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Program Evaluation of a Black Barbershop Health Outreach Campaign

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2020

Abstract

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MBA, Saint Leo University, 2004

BS, Norfolk State University, 2002

Doctoral Portfolio Submitted in Partial Fulfillment

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Abstract

Black-owned barbershops in the Black community lack barber administered interventions to provide education and health screenings to Black men. Increasing knowledge of health assessments in a black barbershop setting increases the number of health screenings and preventative care among Black men. Grounded in general systems theory, the purpose of this qualitative summative program evaluation was to explore the extent to which a nonprofit Black barbershop health program aligns with the Health Research (HR) program objectives. The evaluation was performed for a nonprofit organization located in Maryland, 6 years after the organization implemented the HR Program Network of barbers and salon owners. The participants were 4 barbershop owners, 1 beauty salon owner, and the program manager who had knowledge of or were original members of the HR Program Network. Data were collected from semistructured interviews, company documents, and company website information. Thematic analysis was used to analyze the data. Three themes emerged: program purpose and outcomes, program participants, and program effectiveness. A key recommendation included establishing a system to notify members of events, visits, and information. The implications for positive social change include the potential for organization's HR Program Outreach Campaign to provide Black barbershops and salons with the necessary resources to improve their knowledge and understanding of how to offer health screenings to their clients who may not otherwise receive health screenings on their own, thus leading to a healthier community.

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Dedication

I dedicate this work to all of those who supported me through the challenges to make this journey possible. First, I dedicate this work to and give all praises to my Lord and Savior Jesus Christ for keeping me through this long and tedious journey without Him none of this would be possible. Next, I dedicate this to my mom, Gracie "Freda" Harrell and dad, William "Leon" Porter, Sr. whom I thank God they are still here to see me finish this journey. Additionally, I dedicate this to my heavenly cheering section; my step-mom, Barbara Porter, who encouraged me to keep moving forward until I finished what I started even though she knew she wouldn't be here to see it; and my brother, William "Lee-Lee" Porter, Jr. for supporting me at the beginning but passed before he could see me finish. I know both of you have watched over me from the other side. Finally, I dedicate this work to my four heartbeats, my baby girl, La'Nese, and my three strong sons, Joshua, Edward, and Diante'. They inspired me to keep trusting the Lord, supported me in my efforts, held me accountable for meeting my goals, and have been the greatest cheering section anyone could ask for. They kept me grounded in my faith when I became overwhelmed and even when I wanted to quit they were constant reminders of what I taught them throughout their lives, that quitting is not an option when you know and believe that you can do all things through Christ that strengthens you. They are and will always be my blessings from God and I will be forever grateful for their love and support! Thank you, babies I couldn't have done this without you!

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Section 1: Background and Context

Historical Background

Nationally, pockets of at-risk populations have a higher susceptibility to an array of adverse health conditions that are inherent to factors inclusive of ethnicity, culture, and economic status. Other barriers, such as access to services, further hinder and serve as challenges to demographic groups positioned in urban or blighted communities. This study was an evaluation of a community-intervention health outreach project. I focused on inner-city Black men in their cultural settings, the Black barbershop, and established a stakeholder alliance where healthcare services are brought into their community and cultural settings to formulate a strategic health intervention.

My intent for this study was to evaluate the collaborative relationship between a sponsoring educational health organization, community stakeholders, and black barbers. My aim was two-fold: (a) address awareness to health disparity of urban situated Black men; and (b) create a way to address multiple the contributing factors that create urban Black men's disproportionate levels of health issues, such as hypertension and diabetes. I sought to determine whether the project's goals and objectives for health education initiatives and wellness screenings, had been met. I also sought to determine to which extent the goals were accomplished from historical documentation. The study's outcomes included analysis of the organizational composite of partners and stakeholders and were critical to ascertain whether the project had the capacity for national modelling to address similarly-situated populations and communities.

Organizational Context

A local professor and a team of researchers from a university in Maryland developed a Health Research (HR) program, which is a community-based intervention sponsored by a local state university (The Health Research Campaign (HR), 2018). The HR program was created as an infrastructure to engage barbershops and beauty salons in a local county as culturally relevant portals for health education and delivery of public health and medical services in the community. Researchers have indicated that through the HR program that barbershops and beauty salons can be mobilized as venues for delivery of health promotion and disease prevention services (The Health Research Campaign (HR), 2018).

Problem Statement

Despite having several Black-owned barbershops in the Black community, educating Black men on health initiatives were characterized as having low priority due to lack of evaluations of clients' comfort levels with receiving health screenings in a barbershop (Moore et al., 2016). Health consequences from and medical costs associated with delayed health screenings were deemed costly (Cole et al., 2017). An approach that has generated a tremendous amount of interest and enthusiasm is directing health outreach programs to the local Black barbershops (Moore et al., 2016).

Several empirical investigations were conducted to address the science of medicine in public health in culturally tailored community-based interventions. Luque, Ross, and Gwede (2014) found engaging the barbershops as a community asset for health screenings would require using health care professionals or the barbers would have to

receive training as peer health educators for barbershop-based health outreach programs. Luque et al. (2014) found that a different level of community investment is needed when performing periodic community outreach in barbershops. However, leaders of an organization employing a barbershop health program do not know the extent to which a black barbershop health program is aligning with HR program objectives.

Purpose Statement

The purpose of this qualitative summative program evaluation was to explore the extent to which a nonprofit black barbershop health program aligns with the HR program objectives. The nonprofit program, located in Maryland, is dedicated to enhancing the quality of life for those who participate in the black barbershop health campaign by offering health screenings and health knowledge. I targeted a nonprofit organization that brings medicine and public health care into barbershops and beauty salons. Specific program goals were to (a) provide community-based interventions into neighborhoods where people are suffering from preventable illness and death and (b) raise employee awareness of the negative health and organizational outcomes associated with lack of health screening in the culturally tailored communities (Nania, 2015). Key stakeholders included program participants, program manager, and organizational leadership. This study could impact social change through increasing barbershop owners' knowledge on health issues which improves quality-of-life for clients, enhance health awareness, and enrich communities.

Target Audience

Key stakeholders included program participants, the program manager, and organizational leadership. Program participants included Black barbershops and beauty shops owners who have participated in HR Program Network or Black Barbershop Health Outreach Program (BBHOP) organizations and their families, community citizens and leaders, and local health treatment facilities. The program manager is responsible for oversite and administration of the program. The organizational leadership includes the state center for Health Equity, HR, BBHOP, CAO and other executive level leadership personnel. Consensus was met for establishing program evaluation objectives through meeting with the key stakeholders, the state Community Research and Advisory Board. Figure 1 is the Black barbershop health outreach campaign logic model, which I used as guidance for possible program outcomes.

