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PERSPECTIVES

Partnering With Barbershops and Salons to Engage Vulnerable Communities During the COVID-19 Pandemic

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This manuscript conveys the story of the health and economic challenges faced by a coalition of barbershops and salons in West Philadelphia. It is grounded in city and national data that illustrate the widening racial and class disparities during coronavirus disease 2019. Ultimately, it is a story of resilience that outlines a budding partnership between barbershop and salon owners, their community, and medical providers.

Keywords. COVID-19; barbershops; salons; health; economy; small businesses; community engagement; medical providers.

Darryl Thomas is the owner of a barbershop nestled within one of the hardest-hit communities during the pandemic. In my first year of medical school, I partnered with Darryl on several volunteer initiatives, including a barbershop-based blood pressure screening program. At the beginning of the pandemic, he reached out to me for advice on how best to implement coronavirus disease 2019 (COVID-19) infection mitigation strategies in his shop. During that initial conversation, we also spoke about the ravaging effects COVID-19 had on his community. Most notably, his mother, a spry 78-year-old, had contracted COVID-19 and required a weeklong hospitalization before recovering. From the onset of the pandemic, he galvanized other minority-owned barbershops and salons to form a coalition of businesses to advocate for obtaining financial relief. Months after the government-mandated shutdown, Darryl's shop and many other personal care businesses in the coalition had not yet received financial relief from the government.

Darryl's story highlighted the deleterious interplay between health and lack of financial relief for Black and Latinx communities. A report published by the Federal Reserve Bank of New York illustrates health and economic disparities in the disbursement of large government relief programs, specifically the payment protection program (PPP). The report shows that the PPP disbursed funds to <20% of applicants in counties with high concentrations of black-owned businesses, whereas its national average disbursement percentage is ~70% [1, 2]. Additionally, Black-owned businesses were more often located in areas with higher rates of COVID-19 cases, whereas White-owned businesses were more often located in areas with lower rates of COVID-19 cases [1]. Thus, not only did PPP approve of and disburse funds to a lower percentage of applicants in regions with a high density of Black-owned businesses, but it also disbursed less funding to regions with higher rates of COVID-19 infection [1]. Unfortunately, as of mid-August 2020, 41% of minority-owned small businesses had permanently closed, compared with 17% of White-owned small businesses [1, 3].

The barbershop and salon owners pursued entrepreneurship with a belief in meritocracy—the idea that if they worked hard and were savvy enough, they would be successful. The vast majority of entrepreneurs in the barbershop-salon coalition were first-generation owners without significant personal wealth and/or access to monetary or social capital. Their lack of generational wealth and social capital are downstream effects of historical and current discriminatory policies that also limited their access to COVID-19 financial relief. Essentially, the pandemic amplified preexisting systematic biases, which now threaten their businesses and health. The barbershop and salon owners' experiences reminded me, albeit tangentially, of my own personal experiences in the medical profession. I realized that medical training is fraught with disparities in opportunity and rewards, often split along wealth, race, and gender lines. From medical school acceptance to rewards like the prestigious Alpha Omega Alpha Honor Society, glaring disparities persist. Opportunities and rewards are usually justified by the term "meritocracy." However, recent research reveals that non-White medical students are

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persistently evaluated lower than their white peers, even when correcting for test scores and other qualifying factors [4]. Given historical and present-day biases, this is not surprising. What is disconcerting is that institutions, such as academic centers or financial corporations like banks, continue to espouse meritocratic ideals—this is a false pretense that arguably serves to negate their culpable roles in perpetuating bias.

Ironically, while training as a Black woman and a first-generation college student from a low-income background, I identified more with the experiences of Black patients from West Philadelphia than my medical colleagues. The shop owners' stories, like those of my patients, resonated with me. Growing up, my family did not have much, but we did have a sense of pride in ourselves and our history. Similarly, the business owners were proud of their humble beginnings and of their entrepreneurship. Even though the odds of physical and financial viability during and after the pandemic were stacked against them, the coalition continued to fight.

Inspired by the coalition's determination and resilience, we built a team to support their effort by harnessing our connections at our educational institution, the University of Pennsylvania. This resulted in an academic–community partnership centered on safe reopening of their businesses, providing COVID-19-related education, and access to resources to prevent COVID-19 transmission. We named this academic–community partnership SHARP: Safe Haircuts As We Reopen Philadelphia, and several fruitful initiatives resulted from this partnership. We developed a "back to work safely" instruction manual that served as a blueprint for the coalition of barbershops and salons. We ensured that each component of the safety manual such as workflow and customer screenings was supported by existing guidelines. By accessing resources at Penn and outside of Penn, we provided personal protective equipment (PPE) to the shops to be able to fully implement the infection control measures. We created an online COVID-19 symptom and exposure screening survey for customers to use before coming to the shops. Customers who screen positive for symptoms or had a recent COVID-19 exposure were linked to COVID-19 testing sites. So far, 562 customers have used the symptom screening questionnaire. This platform also allowed us to recently assess intention to receive the COVID-19 vaccine. Out of 100 respondents, 39% already took the vaccine, 36% reported that they intended to take the vaccine, and 25% were not interested in taking the vaccine. Compared with respondents who were interested in receiving the vaccine, respondents who were not interested in receiving the vaccine were younger (average age 52 vs 44, respectively) but had similar prevalence rates of comorbidities (44% vs 47%, respectively). This information is critical for the shops, as some of them have decided to serve as positive vaccine ambassadors by providing COVID-19 vaccine education to their customers and linking those who are interested in receiving the vaccine to vaccination sites. This is a shift, as the majority were highly hesitant with regard to the COVID-19 vaccine before the rollout of the vaccine [5].

Looking back on our experience partnering with this coalition of businesses throughout the pandemic and looking to the future, we believe that healing communities ravaged by this pandemic through academic–community relationship-building is a promising way to move forward. We believe that it is essential for all to use our platform as health care professionals to partner with and empower communities by listening to them and seeing them as equal partners in the fight toward health equity.

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