

Advancing Health Equity Through Community-Centered Initiatives: Lessons from Project Ricochet's Barbershop and Beauty Salon Initiative

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This research explores the design, implementation, and outcomes of Project Ricochet's Barbershop and Beauty Salon Initiative (BBSI), a culturally grounded, community-centered public health program serving African American communities in Central Kentucky from 2023-2025. Drawing on data from 562 outreach events across 330 locations, the study provides a mixed-method analysis of how barbershops, beauty salons, and trusted community spaces can serve as critical nodes for health promotion, education, and equity. The research incorporates descriptive statistics, thematic narratives, and strategic policy analysis to assess the BBSI's impact on health behavior, community trust, and systemic engagement. Findings reveal that the BBSI model, which integrates trauma-informed care, arts-based engagement, youth leadership, and culturally responsive outreach, advances health equity not through clinical imposition, but through deep community partnership and empowerment. The research also identifies barriers and lessons learned, offering a replicable framework for other public health practitioners seeking to embed interventions in the social and cultural infrastructure of marginalized populations. The conclusion emphasizes the necessity of shifting from transactional outreach to transformational public health rooted in trust, creativity, and co-ownership.

Keywords: health equity, community-based public health, barbershop interventions, culturally responsive outreach, trauma-informed care, African American health, arts in public health, youth engagement, public health innovation, participatory evaluation

Introduction

Health equity, the notion that everyone should have a fair and just opportunity to attain their highest level of health, remains one of the most urgent and challenging goals in contemporary public health (Braveman et al., 2011). Across the United States, persistent disparities continue to affect historically marginalized communities, particularly African Americans, who face disproportionate burdens of chronic disease, inadequate access to care, and structural barriers to wellness. In response, public health leaders have increasingly turned toward culturally grounded, community-centered models as powerful tools to dismantle inequities (El-Amin et al., 2025). One such model is the Barbershop and Beauty Salon Initiative (BBSI), a flagship program of Project Ricochet, a nonprofit organization based in Central Kentucky, United States.

This research explores the strategies, implementation, and outcomes of Project Ricochet's Barbershop and Beauty Salon Initiative, drawing from a robust dataset of

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562 outreach reports spanning over three years, from 2023-2025. The BBSI exemplifies how culturally significant spaces, barbershops and beauty salons, can be mobilized as hubs for health education, screening, and engagement, especially within Black communities that often experience medical mistrust and underrepresentation in mainstream health systems (Fujii et al., 2024; Khanani & Haight, 2024; Khosla et al., 2024; Ruffin & Martin, 2024; Wade et al., 2024; Williams et al., 2024; Wippold et al., 2024; Tsai & McCann, 2025).

Project Ricochet launched the BBSI with a mission to reduce social drivers of health disparities by situating health promotion efforts within the trusted and familiar settings of African American barbershops and salons (El-Amin, 2025). This model was designed not only to deliver health interventions but also to honor and amplify the community leadership inherent in these spaces. Through a blend of grassroots outreach, trauma-informed care, peer mentorship, and creative arts engagement, BBSI offers a multifaceted approach to advancing health equity from the inside out (El-Amin et al., 2025).

Methodologically, this research draws from self-reported data collected through outreach forms completed by Project Ricochet staff, contractors, and community health workers (CHWs). These forms document the who, what, when, where, and how of each event, capturing both quantitative indicators (such as number of people served, event types, and locations) and qualitative narratives (including comments, reflections, and perceived pros and cons). Additionally, the research incorporates a strategic analysis of patterns in outreach geography, engagement modalities, and community responsiveness to derive actionable insights for replication and scaling.

The objectives of this research are threefold: (1) to document the scope and impact of the Barbershop and Beauty Salon Initiative; (2) to analyze the lessons learned through longitudinal data collection; and (3) to propose a strategic framework for integrating culturally responsive models like BBSI into broader health equity initiatives. As a living archive of grassroots public health in action, the BBSI dataset offers a unique lens into what community-centered health equity looks like in practice.

In an era when traditional healthcare systems struggle to reach vulnerable populations, the Barbershop and Beauty Salon Initiative reminds us that the most effective solutions often emerge not from institutional centers but from the margins, from the voices, spaces, and cultures of those most affected. This research contributes to a growing body of evidence supporting community empowerment, cultural resonance, and local leadership as the cornerstones of meaningful and sustainable public health transformation.

Literature Review: Community-Centered Health Equity and Culturally Grounded Outreach

Introduction to Health Equity Frameworks

Health equity refers to the attainment of the highest level of health for all people, emphasizing the need to reduce and ultimately eliminate disparities in health and its determinants. According to Braveman et al. (2011), health equity requires removing obstacles to health such as poverty, discrimination, and deep power imbalances, including their consequences: Lack of access to good jobs, quality education and housing, safe environments, and healthcare. The literature increasingly affirms that traditional healthcare systems alone cannot close these gaps. Instead, equity must be pursued through multisectoral, community-centered approaches that address social, economic, and cultural determinants of health (Solar & Irwin, 2010; Nass et al., 2024).

Project Ricochet's Barbershop and Beauty Salon Initiative (BBSI) aligns with contemporary health equity frameworks that call for culturally responsive, place-based strategies (Nass et al., 2024). Its embeddedness in community institutions exemplifies what the National Academies of Sciences, Engineering, and Medicine (2017) have advocated: local-level action is essential to advancing equity in health outcomes.

Culturally Responsive Public Health Models

An emerging body of scholarship highlights the effectiveness of culturally responsive models in public health promotion, particularly in racially and ethnically marginalized communities. The literature shows that culturally concordant health messaging, delivered by trusted messengers in familiar environments, can significantly increase community engagement, knowledge retention, and behavior change (Kreuter & McClure, 2004; Resnicow et al., 1999).