The Black barbershop health outreach campaign logic model

Inputs Resources dedicated to or consumed by the program	Activities What the program does with the inputs to fulfill its mission	Outputs (the direct products of the program)	Outcomes Benefits for participation during and after the program
☐ Develop and assess efficacy of HR project model ☐ Assigns a clearly defined role; group members (investigator; Lay health advocates/Peer health educators ☐ Survey Protocol Established: Ethics Approval, instrument development; needs assessment ☐ Secure fiscal resources, establish expenditure process ☐ Develop and test the efficacy of a HR curriculum	☐ Data analysis of study variables ☐ Consistent feedback from participants ☐ Workshop execution ☐ Health Education Intervention Screenings and Referrals ☐ Community awareness workshops ☐ Workplace support group sessions	☐ Questionnaire instruments administered ☐ Needs assessment of community participants completed ☐ Data analysis from primary and secondary research ☐ Synthesis from secondary sources, literature	☐ Understanding of prevention and self-management of health conditions for Black men ☐ Motivation to adopt good health practices among Black men ☐ Participants' ability to search for and use health and wellness information
☐ Secure human capital resources: ☐ Recruitment and selection of volunteer – establish volunteer structure and operating procedure ☐ Recruitment of community leaders, establish liaison processes ☐ Recruit and coordinate health care providers for training, oversight, and kiosk establishment	☐ Active engagement of black barbers ☐ Active engagement of medical providers ☐ Active engagement of community participants ☐ Accomplished basic assignment	☐ Different types of health screenings provided ☐ Health seminars conducted ☐ Educational materials distributed ☐ More participants served ☐ Referrals for health screenings within the barbershop	☐ Adoption of healthy behaviors and recommendations of the HR program for the Black community ☐ Improved health and wellness status and quality of life for Black men and in this area

Figure 1. Black barbershop health outreach campaign program evaluation logic model.

Research Question

The overarching research question was as follows: To what extent does a nonprofit black barbershop health program align with HR program objectives?

Interview Questions

1. From your perspective, what is the main purpose of the HR Program?

2. Why did you join the HR Program?

3. As you became involved in the HR Program, did you discover other reasons for participating that you did not initially anticipate?

4. In what way(s) has the HR Program met or failed to meet your expectations and/or needs?

5. Describe how you used any community-created knowledge product(s) (e.g., tutorials, documents, toolkits, guidelines) developed by the HR Program in your work to meet a specific need?

6. In what way(s) do you think the new knowledge products or resources that you have been able to use will benefit individuals, organizations, and public health in general?

7. Has participation in the HR Program helped you make connections with other people or organizations? If so, what types of connections and with whom?

8. In what way(s) do you think your new connections with people or organizations made through the HR Program have benefitted individuals, organizations, and public health in general?

9. In your opinion, what are the most important outcomes or benefits that have resulted from the HR Program?

10. In your opinion, how effective do you think the HR Program has been in the following:

    a. Creating a safe environment for the sharing of knowledge and expertise

    b. Building a sense of trust among the HR Program members

    c. Making HR Program members aware of the knowledge, skills, and expertise of other members of the community

    d. Improving information flow and knowledge reuse among HR Program members and their respective organizations

    e. Encouraging HR Program members to engage in higher-level thinking

    f. Developing the capacity of members to engage in collaborative problem solving

    g. Improving relationships between other partners

    h. Enabling the application of knowledge to practice

11. What other factors or circumstances do you think contributed to the success (or failure) of the HR Program? Please explain.

12. What experiences, challenges or barriers (e.g., competing priorities, organizational challenges, job role changes, technological challenges) do you believe has kept you from participating in the HR Program at the level that you would have liked to participate?

13. Please provide anything the HR Program could do differently to address the

challenges or barriers that might keep people from participating fully?

Significance

Contribution to Business Practice

The results of this program evaluation can be valuable to the stakeholders by

providing information to expand existing knowledge and health services for black barbers

to offer at-risk clientele who would otherwise never receive these services. A

contribution to business practices could be the identification of marketing strategies to

assist the Black barbershops with sharing health information within their communities

and with other small business owners. Expanding knowledge on marketing strategies to

improve awareness can also aid the community with establishing, expanding, and

ensuring continuance of these services.

Implications for Social Change

This program evaluation is expected to make unique contributions to positive

social change by educating the black barbershop owners to position themselves for

success through creation of health assessment stations and development of social

programs in the community. For example, black barbershop owners might develop

marketing promotions for services such as different health screenings for blood pressure,

diabetes, partnerships with healthcare providers, and health-related information at low or

no cost to their customers. The community in which individuals live influences their

decision to obtain services locally (Goodman & Remaud, 2015). The results of my

program evaluation can contribute to social change by providing Black barbershops with

the necessary resources to improve their knowledge and understanding of how to offer health screenings to their clients who may not otherwise receive it or not obtain it on their own, thus leading to a healthier community.

Conceptual Framework

The conceptual framework for this project was general systems theory. According to Grant and Osanloo (2014), the framework creates a lens through which a researcher evaluates their research problem and questions. Ludwig von Bertalanffy coined the term *systems theory* in the 1930s. Von Bertalanffy (1972) stressed the importance of the external environment on a system or organization, and that organizational leaders respond to, and are influenced by, both specific and general environmental influences. Systems theory states that all parts of an entity contribute to a functioning system (Von Bertalanffy, 1972). Systems theory is a relevant construct, as successful small business owners incorporate many different elements, decisions, and components when starting and successfully sustaining a small business enterprise. I expected systems theory to be useful for exploring all elements that come together for small business owners to obtain the knowledge to make decisions from results of program evaluations.

Representative Literature Review

The purpose of this qualitative study was to perform a program evaluation of the interactions of community-based collaborations in Maryland between Black barbershops and the HR program. In this literature review, I conducted content searches using research materials assessed through the Walden University Library and Google Scholar. My search for books, peer-reviewed journal articles, and dissertations required the use of

the following databases: ABI/INFORM Global, Academic Search Premier/Complete, SAGE Journals Online, and Business Source Premier/Complete, ProQuest Central, Science Direct, and Google Scholar.

I conducted my literature review search using the following keywords: *general systems theory, Black (Black) barbershop health program awareness screenings, Black (Black) barbershop health program evaluation, Black (Black) barbershop health program effectiveness, Black (Black) barbershop methods for health and awareness screening, Black (Black) barbershop participants' understanding of prevention after program completion, Black (Black) barbershop self-management of participants' pre-existing conditions after completion of the program, and hybrid community health programs.* I expanded the search using the following keywords: *hybrid barbershop public health community-intervention programs, lay health advocates or peer health educators, lay health advocates at Black barbershops, social (culture, tradition) factors impacting male,* and *black (Black) health.* I used the following sources in this academic and literature review: (a) peer-reviewed journals, (b) seminal publications, (c) government websites, and (d) dissertations. Of the 85 relevant sources, 79 (92%) are peer-reviewed journal articles.

