contact Jonathan S. Stacks, MSW, Illinois Caucus for Adolescent Health, 28 E. Jackson, Suite 710, Chicago, IL 60604; phone: (312) 427-4460; fax: (312) 427-0757; e-mail: jonathan@icah.org.

For more information about the ICRSE needs assessment, contact Tracy Fischman, MPP, Planned Parenthood/ Chicago Area, 18 S. Michigan, 6th Floor, Chicago, IL 60603; phone: (312) 592-6800; fax: (312) 592-6801; e-mail: tracyf@ppca.org.

### **References**

- Burke, A., Halverson, M., Kuby, A., Porras, J., Wolter, K., & Zhao, L. (2005). *Illinois Health Curriculum Study: Final report*. Chicago: National Opinion Research Center at the University of Chicago.
- Lake, Snell, Perry, Mermin, and Associates. (LSPMA). (2005). *A presentation on findings from six focus groups and a statewide survey*. Washington, DC: Author.
- Santelli, J., Ott, M. A., Lyon, M., Rogers, J., & Summers, D. (2006). Abstinence-only education policies and programs: A position paper of the Society for Adolescent Medicine. *Journal of Adolescent Health, 38*(1), 83-87.

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## SUBMISSION INFORMATION

Abstracts for Practice Notes and all correspondence concerning abstract review should be sent to Lisa D. Lieberman, Healthy Concepts, 29 Ardsley Drive, New City, NY 10956. Submissions can be mailed (include one hard copy and disk in Word format or Word Perfect) or sent by e-mail attachment to [llhealth@optonline.net](mailto:llhealth@optonline.net) in Word format. Published manuscript length is approximately 300 words (excluding headings and contact information). Submitted manuscripts may be up to 700 words and will be edited for length and clarity. Include the following: name of initiative or program, contact person, sponsoring agency or agencies, address, and phone number. The program description should include the following headings: Objectives, Assessment of Needs, Program Strategy (e.g., risk reduction, community organizing, media advocacy, disease management, policy advocacy, coalition building, social support, etc.), Evaluation Approach, and Implications for Practitioners (including descriptions of any special challenges or unique circumstances that the project has overcome). Authors should not include evaluation results because Practice Notes is intended to describe processes and programs, not to assess outcomes. Submissions will be judged on applicability and utility to the health education practitioner, clarity of objectives, innovativeness and creativity, existence of evaluation plan, and potential replicability. Additional artwork, graphs, or tables may be submitted in camera-ready form.