Barbershops and beauty salons, especially in Black communities, have long been acknowledged as culturally safe spaces where informal education, peer counseling, and resource exchange occur (Hart & Bowen, 2004). The "barbershop model" of health promotion was popularized by interventions targeting hypertension, obesity, and prostate cancer screening among African American men (Victor et al., 2018; Luque et al., 2010; Selvaraj & Sriram, 2024). These programs reported statistically significant improvements in health outcomes compared to control groups, largely attributed to the trusted status of barbers and their sustained relationships with clients. Similarly, beauty salons have been used to disseminate information about breast cancer, reproductive health, and domestic violence prevention, with salon staff trained to serve as lay health advisors (Linnan et al., 2014; Mackey, 2025). These interventions underscore the transformative potential of leveraging culturally embedded institutions as health promotion sites.

The Role of Trust and Trauma-Informed Care

Trust is an essential component of effective health communication. A substantial body of research indicates that medical mistrust, shaped by historical trauma, systemic racism, and personal experiences, remains a significant barrier to care in Black communities (Armstrong et al., 2007; Gamble, 1997). In this context, community-driven models that prioritize relational trust and emotional safety are especially valuable.

Trauma-informed care (TIC) has emerged as a key framework in addressing these challenges. Originally developed in mental health and social services, TIC principles are now being applied in community health initiatives to better understand and respond to the effects of trauma (Substance Abuse and Mental Health Services Administration, 2014). According to Harris and Fallot (2001), TIC is not about treating trauma directly, but about creating safe environments that reduce re-traumatization and promote empowerment. Moreover, programs like BBSI that integrate trauma-informed principles, such as promoting autonomy, building safe relationships, and engaging communities in decision-making, are positioned to have deeper and more sustained impacts. These approaches validate lived experiences and reduce the psychological barriers often associated with accessing care (El-Amin, 2025).

Creative Expression and Arts-Based Health Promotion

While the dominant literature on health promotion has focused on clinical interventions, there is growing recognition of the role that arts and culture play in shaping health outcomes. Arts-based health promotion harnesses creative mediums, such as visual arts, poetry, theater, and storytelling, to engage communities in conversations about health in more resonant, accessible, and emotionally expressive ways (Sonke et al., 2019). In particular, the use of participatory and community-driven art projects has been shown to foster social cohesion, reduce stigma, and elevate marginalized voices (Cohen et al., 2011). These outcomes are especially relevant in public health campaigns addressing sensitive topics such as mental health, substance use, or trauma recovery.

Project Ricochet's integration of the Urban Art Collective into BBSI illustrates this intersection of culture and health (El-Amin et al., 2025). By embedding arts programming into wellness outreach, such as poetry-based healing circles or mural projects, BBSI situates health equity within a broader framework of cultural affirmation and self-expression. These activities align with Freirean theories of critical consciousness, where individuals become aware of social injustices and are empowered to act through dialogic engagement and creative production (Freire, 1970).

Youth Engagement and Intergenerational Health Equity

Youth engagement is increasingly recognized as a key strategy for sustainable community health transformation. Scholars argue that involving young people in health advocacy fosters a sense of agency, builds leadership skills, and ensures that public health messaging is generationally relevant (Cargo et al., 2003; Zimmerman et al., 1992). Youth-led participatory action research (YPAR) and peer-to-peer education

models have been especially effective in tobacco prevention, sexual health, and mental health promotion.

Project Ricochet's Ricochet Squad Public Health Academy, an extension of BBSI that trains youth as peer health advocates, reflects this best practice. It mirrors broader trends in adolescent health engagement, such as the Truth Initiative's use of youth ambassadors in tobacco control. The involvement of young people in BBSI activities also fosters intergenerational dialogue, which has been linked to greater health knowledge transfer and strengthened community resilience (Ginwright, 2010).

Evaluation and Community-Based Participatory Research

A final thread in the literature concerns evaluation and accountability in community-based public health initiatives. Traditional research methods have often excluded the voices of community members or imposed rigid, top-down metrics of success. In response, community-based participatory research (CBPR) has emerged as an ethical and epistemologically grounded approach that centers lived experience and promotes shared ownership of data (Minkler & Wallerstein, 2008).

CBPR emphasizes iterative learning, co-design, and mutual benefit, all of which are evident in BBSI's data collection practices. While the outreach forms used in the initiative are not formal research instruments, they reflect a grassroots commitment to reflection, documentation, and continuous improvement. They serve as a tool for internal learning, community storytelling, and funder accountability, striking a balance that is increasingly advocated in equity-focused evaluation literature (Fetterman & Wandersman, 2005).

Summary

The literature reviewed affirms that Project Ricochet's Barbershop and Beauty Salon Initiative is firmly situated within a robust, interdisciplinary tradition of culturally grounded, community-led public health. Its alignment with trauma-informed care, creative engagement, intergenerational leadership, and participatory evaluation positions it as both an innovative local intervention and a model of national relevance.

In an era where health disparities are compounded by political, economic, and social upheaval, BBSI offers a pathway forward, one that is built not from the top down, but from the inside out, through culture, connection, and community power

Methodology

This research is grounded in a mixed-methods analysis of data collected from Project Ricochet's Barbershop and Beauty Salon Initiative (BBSI), with a specific focus on 562 outreach events documented through standardized reporting forms. These forms were completed by Project Ricochet staff, contractors, community health workers (CHWs), and peer mentors who conducted or supported events across Central Kentucky.

