Community-based Strategies for Engaging Older (Minority) Adults in Clinical Research

The Los Angeles Barbershop Blood Pressure Study: A Case Study

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Clinical Trial Diversity

- **Minorities underrepresented in most clinical trials**
- **Even legislative action (i.e. NIH's Revitalization Act of 1993) has failed to have lasting impact on minority accrual**
- **Imbalance especially troubling when it comes to trials for diseases that disproportionally affect marginalized racial and ethnic groups**
- **Barriers to engagement include:**
  - Approachability (i.e. awareness, knowledge of disease stage and its associated risks)
  - Acceptability (i.e. mistrust of medical establishment, lack of cultural competence)
  - Accessibility (i.e. geography, transportation, time, financial)

Community-Based Strategies for Engagement

- **Community-based initiatives uniquely positioned to directly address the "3 A's"**
  - Secular venues that routinely draw sizeable, diverse crowds
    - Increased awareness among community, not just those the research targets
  - Community-based = "meet people where they are"
    - Increased accessibility and convenience
  - Community members (trusted individuals) can be called upon to deliver interventions
    - Increased approachability
- **Traditional venues have included churches, community/senior centers and fairs**

The Barbershop – An Opportune Venue for Reaching Black Men

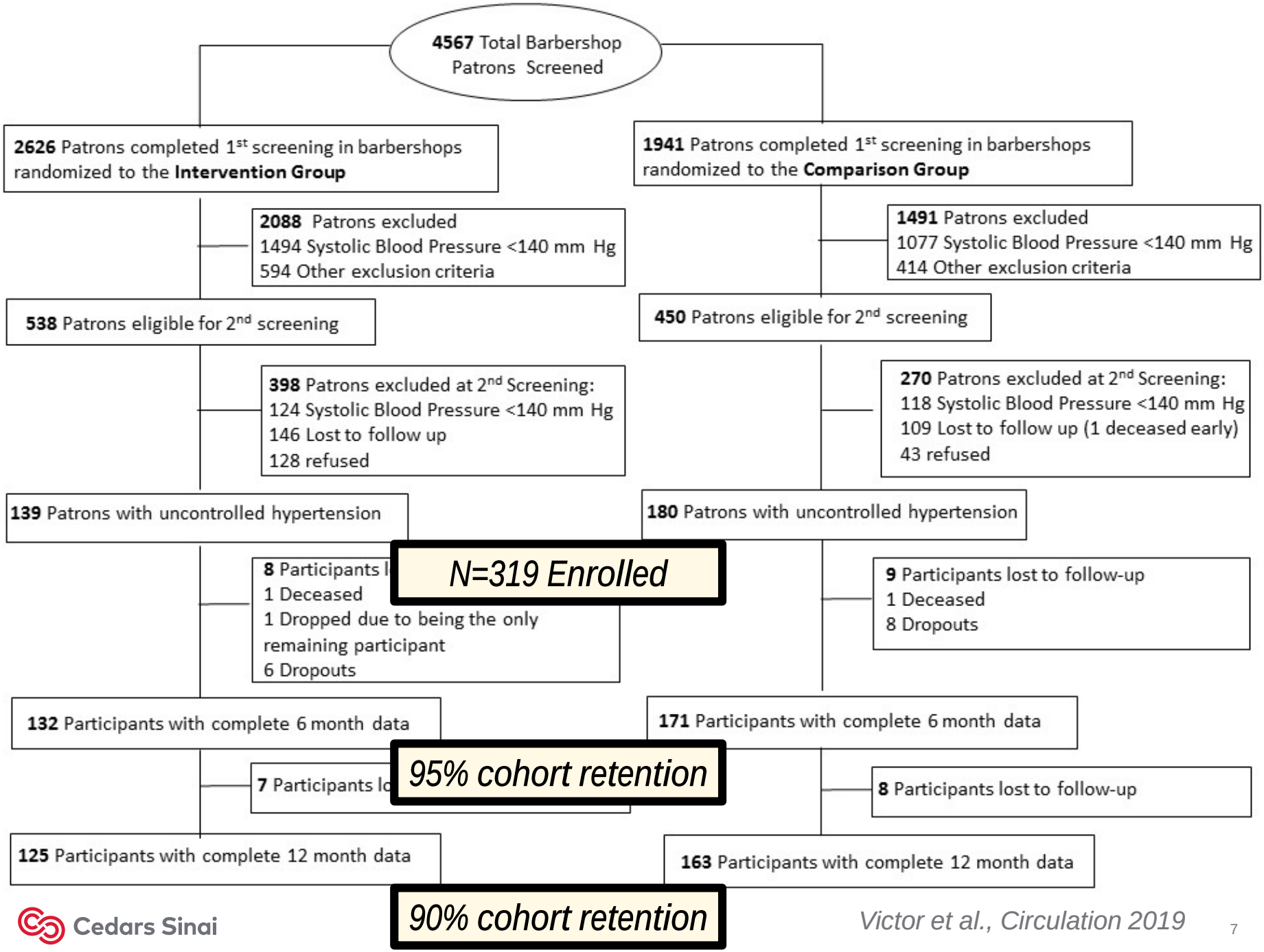
- **Barber <---> Medicine connection dates back to Middle Ages with history of barber-surgeons**
- **Barbers are trusted individuals who have long-lasting relationships with clients**
- **Frequent Patronage**
  - Weekly/Bi-weekly visits
- **Laid-back, social environment, a place for information exchange and relaying of shared experiences**
- **Barbershop-based health outreach and promotion in U.S. since 1980's**

