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Pandemic Through the Lens of Black Barbershops: COVID-19's Impact and Barbers' Potential Role as Public Health Extenders

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Abstract

We examined the impact of COVID-19 on Black barbershops and their potential role as public health extenders. A 30-item survey was distributed to predominantly Black barbershop owners and barbers across 40 different states/territories in the US between June and October 2020. The survey addressed the impact of COVID-19 on Black barbershops, and barbers' interest in engaging in health outreach programs. The majority reported that stay-at-home orders had significant to severe impact on their business; few were prepared for the financial impact and less than half thought they qualified for government assistance. The majority were already providing health education and outreach to the Black community and showed interest in continuing to provide such services, like information on COVID-19. Barbers in Black-serving barbershops, a well-documented effective place for public health outreach to the Black community, show promise as public health extenders in the response to the COVID-19 pandemic.

Keywords Barbershops · Community outreach · Public health · COVID-19 · Black community

Introduction

The SARS-CoV-2 (COVID-19) pandemic has had a devasting impact on global public health with the United States carrying a significant burden with over 44 million cases and over 710,000 deaths since January 2020 [1]. Together with a long overdue racial reckoning, COVID-19 has laid bare health disparities in the Black community in the United States, with African Americans suffering from disproportionally higher COVID-19 morbidity and mortality rates [2, 3].

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Engagement of trusted community partners is more critical than ever for successfully addressing these disparities. This is especially true during the COVID-19 pandemic for public health strategies like community-based testing, contact tracing, and vaccination [4, 5]. One such partner is the Black barbershop.

Black barbershops have historically played a public health role far beyond haircuts because they form a culturally-safe space of social cohesion [6–8]. Barbershop-based interventions have previously successfully tackled prostate cancer, hypertension, diabetes, cardiovascular disease, and sexual health [9, 10]. However, little is known about the impact of COVID-19 and stay-at-home-orders on Black barbershops, or their role in the current crisis. We surveyed barbers in Black barbershops across the US, to better understand how these community pillars were impacted by COVID-19 and their potential role as public health extenders during the pandemic.

Methods

In this cross-sectional study, we disseminated a 30-item survey to a convenience sample of predominantly Black barbershop owners and barbers across 40 different states/



Table 1 Participating barbers' demographic information (n = 112)

Table 1 Farticipating barbers demographic		
Barber demographics (n = 112)	n	(%)
Gender		
Woman	17	(15.2)
Man	91	(81.3)
Other	1	(0.9)
Age group (years)		
18–30	32	(28.6)
31–40	34	(30.4)
41–50	41	(36.6)
51–60	2	(1.8)
Race/ethnicity*		
American Indian or Alaska Native	3	(2.7)
Black or African American	80	(71.4)
Native Hawaiian or Pacific Islander	2	(1.8)
White	7	(6.3)
Other	14	(12.5)
Don't know/not sure	4	(3.6)
Hispanic		
Yes	24	(21.4)
No	86	(76.8)
Education		
Less than high school	3	(2.7)
High school or GED	26	(23.2)
Some college	63	(56.3)
Bachelor's degree or higher	17	(15.2)
Marital status		
Member of an unmarried couple	15	(13.4)
Divorced	11	(9.8)
Married	36	(32.1)
Never married	41	(36.6)
Separated	5	(4.5)
Widowed	1	(0.9)
Insurance types*		
Private insurance	26	(23.2)
Public insurance	29	(25.9)
Self-purchase	28	(25.0)
Veterans affairs	4	(3.6)
No insurance	26	(23.2)
Don't know	3	(2.7)
Main provider of the household		` '
Yes	82	(73.2)
No	22	(19.6)

NOTE. *Can include more than one

territories in the United States. The survey was developed and piloted in partnership with Black barbershop leads of the Cut Hypertension Program (CHP) [7], that addressed the impact of COVID-19 on Black barbershops, and barbers' interest in engaging in health outreach programs [11]. The electronic Qualtrics survey was disseminated through the CHP website between June and October 2020. It was also distributed via a national network of barbers and prominent social media channels (Facebook and Instagram) geared toward predominantly Black barbershops. We did

not specifically ask about participation in CHP or have participation in CHP as a stipulation for completing the survey. Furthermore, we did not have access to the demographics of the social networks targeting Black barbershops. To incentivize participation, we raffled hair clippers for those who completed the survey over a four-week period in September 2020. Survey data were analyzed descriptively using Microsoft Excel® and R.