The data captures both quantitative and qualitative dimensions of community outreach. Quantitative fields included:

- Event date and location
- Event type (e.g., barbershop, beauty salon, outreach-on-the-go, virtual)
- Estimated number of participants
- Materials distributed (e.g., t-shirts, Quit Kits, health literature)

Qualitative components include open-ended questions that prompt respondents to describe what occurred, highlight perceived pros and cons, suggest improvements, and reflect on community reactions. These narrative entries provide rich contextual insights into community dynamics, outreach effectiveness, and personal interactions that would not be visible through numerical data alone. Data were collected between the years 2023 and 2025. The dataset was cleaned to correct formatting inconsistencies and anonymize any personally identifying information, ensuring compliance with ethical standards for public health documentation.

The analysis proceeded in two main phases:

1. Descriptive statistical review to determine program reach, frequency of event types, geographic distribution, and engagement levels.
2. Thematic coding of narrative responses to identify recurring patterns related to trust-building, participant outcomes, barriers to engagement, and the role of arts and culture.

While the dataset offers a powerful window into the scale and texture of the BBSI's work, it is not without limitations. Variability in how forms were completed, especially in narrative detail and numerical estimates, introduces a degree of subjectivity and inconsistency. Some outreach staff completed forms with detailed insight, while others left multiple fields blank or repeated phrasing. Additionally, participant demographic data (age, gender, socioeconomic background) was often omitted or generalized, limiting the granularity of subgroup analysis.

Nevertheless, the outreach forms represent a living archive of on-the-ground health equity work. They are not merely tools of accountability, but reflections of relationships, stories, and micro-interventions that collectively build toward systemic change. The methodology reflects Project Ricochet's commitment to community-centered learning and positions this research as a case study in embedded, participatory public health documentation.

The descriptive statistical review of the BBSI outreach dataset indicates:

- Total Events: 562
- Total Estimated Participants: 6,781
- Average Participants per Event: 14.34
- Number of Unique Event Types: 55
- Most Common Event Type: Barbershop
- Number of Unique Locations: 330
- Events with T-Shirts Distributed: 363

A descriptive statistical review of the BBSI outreach dataset reveals substantial program reach and diversity. The initiative conducted a total of 562 events across 330 unique locations, engaging an estimated 6,781 community members. The average attendance per event was approximately 14 participants, underscoring the initiative's ability to facilitate both intimate and large-scale engagements. Notably, barbershops were the most common setting for these events, aligning with BBSI's culturally grounded approach. Among 55 distinct event types logged, barbershops consistently served as trusted, high-traffic environments for health discourse. Furthermore, t-shirts, often used as culturally resonant health promotion tools, were distributed at 363 events. This data confirms not only the scope of BBSI's efforts but also its strategic alignment with place-based and peer-led health promotion models.

Historical and Cultural Foundations of the BBSI Model

To understand the significance of Project Ricochet's Barbershop and Beauty Salon Initiative (BBSI), it is essential to examine the rich historical and cultural contexts that make barbershops and salons such powerful conduits for public health work (El-Amin, 2025). These spaces are not simply places for grooming; they are deeply embedded in the social fabric of Black communities. Historically, Black barbershops and salons have served as safe havens for dialogue, cultural affirmation, political discourse, and informal mentorship. They are community anchors where intergenerational knowledge is exchanged, and where health and social concerns are often aired long before a doctor's visit is even considered.

In the African American experience, barbershops and beauty salons emerged not only as economic enterprises but as institutions of resilience and resistance (Ruffin et al., 2024). During eras of segregation and systemic exclusion from mainstream economic opportunities, these establishments offered rare avenues for Black entrepreneurship and self-determination. They provided more than jobs; they provided purpose, platforms, and power within neighborhoods that were often underserved or marginalized by public institutions. Their owners and operators were trusted leaders, advisors, counselors, and role models, whose influence extended far beyond the styling chair.

Public health advocates began to recognize this influence in the late 20th century, sparking a wave of community health interventions conducted within barbershops and salons (Victor et al., 2018). From hypertension screenings to HIV education to cancer awareness, these initiatives were early attempts to meet people where they were, both physically and culturally (Fujii et al., 2024; Mackey, 2025). Studies consistently found that health interventions delivered in barbershops and salons yielded higher engagement and retention rates than those conducted in clinical or government settings. This success is largely attributable to the atmosphere of trust and familiarity these spaces provide.

Project Ricochet's BBSI builds upon this legacy with a strategic and holistic model that integrates public health, arts, culture, and grassroots activism. Unlike temporary or pilot programs, BBSI is sustained through long-term partnerships with barbers and stylists who are trained not just as service providers but as community health advocates.

These partners are equipped with knowledge, tools, and resources to recognize public health risks, initiate sensitive conversations, and refer individuals to appropriate services.

The choice to root the initiative in cultural spaces also reflects a broader shift toward asset-based approaches to community development. Rather than viewing underserved communities through a deficit lens, BBSI acknowledges and leverages existing community strengths, like the cultural capital of barbershops and salons, as foundations for health promotion. This reframing transforms these spaces into proactive agents of change, rather than passive recipients of intervention. Furthermore, the BBSI model incorporates trauma-informed principles, recognizing that many community members have experienced adverse social conditions such as poverty, racism, violence, and discrimination within healthcare settings. By placing health outreach in environments that are culturally affirming and emotionally safe, BBSI mitigates barriers to trust and enhances the likelihood of long-term behavior change.

In summary, the historical and cultural foundations of the Barbershop and Beauty Salon Initiative are not just background context; they are integral to its design and success. The program draws its strength from the lineage of community resilience, cultural pride, and entrepreneurial spirit that barbershops and salons represent. By honoring this legacy, Project Ricochet ensures that its public health interventions are not only effective but also empowering and enduring.