The literature review begins with in-depth details regarding the theoretical framework model and then moves to a brief overview of interactions of the HR program. Following the overview of the HR program, I presented an in-depth discussion about the interactions of community-based collaborations between Black barbershops and the HR program. I then provided an in-depth discussion about the significance of health

assessments conducted in the Black barbershops, followed by a detailed discussion about challenges encountered by the health advocates and HR program. The literature review was inherent with the respective homeostasis subsystems of the research corresponding to the study's qualitative components.

Key literature pieces served as background for the study's target population, geographical locations in urban cities, and the small business of Black barbershops. This literature underpins the social, cultural, and Black barber traditions that are integral factors of this study's problem statement, goals, and objectives.

Also included in the literature review was government sponsored articles published in English and from the United States. The period incorporated the evolution of the government-initiated research by the Department of Health and Human Services and its joint venture with the Office of the Secretary, and Office of Minority Health (OMH) in 2001 for hybrid barbershop and health programs. The reports indicate that the projects were structured to improve cultural and linguistic appropriateness, where data indicates that hybrid joint barbershop and health care projects formally launched around 2001 (Beach et al., 2004; National Standards for Culturally and Linguistically Appropriate Services in Health Care, 2001). The social and cultural factors that adversely impact Black barbershops and the Black men they serve were also critical in this research.

Conceptual Framework

Ludwig von Bertalanffy coined the term *systems theory* in the 1930s. Von Bertalanffy (1972) stressed the importance of the external environment on a system or organization, and that organizational leaders respond to, and are influenced by, both

specific and general environmental influences. The focal context of this study was the pragmatic application of entrepreneurship and business enterprise linking to health awareness in a community setting. The basis of systems theory is that an organization is a living group of subsystems and to be effective, each of the subsystems must coexist and work harmoniously so that goals can be achieved successfully. A reconciliation of the earlier approaches to systems theory redirected the attention toward the total organization, its array of variables, and the interrelationships of the structure (Mullins, 2005). Mullins' (2005) blending of former works on systems theory implies a connection and effect on all parts of an organization.

In everyday business conversation, systems are described in a myriad of ways and with various interpretations, each of which have interacting components (Adolph & Kretch, 2015). Adolph and Kretch (2015) categorized the systems as either language or conceptual systems, machines or concrete systems, and culture of an organization or abstract systems. The context of this study showed more suitability to the abstract systems where systems theory describes the organizations' individual and group input (causation) and output (particular outcome). Meadows's (2009) literature contributes to the understanding of a *system* by stipulating explanations of four components. The four components could align with this study's two independent variables - the Black barbershops and the HR program:

   (1) having a group of objects or forces

   (2) the relationships and interactions between the groups within their environment

   (3) how these groups make up a larger whole; and

(4) the function or purpose of the elements within the group that affects the function or purpose of the group as a whole.

A visual depiction of the operational process of a system, the surrounding factors, and their respective impact are shown as integral elements in the logic model in Figure 1. McShane and Von Glinow (2003) argue that complex subsystems that require coordination with each other for processes to reflect a transformation of inputs to outputs. In the context of the logic model for this study I specified the analytical components of the Black barbershops' and HR program systems, to include:

(1) Inputs, the resources dedicated to or consumed by the program

(2) Activities, what the program does with the inputs to fulfill its mission

(3) Outputs, the direct products of the program

(4) Outcomes, benefits for participation during and after the program

Systems theory evolution

Although Von Bertanlanffy's theory gained momentum in the 80s and 90s, it appears to have levelled in the 21st century. Variations of systems theory are a central tenet across an array of social science disciplines (Turner & Baker, 2019). General systems theory is in a multitude of management literature, including practitioner applications for strategic planning, human capital management, and entrepreneurship. The systems theory continues to serve as a basis for science unification to build an open systems model that is easily conceived in both organization theory and management practice (Kast & Rosenzweig, 1972). The open systems model has stimulated multiple innovative conceptualizations in organization theory and management practice. In 1982,

the use of organizational studies in systems theory broadened with the recognition of literature. Linda Putman (1982) and Albrecht and Ropp (1982) were initial leaders in guiding organizational communication and network structures that are applicable in the 21st century's business enterprise. Similar systems theory authors King (1969) and Sporleder (1970) built a solid foundation for current marketing, public, and private sector associations.

Yet, there have been criticisms that general systems theory is too broad in scope. In many instances, the application has become blurred when related to small business concerns. However, in this study the works of Chan & Huang (2004) provided a concise merger of community-based small business systems and health care systems application of the theory's concepts, its use in entrepreneurship, business enterprises, community and health alliances, and its adaptation to culturally diverse nuanced situations.

Systems theory application to this study. Bridging the general systems theory work from the 60s thru the 90s into the 21st century's systems theory applications identify a consistent overlapping across what Rapoport (1968) and founding theorists described as "transdisciplinary" or advancement of multi and interdisciplinary research. The systems theory transition was reflective in operations research, engineering science, and management think tanks across the globe (Hammond, 2003).

Utilizing the context of the subsystems for this study, Black barbershops and the HR program where placed in the category of a subsystem role and captured the effects. I used previous literature to examine Black barbershops and the results indicates there was an influence on generational traditions, regional economic development, and the

management of entrepreneurship where social change systems align within the scope of Ludwig von Bertalanffy's general systems theory. I used previous studies to examine similarities of the HR Program and the results indicated the program had similarities to the suggestions of Cordon (2013), depicting various levels of multifaceted intricacies with policy and decision-makers, and groups of people, internal and external, who form the manner health care is delivered to the society-at-large. I discovered each subsystem was captured in the results of the study's qualitative overarching research question.

Boundary management and hierarchical systems. General systems theory accentuates that systems are organized—they are comprised of interdependent components in some relationship. Throughout the systems theory framework, boundary management is encountered in several phases with possible challenges in project initiation, engagement, and sustainment of the Black barbershops and the HR program (Stacey, 1992). According to Chan and Huang's (2004), research of community sustainability opines that boundaries vary with some open or closed and are contingent upon situations. The conditions within each of the subsystems are labeled as *homeostasis*, which is representative of a *steady state* or a *dynamic balance* in the subsystems varying internal and external conditions (Veloz & Razeto-Barry, 2017).