Results

Barber Demographics

A total of 112 barbers from 31 different states/territories responded to the survey, with the largest proportion of responses coming from the States of California (n=17;15.2%) and Mississippi (n = 12; 10.7%). Most respondents identified themselves as men (n=91; 81.3%) and Black (n = 80; 71.4%). Respondents represented the following age groups: 18-30 years (n = 32; 28.6%), 31-40 years (n = 34; 30.4%) 41-50 years (n=41; 36.6%), and 51-60 years (n=2; 1.8%). The majority were the main provider of the household (n=82; 73.2%) and the mean reported family size was 3.9 persons/household, slightly larger than the US mean (3.1 persons/household). Only a minority of barbers had completed college with a bachelor's degree or higher (n = 17; 15.2%). Health insurance sources were diverse: private (n=26; 23.2%), public (n=29; 25.9%), self-purchased (n=28; 25.0%), and uninsured (n=26; 23.2%). Table 1 presents all participating barbers' demographic information.

Impact of COVID-19 on Barbers and Barbershops

Prior to the pandemic, most barbers reported seeing between 1 and 20 clients per day (n = 94; 83.9%). Specifically, 45 barbers (40.2%) responded they were seeing 1-10 clients and 49 (43.7%) responded they were seeing 11–20 clients. The overwhelming majority of barbers (n = 93; 83.0%) reported that the COVID-19 stay-at-home orders had a significant to severe impact on their business, yet only 5 barbers (4.5%) responded feeling very prepared against financial hardship due to COVID-19. Almost half thought they met requirements for federal government relief (n = 47; 42.0%) or state unemployment benefits (n=50; 44.6%). Only 13 barbers (11.6%) thought they would be able to keep their business viable for 3 months or longer during the COVID-19 stayat-home orders, while many (n=48; 42.9%) were unsure how long they would be able to keep the business running. Furthermore, 65 barbers (58.0%) thought they would lose 'some' or 'many' clients due to the pandemic. Lastly, 60 barbers (53.6%) thought at least 'some', 'most' or 'almost



Table 2 Barbers' survey responses (n=112) on COVID-19's impact on barbers and barbershops

on barbers and barbershops		
Survey questions and responses (n = 112)	n	(%)
How much was your business impacted by a C	COVID-19	stay-at-
home order?		
Not at all impacted	14	(12.5)
Minor impact	4	(3.6)
Significant impact	24	(21.4)
Major impact	35	(31.3)
Severe impact	34	(30.4)
How prepared were you before the COVID-19	pandemic	e to
protect yourself from financial hardship?		
Not at all prepared	32	(28.6)
Somewhat prepared	34	(30.4)
A little prepared	30	(26.8)
Most prepared	11	(9.8)
Very prepared	5	(4.5)
Did you meet the qualifications to receive help		
government (CARES Act) during the COVID-	-	nic?
Yes	47	(42.0)
No	26	(23.2)
Not sure	34	(30.4)
Did you meet the qualifications for state unem	ployment	benefits
during the COVID-19 pandemic?		
Yes	50	(44.6)
No	44	(39.3)
Not sure	12	(10.7)
How long could you be able to keep your busing	ness going	under
the COVID-19 stay-at-home orders?	10	(4.7.0)
<1 month	19	(17.0)
1 month	14	(12.5)
2 months	16	(14.3)
\geq 3 months	13	(11.6)
Don't know	48	(42.9)
In the long run, how do you think your cliente change after the COVID-19 pandemic?	le base wil	1
Lose many clients	23	(20.5)
Lose some clients	42	(37.5)
Not at all	9	(8.0)
Gain some new clients	28	(25.0)
Gain many new clients	9	(8.0)

How many barbers do you think continued to cut hair during

If they did cut hair during the COVID-19 stay-at-home orders, how often do you think barbers used personal protective equip-

ment (PPE), such as a mask and gloves, during haircuts?

16

36

42

16

14

28

28

33

(14.3)

(32.1)

(37.5)

(14.3)

(1.8)

(7.1)

(12.5)

(25.0)

(25.0)

(29.5)

the COVID-19 stay-at-home orders?

all' barbers were continuing to cut hair during the stay-athome orders, but only 33 barbers (29.5%) believed that barbers were always using personal protective equipment (PPE). Table 2 presents findings on the impact of COVID-19 impact on barbers and barbershops.