Program Scope and Demographics

The reach of Project Ricochet's Barbershop and Beauty Salon Initiative (BBSI) reflects its expansive vision and deep-rooted commitment to community-centered health equity. According to outreach data collected through 562 documented events, the program has been implemented across 14 distinct geographic locations in Kentucky. These include both urban centers and smaller communities, reflecting a deliberate effort to reach Black populations in both densely populated and rural or semi-rural areas. From Lexington-Fayette County to Jefferson County, Kentucky, the BBSI has embedded itself in diverse contexts, responding to local needs with tailored outreach strategies.

The breadth of engagement is further evidenced by the sheer number of unique barbershops, beauty salons, and community venues involved: over 330 unique outreach locations were logged in the database. These included permanent partner sites, pop-up outreach stations, and virtual meetings, suggesting a flexible model that adapts to varied community rhythms. The initiative's ability to pivot between physical and virtual spaces demonstrates its agility in the face of logistical and public health challenges, particularly during and following the COVID-19 pandemic.

The human capital behind BBSI is equally compelling. With over 35 unique outreach staff and peer mentors recorded, the program benefits from a wide range of community voices and lived experiences. These individuals, many of whom are barbers, stylists, local leaders, or trained CHWs, represent the initiative's greatest asset: trusted messengers embedded in the cultural and emotional lives of the communities they serve. Their presence lends authenticity to the outreach process and ensures that interventions are not only heard but embraced.

The timeline of engagement captured in the data spans over three years from 2023-2025. These data entries underscore the long-standing nature of Project Ricochet's presence in the region. The consistent reporting from 2023 onward shows concentrated and strategic scaling, particularly as public health systems grappled with pandemic-era disparities and systemic health failures. Likewise, one of the most illuminating aspects of the dataset is the diversity of event types. While the most common setting was the barbershop, events were also held at beauty salons, community-based organizations, faith-based organizations, recovery centers, re-entry programs, and educational spaces. This diversity reveals BBSI's intentional design to intersect with multiple social determinants of health, from economic opportunity and criminal justice to education and mental health (Khanani & Haight, 2024). Moreover, the program often partnered with other local initiatives, including youth programs, feeding programs, and recovery events, weaving itself into the broader fabric of community wellness.

In terms of community reach, engagement estimates varied across events, with some reporting interactions with 1-5 individuals and others engaging over 500 participants. This range indicates that BBSI is both high-touch and high-volume: Capable of creating intimate conversations in a single barbershop chair or convening large-scale outreach efforts in public parks and schools. The program's scalability is thus not just theoretical but evidenced in practice. Demographically, although the dataset does not always specify age, gender, or socioeconomic indicators, narrative comments frequently mention interactions with youth, seniors, returning citizens, and those experiencing food insecurity or homelessness. This suggests that the BBSI is not limited to a singular demographic profile but rather operates with an inclusive and intersectional lens. Its core focus on African American communities is preserved throughout, yet its adaptability allows for multi-dimensional impact.

Overall, the scope and demographic reach of the BBSI reflect a model that is both grounded and expansive. By meeting people in their everyday environments and empowering community leaders to be agents of health equity, Project Ricochet ensures that its interventions are not merely broadcast but rooted, embedded in the people, places, and histories that define local life. This section establishes the scale of the program and sets the stage for a closer look at how BBSI operates on the ground through its diverse and dynamic outreach activities.

Types of Outreach Activities and Community Engagement

The Barbershop and Beauty Salon Initiative (BBSI) thrives on its diverse repertoire of outreach activities that are designed to meet the community where it is, both literally and figuratively. Central to the success of BBSI is its dynamic engagement strategy, which encompasses formal events, informal conversations, educational workshops, pop-up services, and collaborative programs with external partners. Each activity is intentionally shaped to align with the needs of the community and the strengths of its cultural institutions.

A review of the 562 documented outreach events reveals a wide variety of engagement formats. At the core are in-shop health dialogues, interactions that occur

organically during daily business within barbershops and salons. These conversations often center on topics like hypertension, cancer, diabetes, mental health, tobacco cessation, nutrition, and sexual health (Wade et al., 2024). Staff and peer mentors use toolkits, posters, and printed literature to facilitate these discussions, transforming casual encounters into moments of education and empowerment.

Beyond these conversations, BBSI also supports structured health screening events. These include blood pressure checks, glucose monitoring, body mass index assessments, and referrals to primary care providers. Many of these screenings are conducted in partnership with local clinics or public health departments, emphasizing BBSI's collaborative model. The presence of trusted community members at these events mitigates fear or skepticism, encouraging participants to engage with services they might otherwise avoid.

One notable innovation is the "Outreach-on-the-Go" model, mobile engagement sessions designed to serve individuals outside of shop settings, such as in parks, community fairs, apartment complexes, and street corners. These events often involve handing out Quit Kits, hygiene supplies, condoms, informational brochures, and culturally tailored promotional items like branded t-shirts (Cochran et al., 2025). The flexible and mobile nature of these engagements ensures BBSI can reach individuals who may not regularly visit salons or barbershops.

Educational sessions are another cornerstone of the initiative. Several outreach forms describe workshops focused on dietary health, stress reduction, parenting skills, and substance use prevention. These sessions often incorporate storytelling, peer sharing, and arts-based activities, such as spoken word poetry or painting, led by Project Ricochet's Urban Art Collective (El-Amin et al., 2025). The integration of creative expression into public health education not only sustains interest but also creates a non-judgmental space where complex and sensitive issues can be explored.