Under the current research, each of the systems is carefully analyzed to ascertain processes needed to address the integration of barbershop business owners presented with high-end management tasks that may surface gaps from previously closed systems. Equally, subjective to project barriers is the HR program, where previously closed systems developed from environmental operation constraints may influence the

qualitative research focal areas (Cordon, 2013). Von Bertalanffy's initial structural

assumptions of the general system theory identified a two-field application referred to as

hierarchical systems (von Bertanlanffy 1928; 1929; 1934). The hierarchical relationships

between the black barbershop and HR systems position the subsystems in order. For this

study, the Black barbershops would hold precedent order as the HR system seeking to

intertwine with the barbershops. Applicable to this study, Pouvreau and Drack (2007)

further describe the two systems ways:

> (1) One bottom-up, where interaction on the level of the parts results in relation to
> the level of the whole; the HR program characterizes this system, and

> (2) One top-down, where relations on the level of the whole manifest themselves
> on the level of the parts, e.g., in behavior; the Black barbershops embody this
> system.

According to Von Bertalanffy (1950), ensuing the study is composed of two fields

of application. I used previous literature to examine the subsystems of my study, the first

field, the Black barbershops and the HR program, are representative of the subsystems

that have an *intrasystemic* aspect (part-whole relationship). Next, the second field of

application consists of the relationship between the systems that are representative of the

varying stages of the overall scope and society referred to as the *inter-systematic* aspect.

Von Bertanlanffy's hierarchical process of emergence and causation between the system

boundaries is determined by the levels of parts, intra-systemic and inter-systematic. The

distinguishing between the interaction of the parts formulate the relations of the

organizations and is flushed by individual elements graphically within the study's logic model in Figure 1.

The conceptual framework seven-phase process. The general systems theory allows the primary researcher to posture an execution of strategic initiatives and pushes innovation, entrepreneurship, through collaborative relationships with external sources, such as health and community alliances. Combining these systems will require empowering barbershop owners and community health leaders with the capacity to flex shifting environments, alter individual and collective demands while grasping the holistic needs of varying components.

As a conceptual framework, general systems theory captures the essence of the smaller subsystems within the more massive systemic layers of entrepreneurship and community development programs (von Bertanlanffy 1972). This study employed systems theory as a driver to unveil prominent management challenges in inter-group relationships with various echelon layers tied to finance and economic development, licensing, planning, business enterprise sustainment, and critical industry collaborative relationships. Moreover, this research entered a unique subsystem of health care and the task associated with responsiveness to business, cultural, and targeted group needs. The general systems theory framework allows a feasible approach and process to address business constraints and environments, especially those akin to embossed cultural commerce practitioners in community settings. Indicative of Covington's (1998) suggestions, when employed in this research, general systems theory allows complex open-ended research where multiple components are under investigation. The framework

captured the environment of the business enterprise and practitioners' internal, external, and deeper functional components or the 'homeostasis' to reveal and proffer elements from the study's outcomes (Infante, 1997). As a result, the theory can unveil the web of relationships in operations as it moves toward the respective research goal or goals.

According to the guidance of Singleton and colleagues (1988), a seven-stage structure illustrates how system theory is applied in this study:

(1) Phase one, establishment of the study inquiries – one qualitative research question and 13 semistructured interview questions have been established with the identification of who will want to know the results, impending consequences, and the study originality.

(2) Phase two, the research design formulation encompasses the parameters of the study and focuses on the relevant study variables.

(3) Phase three, the qualitative components of the study's measurement questions. The methodological approach for data collection and the transition of the process is detailed in the systems theory theoretical framework as the 'thick description' (Geertz, 1973).

(4) Phase four, provides further clarity on the selection of samples, along with sampling justification, in response to the research question and fundamental descriptive elements that both respond to the phenomena under study.

(5) Phase five, the primary researcher's field research involves the collection of data, usage of a myriad of survey tools that have been ethics approved, synthesizing data to make cause-effect determinations.

(6) Phase six, synthesizing the raw data, establishing order to draw conclusions for the response to the research question, and

(7) Phase seven, development of a form and order to complete analysis and interpretation from data collection using a systems theory framework to clarify:

> a) which components of the environment under study will be included in the study's discourse, and
>
> b) using the study's research questions, provide explanations of how the subsystems reacted — in a study output.

As an abstract philosophical framework, Systems Theory entails a highly empirical and investigative form of management science, which has directed the attention of researchers toward growing systems theory application. There is a significant body of knowledge published in the systems field. The literature review provides the scholarly bookends of past, current, and future projections on how general systems theory interacts within community-based systems. As this study depicts, the work of Ludwig von Bertalanffy (1973) acknowledged the necessity for any organization to interact, and in this study to collaborate, with its external environment. Unlike works from traditional closed system approaches averred by theorist F Tailor, Max Weber, Fayol, von

Bertalanffy proffers an open system where Black barbershops in zoned urban environments throughout small and large cities can collaborate to bring vital health care awareness to targeted at-risk populations.

Black Barbershop Health Program Alignment with Program Objectives

Following the systems notions from general systems theory, the intent of this study was to review literature that investigates people and their interactions around social and health contexts. Each of the inherent parts represent the homeostasis and the respective literature findings that influence this study. All studies included in this literature review focused on black male barbers with the study types designated. Moreover, the studies identified the type of health care interventions for further comparison to those researched for health education and screening in this study. Non-intervention studies focused primarily on surveying or interviewing barbers for assessing the feasibility of future interventions. Barbershops are a culturally appropriate venue for disseminating health education materials in both print and media formats.

The analysis of works meeting the qualitative research variables ranges from medical journal sources to books. A consistent characteristic of a substantial volume of the literature were the multiple authors. A great number of the inclusion criteria had as many as five to eight authors. In the scientific journals, reading the article synopsis, it could be concluded that several of the authors appeared to have medical backgrounds. However, it was not possible to determine whether some of the other article authors were barbershop stakeholders, or simply researchers.

On another observation, the quantitative studies appear to be varied as either descriptive or using grounded theory. Some were longitudinal studies, but the majority had small study participants. An explanation for the small study groups was not addressed. However, conclusions could be drawn that the longer studies required extensive commitment and trainings.

Black barbershop health program awareness

Each of the inclusive literature were selected based upon the research variables and capacity to respond to the studies' qualitative research queries. For example, literature by Alexander (2003) and Allen et al. (2007) contribute to the response of all three of the study's qualitative research questions and variables. Both authors' studies make significant contributions to the understanding of participant perceptions of outreach wellness programs, as well as providing evidence-based research to support project performance. A compilation of a book review by Baldwin (2015) suggested an extended body of literature engaged in the discourse of community outreach for disproportionate racial groups. The book reviews bibliography addressed a full scope of project challenges and successes.