Needs and Assets of Barbers for Continued Outreach

More than half (n = 66; 58.9%) of barbers reported providing some kind of community service outside of barbering prior to the COVID-19 pandemic). The most common services were: supplying health-related information to clients (n=30; 26.8%), blood pressure and health screenings (n = 29; 25.9%), literacy programs for children (n = 17;15.2%), and collecting food donations (n = 16: 14.3%). Most barbers (n=92; 82.1%) reported stable or increased interest in engaging in health outreach programs in collaboration with universities, community clinics, and hospitals/ health care to provide health outreach and education. Additionally, 75 barbers (67.0%) thought they have either similar or significantly improved communication with their clients, despite COVID-19. Eighty-two barbers (73.2%) felt somewhat or very prepared to re-open or remain open during the pandemic. Barbers identified the following top 5 services that would help them feel better prepared to remain open or re-open during the COVID-19 pandemic (in ranked order): PPE (n = 94; 83.9%), sanitation guidelines (n = 85; 75.9%), signage and educational materials for customers to prevent the spread of COVID-19 (n = 76; 67.9%), COVID-19 testing for customers (n = 66; 58.9%), and easy access to a health care provider or community program for questions (n = 43; 38.4%). In addition to these services, when asked how academic medical centers might help during COVID-19, barbers also identified "informational package for barbers and clients about COVID-19 precautions" (n = 54; 48.2%). Table 3 presents our findings on barbers' perceived needs and assets for continued health outreach.

Discussion

Impact of COVID-19 on Predominantly Black Barbershops

Our findings suggest that COVID-19 and the resultant government-mandated shutdown had a negative impact on the livelihood of barbers working in predominantly Black barbershops and their families. National data have shown that minority-group business owners have been disproportionately affected by the COVID-19 pandemic. While the overall number of active small business owners dropped by 22% between February and April 2020, the drop was



None

Some

Most

Very few

Almost all

Almost never

Sometimes

Rarely

Often

Always

Table 3 Barbers' survey responses (n=112) on their perceived needs and assets for continued health outreach

and assets for continued health outreach	- F		greatest a
Survey questions and responses (n=112)	n	(%)	drop) and
Before the COVID-19 pandemic, did your barber	rshop	offer any	of white-o
of the following community services outside of ba	ırberi	ng?*	Our data s
Blood pressure checks or other health screenings	29	(25.9)	business v
Collecting food donations	16	(14.3)	than 3 mos
Condom distribution	11	(9.8)	the shutdo
Education literacy programs for children	17	(15.2)	an attempt
Heath-related information/pamphlets for your	30	(26.8)	barbers co
customers			This poter
Other	15	(13.4)	ilies to C
None	46	(41.1)	nesses we
How has the COVID-19 pandemic changed how	you c	ommuni-	
cate with your clients?			rates than
Significantly worsened	18	(16.1)	our study
Worsened	18	(16.1)	qualified f
Not much change	27	(24.1)	financial i
Improved	35	(31.3)	dates, sim
Significantly improved	13	(11.6)	nationwid
How prepared do you feel your barbershop is to	re-op	en or	(PPP) [14 ⁻
remain open during the COVID-19 pandemic?			business o
Not at all prepared	8	(7.1)	
Somewhat unprepared	10	(8.9)	funds to <
Neither prepared nor unprepared	11	(9.8)	centration
Somewhat prepared	35	(31.3)	≈70%) [13
Very prepared	47	(42.0)	

How has the COVID-19 pandemic impacted your feelings towards engaging in health outreach programs?

Significantly less interested	4	(3.6)
Less interested	12	(10.7)
No change	29	(25.9)
More interested	42	(37.5)
Significantly more interested	21	(18.8)

Which of the following services could you use to better prepare for your barbershop to re-open or remain open during the COVID-19 pandemic? Rank your top 5.

Personal protective equipment (PPE), like masks	94	(83.9%)
and gloves		
COVID-19 testing for your customers	66	(58.9%)
Sanitation guidelines to follow	85	(75.9%)
Signage and educational materials for customers	76	(67.9%)
to prevent spread of COVID-19		
Easy access to a health care provider or com-	43	(38.4%)
munity program for questions		

In which of the following ways could you see universities, community clinics and hospitals/health care systems help you during the COVID-19 pandemic? Rank your top 5.

9 1 1		
Personal protective equipment (PPE), like masks	82	(73.2%)
and gloves		
COVID-19 testing for your customers	66	(58.9%)
Sanitation guidelines to follow	64	(57.1%)
Signage and educational materials for customers to prevent spread of COVID-19	55	(49.1%)
Informational package for barbers and clients about COVID-19 precautions	54	(48.2%)

NOTE. *Can include more than one

greatest among Black-owned (41% drop), Latinx (32% Asian businesses (26% drop), with the number whed business owners dropping by 17% [12, 13]. showing the paucity of respondents thinking their would weather the COVID pandemic for more nths is in line with these national trends. Despite own, some barbers in our study reported that, in to lessen the pandemic's toll on their livelihood, entinued to cut hair but with inconsistent PPE use. ntially exposed themselves, their clients, and fam-OVID-19, particularly since Black-owned busire often situated in areas with higher COVID-19 White-owned businesses [13]. Many barbers in also did not qualify or were unsure whether they for additional government aid, and had minimal reserve to weather extended stay-at-home manilar to other Black-owned small business owners e [13]. In fact, the payment protection program , a large government relief program to help small wners stay afloat during the pandemic, distributed < 20% of claimants in counties with higher con-</p> s of Black-owned businesses (national average: 3].