The Los Angeles Barbershop Blood Pressure Study (LABBPS)

- **Community-based, pharmacist-led hypertension (HTN) trial that sought to address racial disparities in HTN treatment/control**
  - Prevalence ~55% among black men
  - Highest rates of HTN-related disability/death of all racial/ethnic groups in U.S.
- **Aim: to develop an effective and convenient intervention for black men which links health promotion by barbers to drug therapy by pharmacists**
- **Evaluate both the efficacy (at 6 months) and sustainability (at 12 months) of the intervention**
- **Primary Endpoint = Δ systolic BP**

LABBPS Screening/Enrollment

- **Men aged 35-79 were recruited from black-owned barbershops in Los Angeles County over the course of ~2 years**
  - Inclusion Criteria
    - Non-Hispanic black men
    - Systolic BP >140 on 2 separate days
    - Regular patron
- **Research assistants staffed barbershops all hours/days of operation and offered free blood pressure screening to all patrons regardless of eligibility**
- **Research Registry established for future studies, all encouraged to join**
  - Already tapped for spin-off study involving use of telemedicine (remote follow-up)



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Victor et al., Circulation 2019

Baseline Characteristics of LABBPS Participants

	Intervention Group	Control Group
BARBERSHOPS (no.)	28	24
Years in Business	17.3 ± 14.2	18.1 ± 8.3
PARTICIPANTS (no.)	132	171
Duration of Patronage, years	10.2 ± 9.6	11.5 ± 9.0
Frequency, visits per month	2.0 ± 0.9	2.1 ± 1.1
Mean Age, years	54.4	54.6
Married, %	47%	50%
Bachelors+ Degree, %		%
Household Income <25k, %	41%	30%
Regular Medical Provider, %	77%	79%

18% of cohort ≥ 65 years old

Taking time away from working on cars to work on my blood pressure

My name is [redacted] and I am 72 years old. I've been a customer at Long Beach Finest for over 15 years. I thought I had my blood pressure under control because I've been taking my medication faithfully for a long time now. I was surprised to find out it was still high when I got it checked at the shop. My barber encouraged me to work with the pharmacist to figure out the right regimen for me. I was only taking 1 medication when we started. Now I take 2 medications and my pressure is right where I want it to be. I had a stroke 10 years ago so I'm going to do whatever it takes to make sure it doesn't happen again.

The Barbershop Encouraged Me to Get My Blood Pressure Under Control

My name is [redacted] I'm 77 and I've been coming to Gaines barbershop for three years. I found out had high blood pressure four years ago. At the time I really didn't feel anything and had never had any trouble from it. They just told me I had high blood pressure so I accepted it. My doctor put me on blood pressure medication, but I eventually stopped taking it. I thought everything was fine until one day I got my blood pressure checked at the barbershop and it was running high again. I learned that good pressure is important if you want to live a long life and that people (like me) often don't know they have it because they don't feel differently. Now I come to the shop regularly to get my haircut, my blood pressure checked and under control.

Lessons Learned & Translation to Other Groups

- **Barbershops can be convenient and effective hubs for the recruitment/retainment of black men in a clinical research**
- **Community-based interventions that are designed to directly address common barriers to engagement can increase minority participation**
  - LABBPS was an accessible model that “met people where they were” -- for older adults, who are often less mobile, this particularly important
  - Barber endorsement helped to overcome issues of mistrust of medical community
  - Frequent patronage helped facilitate frequent follow-up
- **Tailoring interventions to specific underrepresented groups can improve engagement in clinical research**
  - LABBPS tailor-made for black men
  - Similar venue for black women? Hispanic men/women? Asian men/women?

References

Victor RG, Lynch K, Li N, Blyler C, Muhammad E, Handler J et al. A Cluster-Randomized Trial of Blood-Pressure Reduction in Black Barbershops. N Engl J Med. 2018;378(14):1291-301.

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