Youth engagement has become an increasingly central theme, especially through collaborations with the Ricochet Squad Public Health Academy and other youth-oriented programs. Events such as "Youth Healing Circles" and "Mentorship Mixers" foster intergenerational dialogue and build leadership skills among young people. These youth champions serve as liaisons between their peers and the broader health system, echoing the initiative's ethos of community empowerment from within.

The database also documents community listening sessions and family empowerment events, wherein facilitators solicit feedback from residents and co-design solutions with them. These participatory practices reinforce the idea that community engagement is not a one-way transmission of knowledge but a shared process of learning and transformation.

Additionally, across all outreach modalities, a consistent theme emerges: trust. Whether through one-on-one conversations or group events, the foundation of BBSI's success lies in the relationships built with community members over time. Many comments in the outreach forms underscore the importance of "being present," "showing up consistently," and "building rapport" as critical to fostering meaningful dialogue and behavior change. In sum, the types of outreach activities facilitated by the BBSI are as varied and vibrant as the communities they serve. By utilizing a culturally competent, trauma-informed, and relationship-centered approach, Project Ricochet ensures that its outreach efforts are not only informative but also transformational.

(Armstrong et al., 2007; Gamble, 1997). The next section will explore how these engagement strategies translate into concrete impacts and community-level outcomes.

Impact Narratives and Outcomes

The true measure of the Barbershop and Beauty Salon Initiative's (BBSI) effectiveness lies not only in its scale but in the stories and tangible outcomes that emerge from its engagements. Through 562 recorded events, Project Ricochet has collected a wealth of qualitative reflections, community testimonials, staff insights, and anecdotal reports that reveal the deep and multifaceted impact of the initiative. These narratives offer a powerful counterpoint to purely statistical evaluations, capturing the lived experiences of individuals whose health trajectories and sense of community have been meaningfully altered by BBSI.

A recurring theme in these reflections is the restoration of trust. Many participants noted that they felt "seen," "heard," and "valued" during outreach events, particularly those who had previously experienced marginalization in healthcare settings. One report described a conversation in a Georgetown, Kentucky salon where a client, initially skeptical, contributed a personal experience about untreated hypertension after a stylist gently encouraged a screening. That moment, facilitated by a peer mentor and rooted in a familiar, culturally safe environment, led to a referral to a nearby clinic and follow-up care. Another account from a "Health Talk" in Fayette County, Kentucky, detailed a young man who had never spoken to a medical provider but was willing to discuss his anxiety and sleep problems with a barber he trusted. That barber, trained through BBSI, introduced the young man to a CHW who helped him access behavioral health services. In this and other stories, barbers and stylists are not passive participants but active agents of health transformation, gateways to healing.

Many outreach reports highlighted the ripple effects of youth involvement. At an event hosted in collaboration with a local youth empowerment program, teenagers led a presentation on vaping prevention (Wade et al., 2024; Cochran et al., 2025). A staff comment noted, "The youth were energized and took ownership. It made the adults pay more attention." These moments illustrate how intergenerational leadership is fostered through the program, with young people not only learning but teaching, challenging stereotypes about health engagement in Black communities.

The program's embeddedness in the community also fosters sustainability and long-term impact. A series of outreach events in Bourbon County, conducted in collaboration with a local feeding center, resulted in regular weekly check-ins between residents and Project Ricochet mentors. Over time, this consistent presence created a trusted support system for individuals facing food insecurity, housing instability, and chronic health issues. One mentor wrote, "They look forward to seeing us every week. It's not just outreach anymore, it's a relationship."

Beyond individual anecdotes, broader community outcomes have been observed. For example, after repeated BBSI presence in a particular salon, a local health department initiated a formal partnership with Project Ricochet to co-host wellness fairs. In another instance, a re-entry program for formerly incarcerated individuals

integrated barbershop outreach into its core services, recognizing its value in bridging health and justice systems. These institutional responses show how grassroots initiatives can catalyze systemic change when given the time and support to flourish. Notably, the program does not ignore its limitations. Some reports acknowledged low turnout at certain events or difficulty engaging specific populations, such as older men who were hesitant to discuss mental health. These candid reflections are essential, as they inform ongoing adaptation and highlight the importance of continuous community feedback loops.

The initiative has also inspired a sense of pride and purpose among participating barbers and stylists. One participant reflected, “I used to think I just cut hair. Now I know I’m a healer too.” This reframing of professional identity is a critical outcome of BBSI, one that elevates the cultural and emotional labor of these community leaders and positions them as integral to public health infrastructure. Ultimately, the impact of the Barbershop and Beauty Salon Initiative is not confined to health outcomes alone. It is about reweaving the social fabric, empowering everyday people to care for each other, and creating spaces where wellness is defined not by institutions but by communities themselves. These narratives are not just evidence; they are the heartbeat of a movement grounded in equity, dignity, and collective healing.

Barriers, Limitations, and Lessons Learned

While the Barbershop and Beauty Salon Initiative (BBSI) has demonstrated compelling successes in community engagement and public health promotion, it has also encountered a range of barriers and limitations that offer important lessons for future implementation and scaling. Acknowledging these challenges does not diminish the initiative’s value; instead, it reveals the complexity of community-based work and underscores the need for adaptive, reflexive strategies.

One persistent challenge is outreach saturation. In some areas, especially those with smaller populations or limited numbers of barbershops and salons, community members reported seeing repeated messaging or feeling over-contacted (Williams et al., 2024). While consistency is key to relationship-building, these reports emphasize the importance of rotating engagement strategies and ensuring content remains relevant, timely, and responsive to evolving community needs. Logistical challenges also presented recurring obstacles. Some events were disrupted due to scheduling conflicts, transportation issues, or a lack of access to private space for health screenings. Others faced complications related to weather or poor communication with partner venues. These practical barriers reflect the necessity of robust event planning protocols and backup plans. Additionally, consistent training for outreach staff in communication and adaptability emerged as a critical success factor in overcoming such barriers.