Several of the medical articles, to include Cowart, Brown, and Biro, (2004) and Blocker et al.'s (2006) writings, dive into specific health-related issues and barriers of minority male populations in urban communities. Blocker's et al. (2006) publication from the Journal of National Health Association includes critical medical data to further guide project leaders on the optimal health and wellness screenings. In parallel, the American

Journal of Public Health article written by Naylor (2017) addressed colorectal cancer. The article highlighted the disparities of cancer among Black men and offered best-practice antidotes in practice-based settings. Matterne and Sieverding's (2008) article yielded medical data but provided insight on promoting and encouraging men to attend cancer detection screenings. The Journal of National Medical Association published two 2010 articles by authors Releford et al. and Releford, Frencher, and Yancey, with each focusing on Black communities. The cardiovascular article can prove to be very useful as it presented projects with the potential for national modeling, while the second article dealt primarily with outreach strategies. Though many of the articles were directly focused on heart disease as one of the primarily health disparities, prostate cancer was equally a primary focus area of books and journal articles. Contributors for prostate cancer patient-awareness, screening techniques, and measures are Sanchez, Bowen, Hart, and Spigner (2007), Taylor et al. (2006), Thompson et al. (2001), Wilkinson, List, Sinner, Dia, and Chodak (2003), and Woods, Montgomery, Belliard, Ramirez-Johnson, and Wilson (2004). There were some similarities between content of the Journal of National Medical Associations and publishing by Cancer Control versus the detailed ethnicity and diversity inclusions made by ethnicity and disease articles published by Sanchez et al. (2007). The differences in the prostate articles appeared to be the inclusion or exclusion of focus groups in statistical analysis in lieu of blind trials, as well as health education initiatives, and the use of outreach intervention programs. Smith, DeHaven, Grunding, and Wilson's (1997) works came through the screening process, offered case studies as a learning mechanism, but the date is outside of the inclusion criteria.

Contributions by Boutte and Hill's (2006) literature was crucial as it specifically addressed societal-norms of Black Black males. Yet, there was a distinct difference in the views of Boutte and Hill (2006) and those of Hart et al.'s (2004; 2008) perspectives of barbers being long-term health-partners. Still, Brawner et al. (2013) considers the societal purview from the 'country-club' posture instead of a non-modern barbershop environment. Brawner et al.'s (2013) study appeared to grasp a wider economic range of Black males inside and outside the traditional urban environment. As a result, each of the studies showed inconsistences in perceptions and some addressed a myriad of health awareness screenings outside of what is being considered by H.A.I.R.'s team. Initially, Demark-Wahnefried et al.'s (1995) work was a comparison of studies in the late 1990s to those done in the 20th century. However, the study and that of Jackson and Parks (1997) were both outside of the date exclusion period. Each of these studies included data that was seldom addressed by newer reports, the recruitment and training issues of Black lay health advisors. Nonetheless, both older issues provided extensive research on beliefs, knowledges, and norms of both black and white males, but omitted barbershop outreach locales. Subsequently, both studies would have been excluded, regardless of the date.

Boutte and Hill's (2006) literature exceeded the traditional summary of project outcomes and detailed intricate details that serve as support data for project planners. The detailed bibliography was useful in datamining for resources. There was an abundance of the screened literature with the capacity to respond to the qualitative research questions. Luque et al.'s (2014) research also addressed qualitative analytical variables that are inclusive of medical feasibility surveys on prostate cancer. The value-added from this

study is that it is one of the primary disparate health issues of Black males. Coupled with statistics across several key variables, the three years of Luque et al.'s (2010; 2011; 2015) studies serve as a critical tool.

In contrast, literature from two of the New England Journal of Medicine articles were not suitable to respond to either qualitative or quantitative research questions. The authors, Andriole et al. (2006) and Barber et al. (2016), studies met the search requirements and focus on medical outreach projects. However, after further full screening of the articles, it was noted that there was no inclusion of barbershops for any minority group in urban communities. Similarly, Jernigan, Trauth, Neal-Ferguson, and Cartier (2001) and Linnan, D'Angelo, and Harrington (2014) provided key information for qualitative questions two and three's perceptions from older Black males, but neither spoke directly to barbershops at the primary outreach-intervention location.

Another variation in the literature is the approach to the respective health screening approaches that include awareness campaigns, training of lay health advocates, and project management. Odedina et al (2004) derived their position on health care approach from focus groups, which could be seen at best-derived information sources. Yet, Releford et al. (2010) took a more clinical approach to cardiovascular disease control healthcare and establish more of a kiosk information type systems in lieu of practitioner-based partnerships.

HR Program

Subsystem – HR (medical communities). The HR program is a component of the state health equity (State University, 2019). As a component of the state center for health equity, HR is a community-based intervention project, and the project has evolved to a network of eight barbershops and two HR salons. The focus of this program evaluation is solely on the Black barbershops in a local county with a goal to deliver medical and public health services in targeted at-risk communities. The health intervention project focal areas are listed below, and my review of the literature sought to connect studies with the offerings from HR:

(1) Promoting Colorectal Cancer Screening

(2) Health and Wellness Screenings

(3) Sisters Healthy and Physically Empowered (SHAPE)

(4) Public Understanding of Medical Countermeasures in Public Health

Emergency

(5) Black Men's Health Initiative

(6) Flu Vaccine Study

(7) Oral Bacteria Study

The nexus. Writings by the Institute of Medicine reflect that mortality disparities illustrate a nexus between race, income, and the access to basic health care screening (IOM, 2008). Innovative governmental initiatives forged community alliances to provide public health strategies to address risk factors for chronic injuries and diseases interrelated to ethnicity. Since 2007, the Institute of Medicine, in alliance with the National Academies, along with the Department of Health and Human Services have

been instrumental in structuring projects in urban communities that link barbershops with health care interventions. Studies from governmental agencies have and continue to be forerunners in bringing barbershops into the fold under an array of titles, e.g. lay health care advocates, and peer health care educators (U.S. Department of Health and Human Services, 2019). As a result of ongoing research, the literature represents clarity on definitions and roles and operationalizing specific terms used for the black barbershop program:

(1) Community health workers (CHWs) are descriptive of lay groups who collectively become part of the local health care system. These groups possess a normative posture where they mostly share the same ethnicity, language, sociological backgrounds, and status with their respective communities (National Standards for Culturally and Linguistically Appropriate Services in Health Care, 2001).

(2) Mazzuca et al.'s (1986) definition of peer educators is varied from that of CHWs, as their role is more of an objective or independent health care structure. Distinctively, the peer educators' characteristics are distinguished by their role as between the community-based peer groups, which was deemed as most efficient in the patient's control of health outcomes, in-patient hospitalizations, and other health improvement initiatives.

(3) The public health mission is delineated within the scope of the IOM report as a process whereby healthy aims are connected to scientific and technical

knowledge, while collaborating with community to prevent disease and promote good health (IOM, 2008).

(4) The usage of hybrid approaches to community-intervention programs is descriptive of methods to addressing health outcomes and the reduction of disparities is achieved through leveraging strategic alliances between communities and care teams (IOM, 2008). While McLeroy, Norton, Kegler, Burdine, and Sumaya (2003) provides an overarching definition that cites 'the term *community-based*', the meaning varies upon applications in four community categories - settings, targets, agents, and resources.