Dissemination of Evidence-based COVID-19 Information and Vaccine Hesitancy

Aside from the financial impact of COVID-19, morbidity and mortality rates due to COVID-19 have also disproportionally affected racial and ethnic minority groups in the US, including African Americans [2, 3]. This could be partly explained by a higher prevalence of pre-existing comorbidities, but also lower income, insurance coverage rates, subsequently poorer access to health care services, overcrowding and use of public transportation [2]. In the context of COVID-19, understandable historic distrust in health care among Black community members [3, 15, 16] can result in less evidence-informed COVID-19-related information reaching these communities, thereby increasing the risk of contracting and transmitting the disease [2]. Moreover, African Americans have demonstrated more vaccine hesitancy and distrust, and thus decreased COVID-19 vaccine uptake, as has also been shown in the past [3, 15, 17–19]. Ensuring that credible and transparent information on the benefits of vaccination, disseminated by trusted sources in the community, is just one way of seeking to provide equitable vaccine access to all.

Barbers Tackling Misinformation

Tackling misinformation and alleviating distrust through barbers is a potentially impactful strategy to disseminate



COVID-19 information, facilitate clients' vaccination awareness and access to the COVID-19 vaccine. Barbers are the key individuals that expressed a stable or increased interest in partnerships with universities, community clinics, and hospitals/health care. The barbershop could serve as a safe place for trusted community outreach to disseminate such information and services [4, 10]. In fact, a growing body of evidence has shown that community-based outreach programs delivered via Barbershops are effective at bringing health information and public health interventions to vulnerable and hard to reach groups/underserved communities. Previous studies have shown the significant impact of such initiatives in, for example, the prevention and monitoring of cardiometabolic diseases [20, 21], prostate cancer screening [22] and HIV prevention [23].

In our study, many barbers were already engaged in health outreach in Black communities and were even more committed to partnering with the public health and health service delivery system as public health extenders, despite the challenges they faced as a result of COVID-19. Barberadministered health education and promotion along with direct linkage to health systems should be a focus in designing interventions to prevent the spread of COVID-19 and future variants. Future research should examine how to best implement barbershop-based COVID-19 public health interventions, while supporting them to safely keep their doors open to the Black community, including providing the necessary PPE. Furthermore, studies may also evaluate the essential nature of barbering as it relates to the health impacts of limited barbering in black communities as has been suggested by our research during the COVID-19 pandemic.

Strengths and Limitations

This study was a cross-sectional convenience sample of barbers across the United States seeded in part within a barber hypertension outreach program (CHP) with no access to non-respondent demographics, therefore we must be careful not to generalize our results. Nonetheless, this is the first snapshot of Black barbershop perspectives on the impact of COVID-19 and barbers' role as public health extenders in this context, and is therefore an important part of the literature around the experience of Black communities and Black professionals during COVID-19. Our results are consistent with prior studies of Black barbershops as a community-based place of reaching Black members of the community across a variety of conditions.



This focus on the financial and health impacts of COVID-19 in the context of Black barbershops is novel in the literature. Black barbershops, a well-documented effective partner in public health outreach to the Black community for many other chronic diseases, show promise as public health extenders in response to the COVID-19 pandemic.

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Authors Contribution N. Kenji Taylor conceived the study, and Melvin Faulks, Cati G. Brown-Johnson, Jonathan G. Shaw, and Steven M. Asch were involved in the design and development of the methods. N. Kenji Taylor and Melvin Faulks collected the survey data and Cati G. Brown-Johnson, Jonathan G. Shaw, Erika A. Saliba-Gustafsson and Steven M. Asch collaborated in data analysis. N. Kenji Taylor prepared the first manuscript draft. Erika A. Saliba-Gustafsson prepared the revised draft which was reviewed and approved by all authors.

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Data Availability The data generated during the current study are available from the corresponding author on reasonable request.

Declarations

Conflicts of interest None to report.

Ethics Approval and Informed Consent This study was performed in line with the principles of the 1964 Declaration of Helsinki. Ethical approval was granted by the Stanford University institutional review board (#56175). Nevertheless, electronic informed consent was obtained from all individual participants included in this study.

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