Data collection inconsistencies were another limitation. Although the outreach forms provided rich qualitative insights, not all reports were completed with equal thoroughness. In some cases, demographic details, attendance figures, or follow-up actions were missing, making it more difficult to quantify outcomes across the full program timeline. This challenge suggests a need for ongoing training in data literacy

and more standardized expectations for reporting. Engaging specific subpopulations also proved difficult in certain contexts. For instance, older men were sometimes hesitant to discuss mental health topics, while youth engagement fluctuated depending on school schedules and competing community events. Language barriers, digital divides, and cultural stigmas around certain health issues also influenced participation levels. Addressing these barriers requires intentionality, including multilingual resources, cross-sector collaborations, and culturally nuanced messaging.

Another lesson involved the emotional toll of outreach work on staff. Several comments reflected experiences of burnout, emotional fatigue, or frustration when efforts did not result in immediate change. This highlights the need for institutional support systems, including mental health resources, debriefing sessions, and regular recognition of outreach workers' contributions. The relational nature of BBSI's work is both its strength and its vulnerability, requiring sustained investment in staff well-being. Partnership management also presented mixed results. While many events featured prolific collaborations, others revealed tensions related to overlapping responsibilities, unclear expectations, or misalignment in organizational values. These challenges point to the importance of formalized partnership agreements, transparent communication, and shared leadership structures that respect the contributions of all parties involved.

Despite these barriers, the initiative generated several powerful lessons. First, flexibility is indispensable. The most successful outreach events were those where teams adapted to the moment, whether shifting a health talk outdoors due to space issues or engaging youth in an impromptu art activity when a scheduled facilitator canceled. This responsiveness is only possible when teams are empowered with autonomy and trust.

Second, authenticity is a non-negotiable asset. Community members can discern between performative outreach and genuine investment. The most impactful engagements were led by individuals who reflected the communities they served, spoke the language of the culture, and were committed to building long-term relationships rather than extracting data or delivering one-off interventions.

Third, evaluation must evolve alongside programming. Rather than relying solely on attendance counts or distribution metrics, BBSI benefited most from reflection-oriented feedback, questions about what shifted, what surprised, and what was learned. Embedding this kind of inquiry into outreach culture fosters a continuous improvement mindset that honors both successes and setbacks.

Ultimately, the BBSI model is not without its limitations, but it remains a testament to what is possible when health equity efforts are rooted in cultural relevance, community ownership, and deep listening. The lessons learned through its implementation serve as a roadmap for other initiatives seeking to move beyond transactional outreach toward transformational change. Next, the next session will explore how these lessons inform a strategic analysis of BBSI's contributions to the broader field of health equity.

Strategic Analysis for Health Equity Advancement

The Barbershop and Beauty Salon Initiative (BBSI) offers a replicable and scalable model for advancing health equity through culturally grounded, community-centered strategies. As a comprehensive outreach framework that integrates public health, the arts, grassroots mobilization, and trauma-informed principles, BBSI serves as both a practical intervention and a conceptual model. This section presents a strategic analysis of how the initiative contributes to the broader field of health equity and outlines the elements that make it effective, resilient, and adaptable.

At its core, BBSI exemplifies an asset-based approach to health promotion. Rather than framing Black communities as passive recipients of care, the initiative recognizes and mobilizes existing assets, trusted barbers and stylists, culturally significant spaces, intergenerational relationships, and local leadership. This framework shifts the narrative from deficits to strengths, making health promotion more relevant, empowering, and sustainable.

BBSI also operationalizes trauma-informed care in a way that is both subtle and powerful (Armstrong et al., 2007; Gamble, 1997). Outreach staff and peer mentors are trained to recognize the signs of trauma and approach conversations with empathy, patience, and respect for boundaries. By creating emotionally safe environments, BBSI enables participants to engage with health messages without feeling pathologized or judged. This approach is particularly vital in communities that have experienced historical trauma, medical racism, or social exclusion. Another key strategy is the initiative's integration of creative expression and public health. Through its collaboration with Project Ricochet's Urban Art Collective, BBSI leverages visual art, poetry, storytelling, and interactive installations to engage audiences in accessible and emotionally resonant ways (El-Amin et al., 2025). These creative elements are not ornamental; they are fundamental to BBSI's success in making health discourse inviting, participatory, and identity-affirming.

BBSI's cross-sector partnerships further enhance its strategic value. The program routinely collaborates with public health departments, recovery programs, youth organizations, faith institutions, and educational systems. These partnerships enable resource sharing, co-referral systems, and co-created programming that strengthen the public health infrastructure in under-resourced communities. Importantly, these collaborations are not extractive; they are built on mutual respect and reciprocity.

The initiative also models a distributed leadership structure. Rather than centralizing authority, BBSI empowers barbers, stylists, youth mentors, and community health workers to act as co-leaders and co-designers. This structure increases community buy-in, decentralizes expertise, and ensures cultural relevance at every stage of planning and implementation. It reflects a commitment to equity not only in outcomes but in process.

From a systems-level perspective, BBSI aligns with many of the key priorities identified by United States national health equity frameworks, including Healthy People 2030 and the CDC's Social Determinants of Health model. It addresses domains such as healthcare access, neighborhood and built environment, social and community context, and education. Yet it does so in a uniquely community-driven way, offering an on-the-ground complement to top-down policy initiatives.