(5) Culturally and linguistically appropriate services (CLAS) is a longstanding standardized process that encompasses obliged policies and procedures to aid in facilitating diverse community populations communications and interactions (National Standards for Culturally and Linguistically Appropriate Services in Health Care, 2001).

(6) The Barbershop-based Health Promotion Conceptual Model (BBHOP) carries an explanation that purports it as a promotional component of health intervention projects that guides communities through self-empowerment and health literacy skills (Releford et al., 2010).

The study *Eight Americas: Investigating mortality disparities across races, counties, and race-counties in the United States* was omitted, as the study was mainly statistical and didn't include actual primary research of interventions done in barbershops (Murray et al., 2006). However, a research study illustrated the pioneering of addressing

health disparity within the hybrid clinical and community development projects and the targeting of ethnic and geographically-centered health disparity areas, such as chronic asthma and diabetes (Horowitz & Lawlor, 2008). The research progressions, in early 2007, by the Institute of Medicine of the National Academies convened roundtable discussions on health disparities with the purpose of increasing the visibility of ethnic and cultural health disparities as a national problem worthy of investigation with government funding.

Subsystems - barbershops. Research indicates that black barbers have the capacity to gain substantial knowledge from at-risk factors related to prostate cancer and many other ethnicity and urban related health issues in relatively brief education sessions. Evidence can be found in a study by Wilkinson et al. (2003), where the investigators examined prostate cancer awareness and knowledge retention and reported significant improvements following a one-hour pre- and post-educational assessment. Yet, the study did not assess whether the skills were ever applied in community settings. Notwithstanding, the similarities and dissimilarities among the studies, research by Luque et al. (2010) did incorporate dedicated training workshops, identification of the duration of the training sessions, and outcomes reflected in statistics that showed 'prostate cancer knowledge scores among the barbers (60% before vs. 79% after; $P < 0.05$)' (Luque et al., 2010).

Further studies showed that traditional cultural venues, such as barbershops, beauty salons, and faith-based facilities are ideal for outreach points to reach Black

populations with health awareness and intervention projects (Li et al., 2011). Li et al.'s (2011) study serves as an exemplar inclusion in the study as it directly provides survey data on black barbers as a resource in health interventions, while speaking to those ethnic and gender diseases that are disparate for the urban Black male community. Similar works by Murray et al. (2006) and Kreuter et al.'s (2006) focused on breast cancer awareness in community settings, along with statistical comparisons, which are each equally as important for interventions in both male and females of urban communities. Unfortunately, the research excluded barbershops. Hence, the study was rejected. Relatedly, works by Drake et al. (2006) provided critical information to the principal researcher with insight for the study to address an ethnic disproportionate and gender-specific disease, prostate cancer screening (PCS). The study provided statistical interpretations from 435 men, who exercised understanding, decision-making, and demonstrated impact after treatment and awareness. Unfortunately, the study did not focus solely on Black barbershops or place barbers in advocacy positions. Therefore, the study was rejected.

Instead, the study by Hart et al. (2006) represented by the qualitative and quantitative usage of independent and dependent variables. Additionally, there is a direct reference to prostate cancer, which is the most common cause of cancer in men and the second leading factor in cancer deaths (Hart et al., 2008). Moreover, the research also aligns with Black men statistically being disproportionately burdened with a high mortality and diagnosis.

From a societal perspective, literature by Alexander (2003), Boutte and Hill (2006), Hart and Bowen (2004), and Luque et al. (2010) avers the essential function barbershops hold within the black community and structure. The authors' readings each support the premise that the Black barbershops are culturally relevant settings for the interaction, connection, and linking of health care awareness and services to intervene in high mortality rates directly impacting at-risk populations… males in black urban communities.

Subsystem – urban black men (community-at-large). Cowart et al.'s (2004) work aligns with three of the subsystems as a literary resource — urban black men, HR health awareness programs, and barbershops. The research primarily focuses on the needs of Black male clientele and the gaps in health care awareness, access, and decision-making. The study's authors develop a health intervention program and engaged six minority barbershops in Syracuse, New York. Unlike other programs where physicians and physician assistants were the primary interaction medical staff, this research utilized nurses and focused on multiple educational awareness sessions directly focused on the hardest hit group in the community, males ages 40 and above susceptible to prostate cancer. The program was sought to achieve more than awareness. The training followed the participants to impact lifestyles and produced behavioural outputs to mitigate the high mortality rate. This type of research yields benefits to the current research as it demonstrates initial and follow-up assessments, along with components structured to change behavior.

Multiple studies, led by Luque et al. (2010; 2011; 2014), also transcends three of the subsystems by providing a comparative study that involves developing and implementing a pilot intervention project that is inclusive of training for the barbers. However, these groups of studies exceed others as they develop outputs of customized educational materials that are generalizable, replicable, and provides both awareness tools and elements for behavioral interventions geared to lessen adverse mortality numbers. For example, in Luque et al.'s (2011) study, barbers take on a role of advocates, promoters, and serve as a link in the chain from the health care provider to the targeted at-risk population. Luque et al.'s (2010) study presents affirmed statistical data. For example, the study has the capacity to serve as a baseline comparator, as it provides learner verification processes utilizing a predetermined quantity of barbershop clients as a means of identify and performing prostate cancer awareness educational materials. The follow-up structured surveys extend directly to the Black men, or barbershop clients, included in the evaluative interventions (Luque et al., 2010). Despite the findings, derived from self-reported data disclosed to health care providers at a responsive rate for the study, there remained an undetermined and questionable time lapse for the determination of consistency and replicability (Luque et al., 2010).

Unlike Hart et al.'s (2008) research on Black barbershops and the population served, the Hart and Bowden (2004) work was limited to a feasibility study that focused on resources, e.g. a computer placed at facilities or interest-surveys. The 2004 feasibility study appears to have served as a pre-emptory work for 2008. However, since it did not directly include barbers, it was excluded from the studies considered within the literature

to support this subsystem. Nonetheless, Hill et al.'s (2017) study contributes valuable information that addresses the qualitative inquiries of this research. The project, named Affecting Cancer Together (ACT), purpose statement is focused on the black barbershop clients from urban areas. The research was situated in a midwestern urban city and the mixed methods study provided initial and follow-up surveys to provide statistically relevant information for this research. More importantly, the study outlined a unique component, trained peer-helper programs and initiated a spousal/family support program.

The Hill et al. (2017) study detailed each phase of the application, to include processes structured to capture and remediate home life behaviours of the at-risk targeted populations from a holistic community perspective - Black men, aged 40+ in urban communities, and their familial support systems. The study targets racially disproportionate health issues and centered on the sustainment, implementation, and effectiveness on projects directed toward underserved populations (Hill et al., 2017).

Types of studies

Previous literary works reviewed spoke to the generality of health programs with barbershops and salons. However, those studies lacked specificity in relation to statistical applications, the survey, the execution process of the intervention, and the recruitment of participants. The next section of the literature review focuses on the prior scholarship of these studies with the intent to hone in on specific foundations of knowledge in relation to the current research.

The recruitment. The Andersen behavioral model of health services and the theory of reasoned action set the framework for the most prominent study under review

(Anderson, 1995). According to research by Hammond (2010) and Hammond, Matthews, and Corbie-Smith (2010), Black barbershops provide a promising setting for reaching populations struggling with health disparities. Using the Andersen behavioral model as a lens into understanding actions of targeted populations in health visit determinants, the study outcomes showed that the 'norms/attitudinal factor measures' centered around preventive health behavior, health value, and medical mistrust (Hammond et al., 2010). As medical mistrust, health value, and behavior are crucial factors, the determinants are employed in developing a health intervention program recruitment strategy. Measures inclusive in the strategy consist of using the determinants to formulate independent and control variables. The study used other demographic contingencies such as heart disease, prostate cancer, and diabetes to draw in participants by age, education level, marital status, and income to promote and increase program sustainment. Fishbein's (1967) seminal work into behavioral theory was critical in structuring the descriptive and cross-sectional nature of the Hammond et al. (2010) study and adds perceptiveness into the recruitment approach of this research.

Comparably, research by Linnan et al. (2014) investigates seven studies conducted in barbershops or salons. The recruitment for their research was conducted both inside and outside shops and resulted in between 17 and 1552 participants. Interestingly, several different recruitment methods of approach were utilized. For example, three of the research studies formulated relationships with owners and their networks to facilitate recruitment. Others showed that researchers used qualitative methods for recruitment follow-up that included flyers, direct in person contact, and

word-of-mouth. In other instances, researchers utilized contact referrals, phones, and visits to identify eligible participants. There were similarities between the study of Tingen, Weinrich, Heydt, Boyd, and Weinrich (1998), and Linnan et al. (2014) in their usage of behavioral theory in strategizing and implementing recruitment.

In research led by Tingen et al. (1998) the researchers utilize a conceptual map to guide 'perceived benefits' of participants in free prostate cancer screening. To engage and recruit participants, Tingen et al. (1998) postured 'perceived benefits' of health screening as a motivator. Perceived benefit is operationalized in the research as the personal belief and valuing of screening for early detection of prostate cancer using four kinds of interventions in an educational context: peer educator, traditional, client navigator, or combination (Tingen et al., 1998).

Across each of the studies, Tingen et al. (1998), Hammond et al. (2010), and the seven studies examined by Linnan et al. (2014), descriptive characteristics were linked to study participants' recruitment. For example, each study included delineation of the locales of recruitment and survey execution such as whether the men were from academic institutions, urban communities, to include whether the men were employed or unemployed. Recruitments inside or in close proximity to barbershops presented variations in whether the men were employed, unemployed, or had no diagnosed chronic health conditions. For instance, segments of the research studies showed unique results. Table 1 of Hammond et al. 2010's study indicated that men from academic institutions were younger than those from barbershops. The same research further supported scenarios where more men recruited from academic institutions had poorer mental health

status with a higher medical mistrust (Hammond et al., 2010). The research from these studies supports a critical role recruitment of participants in study outcomes.

The survey process. One of the most pronounced literature references on the execution of surveys, with specificities on the large-scale surveys of families and individuals across the United States, is the Medical Expenditure Panel Survey (MEPS) (Agency for Healthcare Research and Quality, 2019). The MEPS serves as a set of large-scale surveys of families and individuals, their medical providers, and employers across the United States. MEPS is the most complete source of data on the cost and use of health care and health insurance coverage (Agency for Healthcare Research and Quality, 2019). Which survey questions to utilize and how to position the questions remain a major concern of most researchers. Remarkably, the MEPS survey question used in the Hammond et al. (2010) research was based upon one outcome variable: "In the past year, did you make any appointments with a doctor or other health provider for routine or regular health care?" using a very simplistic response process: yes = 1, no = 0. As a follow-up of this outcome variable, participants were asked to identify the type of visits, e.g. illness or injury.

Uniquely, the Hammond et al.'s (2010) approach to distinguishing a survey participant's 'general physical examination' or 'nonurgent health care' was very informative to the overall study. The application of the terminology aided in reducing the volume of questions as well as narrowing the type of response from recipients provide an excellent application to model. Hammond et al. (2010) further noted that the MEPS application was steered by the U.S. Preventive Services Task Force (USPSTF) Guides to

Clinical Preventive Services. The USPSTF's independent panel of experts is a widely-used resource that provides evidentiary advice for clinical preventive services. Cited repeatedly in the Hammond et al. (2010) study, the process was utilized to dichotomize the inquiries into groups for a detailed synthesis. The USPSTF can function as a solid source for this research as the text provides abridged clinical summaries of recommendations for the preventive services task force. However, what appears to be a variation in the Hammond (2010) study and the Hammond et al. (2010) study is the context.

The Hammond (2010) study's primary focus of 'mistrust' may convey a variation in execution and how other similar studies are performed. The mistrust research aim was associated with satisfaction, treatment obedience, and utilization of healthcare services (Altice, Mostashari, & Friedland, 2001; Musa, Schulz, Harris, Silverman, & Thomas, 2009). However, a capture point from the studies is that most studies indicate a lack of trust by Blacks for reasons that vary from malice to historical slave plantation associations (LaVeist, Isaac, & Williams, 2000; Lillie-Blanton, Brodie, Rowland, Altman, & McIntosh, 2000). In the approach of this study, the psychosocial correlation of Black men's mistrust in healthcare organizations should be explored.

Interventions. Several studies within the content of this literature review add insight into community interventions. Two systematic literature reviews contribute to the interventions. The systematic reviews, conducted by Linnan et al. (2014) and Luque et al. (2014) systematic review examine peer-reviewed articles, clarify the characteristics of the studies, barber training, targets and effectiveness of those aims solely from urban Black

barbershops. Linnan et al.'s (2014) studies consisted of 54 articles reviewed and Luque et al.'s (2014) review included 16 articles. The design of the articles consisted primarily of needs assessments, feasibility, cross-sectional, and case studies. Similar to other studies for this literature review, the systematic review outcomes affirmed that the Black Barbershop is a culturally appropriate venue to present preventive health screenings and services.

Yet, these two systematic reviews present several critical components that other studies captured in this literature review excluded about health care interventions such as the mechanics of the process and composite elements: location information, settings of the Black barbershops and salons, the volume of customers to stylists, the demographics of the targeted population, intervention focus (e.g. cancer or diabetes) and objectives (screening or education), applicability of incentives, design of the studies or research, and whether any participatory community-based elements were utilized (Linnan et al. 2014; Luque et al. 2014). The reviews illustrate that both print, and media formats of health education materials are culturally appropriate and effective. In instances where barbers received training, the study outcomes reflected a higher-level of knowledge sustainment over time. However, the period 'over time' represented was not clear and how this factor aided the participants or community-at-large.