The strategic adaptability of BBSI is another important asset. The program has demonstrated the capacity to evolve in response to emerging challenges, such as the COVID-19 pandemic, which necessitated shifts to virtual outreach, distribution of PPE, and conversations about vaccine access. This flexibility is a hallmark of resilient public health programming and one that positions BBSI for long-term sustainability. Crucially, BBSI is data-informed without being data-obsessed. The initiative collects both quantitative and qualitative data to guide decision-making, evaluate effectiveness, and report to funders. But it also honors the nuances and narratives that data alone cannot capture. This balanced approach fosters accountability while preserving the relational and cultural integrity of the work.

As other communities seek to replicate or adapt BBSI, several strategic pillars stand out:

1. **Cultural resonance:** Interventions should be grounded in the values, histories, and aesthetics of the communities they serve.
2. **Trusted messengers:** Health communication is most effective when delivered by individuals who have earned community trust.
3. **Flexibility and responsiveness:** Programs must be able to pivot quickly in response to feedback, crises, or changing needs.
4. **Creative integration:** The arts and culture are not side projects; they are central to holistic health and community engagement.
5. **Shared leadership:** Decision-making and program design should include diverse community voices at every level.

In conclusion, the Barbershop and Beauty Salon Initiative is not just a local innovation; it is a strategic framework with national relevance. It offers a blueprint for health equity work that is grounded, participatory, and profoundly human. As health systems across the country grapple with how to close equity gaps, BBSI provides a compelling case study in what is possible when community wisdom leads the way. The next section will explore how BBSI's data practices and reporting methods contribute to program evaluation, accountability, and continuous improvement.

Data-Informed Program Evaluation

An essential element of Project Ricochet's Barbershop and Beauty Salon Initiative (BBSI) is its intentional use of data to drive decision-making, assess impact, and refine strategy. While the initiative is deeply rooted in cultural responsiveness and relational outreach, it is equally committed to accountability and continuous improvement through evidence-based evaluation (Fetterman & Wandersman, 2005). This dual commitment ensures that the program not only feels right to the community but also proves effective to funders, stakeholders, and public health partners.

The primary data source for this research, the outreach forms, illustrates a robust and adaptable system for qualitative and quantitative program monitoring. These forms were completed by BBSI staff, peer mentors, and outreach coordinators following each event. They capture critical metrics such as event type, date, location,

estimated number of participants, staff involved, and distribution of educational or health promotion materials. More importantly, they include narrative responses that detail what occurred at the event, what went well, what could have gone better, and reflections on community feedback.

These open-text reflections offer insights not captured in standard evaluations. For example, while one event may report only five participants, the comments may indicate that one of those participants received a life-saving health referral or shared the information with ten others. This qualitative layer brings depth and nuance to the metrics, demonstrating that impact is not always a matter of volume but of connection and influence.

The structure of the outreach forms also enables pattern analysis across time, geography, and outreach modality. From a strategic standpoint, the dataset revealed high levels of engagement in certain neighborhoods, consistent participation by specific barbers and stylists, and noticeable upticks in community turnout when events were paired with arts or food distribution activities. These insights inform program planning by highlighting what works, where gaps exist, and which approaches are most resonant with different demographics.

BBSI's reporting also supports real-time adjustments. For instance, when multiple forms noted difficulty engaging older male participants in health discussions, the team responded by introducing barbershop-centered storytelling sessions that addressed masculinity and vulnerability. Similarly, when data showed youth turnout dropping in summer months, the program added seasonal activities that incorporated art, games, and wellness challenges. This level of responsiveness reflects an agile evaluation culture that values learning as much as it values outcomes. Importantly, the outreach forms also function as documentation for grant reporting and stakeholder communication. The ability to quantify impact while also providing compelling stories strengthens the initiative's funding case and appeals to a wide range of partners, from traditional public health funders to culturally specific arts organizations. The integration of evaluation into day-to-day programming, not just as a bureaucratic necessity but as a learning tool, sets BBSI apart from many initiatives where evaluation is viewed as an external burden.

Challenges remain, of course. Inconsistent completion of forms, variability in data detail, and lack of standardized participant demographics occasionally limit the analytic potential of the dataset. Project Ricochet has responded to this by piloting digital reporting tools, offering ongoing training to staff and contractors, and refining form questions to enhance clarity and utility. These iterative improvements underscore the program's commitment to not just doing the work but documenting it in a way that facilitates growth.

As BBSI continues to evolve, there is increasing potential to integrate even more robust evaluative practices. This includes pre- and post-engagement assessments for participants, longitudinal tracking of community outcomes, and greater integration with local health data systems. However, any expansion must maintain the core ethic of the program: Honoring the community's voice, preserving cultural integrity, and valuing lived experience as a legitimate and powerful source of evidence.

In sum, BBSI's evaluation framework reflects a balance of rigor and relevance. By embedding data practices within a relational model of care, Project Ricochet ensures that its outreach is not only measurable but meaningful. This evidence-based

approach allows the program to adapt, grow, and advocate for broader systemic change with credibility and confidence. The following section will address how this model informs policy, funding strategies, and equity-centered sustainability efforts.

Policy Implications and Funding Strategies

Project Ricochet's Barbershop and Beauty Salon Initiative (BBSI) is not only a model for effective health equity programming at the grassroots level, but also a beacon for informing broader public health policy and sustainable funding strategies. The lessons derived from the initiative's community-driven framework offer critical insights into how policy and philanthropy can support, replicate, and scale culturally resonant public health models.

One of the clearest policy implications of BBSI is the value of integrating community-based organizations and culturally specific institutions into the formal public health ecosystem. Barbershops and beauty salons are often excluded from conversations about health infrastructure, yet BBSI demonstrates that these spaces function as informal health access points for communities historically marginalized by mainstream institutions. Policymakers at local, state, and federal levels should recognize these institutions as legitimate health partners and design funding mechanisms that support their engagement in prevention, screening, and education efforts.

To that end, public health departments can adopt more inclusive funding strategies by embedding line items for community partner stipends, training, and technical assistance. BBSI's success relies heavily on the sustained involvement of barbers, stylists, and peer mentors who are compensated for their time, labor, and expertise (Ruffin & Martin, 2024). Institutionalizing these roles through policy would not only validate their contributions but also create pathways for workforce development in underserved communities. Another key policy recommendation involves the integration of trauma-informed care into public health practice (Armstrong et al., 2007; Gamble, 1997). While often framed as a clinical concern, BBSI reveals the broader applicability of trauma-informed principles in community outreach. Policies that require or incentivize trauma-informed training for public health workers and community-based contractors would support more ethical and effective engagement with populations experiencing cumulative disadvantage.

BBSI also provides a compelling argument for the inclusion of arts and culture within public health funding streams. The initiative's use of creative expression to communicate health messages and foster healing is not an auxiliary feature; it is central to its impact. Policymakers and funders alike must recognize that health equity is not achieved solely through medical intervention, but through holistic approaches that address emotional, spiritual, and cultural well-being (Nass et al., 2024). From a funding strategy perspective, BBSI has thrived through a blend of private philanthropy, local government support, and in-kind contributions. However, reliance on short-term or restricted grants poses sustainability risks. Multi-year, unrestricted funding is essential for allowing programs like BBSI to innovate, adapt, and respond to emergent community needs. Funders must shift from metrics-driven, output-based models toward more trust-based philanthropy that prioritizes community-defined success and

long-term relationship-building. Additionally, funders should consider the replicability of the BBSI model and invest in infrastructure to support its expansion. This includes training toolkits, technical assistance for new sites, and seed funding for pilot programs in other regions. Project Ricochet has already demonstrated a capacity for adaptation across geographic and demographic contexts; targeted investment could amplify its reach while preserving its locally grounded ethos.

Another significant opportunity lies in aligning BBSI with broader public health priorities such as tobacco cessation, chronic disease prevention, and mental health promotion. By framing BBSI within these national and state-level agendas, Project Ricochet can position the initiative as a key implementation partner for health departments and managed care organizations. This alignment opens pathways for Medicaid reimbursement, contract-based service delivery, and interwoven funding models that leverage multiple sources to sustain operations. Importantly, any policy or funding strategy must respect the autonomy and leadership of the community. The power of BBSI lies in its authenticity and its rootedness in cultural identity. Scaling or institutionalizing the model must not dilute its essence. Policymakers and funders must engage in genuine co-design processes, center community voices, and maintain accountability to those most impacted. As a result, the Barbershop and Beauty Salon Initiative offers a strategic roadmap for integrating equity into policy and funding frameworks. It challenges institutions to rethink where health happens, who leads it, and how it is funded. By supporting initiatives like BBSI, Project Ricochet invests not just in better health outcomes but in stronger, more connected, and more resilient communities. The final section will synthesize these insights into a unified call to action.

Conclusion: A Call to Action

The Barbershop and Beauty Salon Initiative (BBSI) is more than a public health program; it is a model of transformative engagement rooted in cultural relevance, relational trust, and grassroots empowerment. Through its work in barbershops, beauty salons, and other community-centered spaces, Project Ricochet has demonstrated how health equity can be advanced not through institutional imposition, but through collaborative, creative, and locally informed practices. As the nation grapples with ongoing health disparities, systemic racism, and underinvestment in marginalized communities, BBSI stands as a beacon of what is possible when communities are not just served but centered.

This research has traced the origins, implementation, outcomes, and strategic implications of the BBSI model. Drawing from over 562 outreach events and hundreds of qualitative reflections, the Project Ricochet team has seen how barbers, stylists, peer mentors, and youth leaders have emerged as credible messengers and agents of healing. These individuals are not merely service conduits; they are cultural custodians whose influence extends into the homes, hearts, and health decisions of the communities they serve.

This research has also examined the diverse activities facilitated by BBSI, from screenings and health talks to arts-based healing circles and youth empowerment

events. These engagements reflect a holistic view of health that transcends medical checklists and embraces identity, history, and belonging as determinants of wellness. The initiative's flexible, trauma-informed, and creative approach makes it not only effective but deeply resonant and sustainable. Importantly, the research has also illuminated the barriers BBSI has faced, logistical hurdles, data inconsistencies, staff fatigue, and occasional gaps in engagement. These challenges are not failings but features of community work. They remind us that authentic engagement requires humility, adaptability, and a commitment to learning from the very people we aim to support.

This strategic analysis has affirmed that BBSI is aligned with key health equity frameworks and has the potential to inform regional and national policy. Whether through trauma-informed training requirements, culturally anchored outreach models, or inclusive funding structures, BBSI can serve as a replicable and scalable solution. But any such replication must preserve its heart: the deep listening, shared leadership, and cultural affirmation that define the program.

For funders, this is a call to invest not only in services but in relationships. For policymakers, it is an invitation to broaden the definition of health infrastructure to include the everyday places where people gather, laugh, reflect, and care. For public health professionals, it is a challenge to co-create rather than prescribe. And for communities, it is a reminder that power, wisdom, and wellness already reside within. Finally, Project Ricochet's Barbershop and Beauty Salon Initiative does not offer easy answers, but it does offer a powerful example. It shows that when we honor culture, empower community leaders, and build from within, we can move from outreach to transformation.

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