The systematic reviews explain that prior to the intervention there was a formative research. The formative research determined the feasibility and appropriateness of an intervention implementation within the realm (inside or outside), designated communities, or whether implementing an intervention in particular salons or

barbershops would be sustainable (Hart et al., 2008; Holt et al., 2009). The logistics of the preliminary formative research included assessing characteristics of participant baselines, developing barber training materials, and needs assessments among stylists coincided with customer baseline characteristics (Hart et al., 2009; Linnan et al., 2011).

The systematic reviews highlighted two types of interventions. The first type is the intervention delivered by the barber or the salon stylist. Overall, the barber or salon stylist intervention focused primarily on these individuals by providing training and culturally appropriate intervention materials to share with their clientele, which included posters, awareness packets, brochures, and media items (Hess et al., 2007). These nonrandomized feasibility studies utilized two unique operational and management processes. Instead of a singular contact, the intervention program consisted of a continuous blood pressure monitoring over time and tied in the repeat barber and salon visits. Another different aspect is that the intervention program was a peer-based project not led by health professionals. The outcome of the data suggests that Black barbershops are effective as a health intervention, referral, and follow-up centers (Hess et al., 2007).

Geographically, the Linnan et al. (2014) review provided the 15 state locations of the articles reviewed as: California, seven states in the South, four in the Midwest, and three in the Northeast (Linnan et al., 2014). The descriptive statistics reflected 43% of the intervention studies were solely in salons, while another 43% were in barbershops alone, and leaving 14% in combined barber and salon shops.

The next remarkable intervention is the researcher-delivered interventions. This type of intervention focused on education or information sharing health promotions

(Linnan, Ferguson, & Wasilewski, 2005). The researcher-delivered interventions brought medical professionals into the shops. The impacted shops underwent an environmental change in several areas: increasing restrictive smoking policies, individual nutrition and prostate cancer kiosks were established near waiting areas, awareness and educational media, posters and brochures were made readily available (Linnan et al., 2014; Releford et al., 2010). Black Barbershop owners were engaged in promoting the intervention programs, enrolling customers in awareness workshops, and sharing successes among their professional networks (Browne, 2006). Unlike the Barber and Salon delivered intervention projects, medical professionals solely interacted with the health intervention components. The barber and salon stylists only encouraged customers and had no key role in intervention delivery services.

Transition

In Section 1 of this study, I discussed the historical background of the study, the problem, the purpose and the significance of the study and how this program evaluation could provide black barbershops with the necessary resources to improve their knowledge and understanding of how to offer health screenings to their clients and communities. I identified the conceptual framework as general systems theory and the primary research question as determining if a black barbershop health program is meeting program objectives. I conducted a comprehensive literature review to explore similar research related to the program evaluation I would be performing.

Section 2: Project Design and Process

Section 2 includes information on the role of the researcher and the research method. Section 2 includes a description of the target population for this study, as well as to the selection process for participation. In this section, I discuss the details related to the data collection instruments, data collection procedures, data organization, and data analysis. Section 2 concludes with a discussion of reliability and validity.

I used the review of historical documents to assess the goals and objectives of a health intervention outreach program in Black urban community. Dye et al. (2019) suggests that evaluations in health disparities design structure focus on improving research transparency and accountability with an end-user's goal of sustainability in health equity. This study's summative evaluation has the capacity to demonstrate accountability for a variety of stakeholders, inclusive of funding organizations, and the community-at-large. Subsequently, writings by Dye et al. (2019) coalesce with the study's objectives and opine the summative evaluation has the capacity to provide accountability across two dimensions: (a) fiscal and human resources - the summative evaluation can provide critical data on how efficiently health care resources are being utilized; (b) performance - determinations can be made in relation to performance and whether the health intervention delivery is yielding the expected outcomes with transparency and responsiveness to meet the respective needs.

I used the qualitative inquiry to understand the three-prong qualitative inquiries of participants' perceptions and the effectiveness of procedures, methods used for health and wellness screening. The intent of the study was also to gauge the black barbers

willingness to host such community health intervention programs in their facilities (Anfara & Mertz, 2015; Brawner et al., 2013). Works by Jefferies et al (2019) suggests that qualitatively, the summative evaluation is particularly important for health disparities as the research seeks to determine whether the interventions focused on the right factors that improved the health of the target group. Similarly, the qualitative inquiry examined whether the program has reduced the health disparity between the target and reference groups (Jefferies et al., 2019).

Method and Design

Method

The purpose of this qualitative summative program evaluation was to explore the extent to which a nonprofit black barbershop health program aligns with the HR Campaign program objectives. The nonprofit program, located in Maryland, is dedicated to enhancing the quality of life for those who participate in the black barbershop health campaign by offering health screenings and health knowledge. I targeted a nonprofit organization that brings medicine and public health care into barbershops and beauty salons. Specific program goals are to (a) provide community-based interventions into neighborhoods where people are suffering from preventable illness and death and (b) raise employee awareness of the negative health and organizational outcomes associated with lack of health screening in the culturally tailored communities (Nania, 2015). Key stakeholders include program participants, the program manager, and organizational leadership. The results from this study could impact social change through increasing

barbershop owners' knowledge on health issues which improves quality-of-life for

clients, enhance health awareness, and enrich communities.

Research Question

The overarching research question was as follows: To what extent does a

nonprofit black barbershop health program align with the intended program objectives?

Interview Questions

1. From your perspective, what is the main purpose of the HR Program?

2. Why did you join the HR Program?

3. As you became involved in the HR Program, did you discover other reasons

    for participating that you did not initially anticipate?

4. In what way(s) has the HR Program met or failed to meet your expectations

    and/or needs?

5. Describe how you used any community-created knowledge product(s) (e.g.,

    tutorials, documents, toolkits, guidelines) developed by the HR Program in

    your work to meet a specific need?

6. In what way(s) do you think the new knowledge products or resources that

    you have been able to use will benefit individuals, organizations, and public

    health in general?

7. Has participation in the HR Program helped you make connections with other

    people or organizations? If so, what types of connections and with whom?

8. In what way(s) do you think your new connections with people or organizations made through the HR Program have benefitted individuals, organizations, and public health in general?

9. In your opinion, what are the most important outcomes or benefits that have resulted from the HR Program?

10. In your opinion, how effective do you think the HR Program has been in the following:

    a. Creating a safe environment for the sharing of knowledge and expertise

    b. Building a sense of trust among the HR Program members

    c. Making HR Program members aware of the knowledge, skills, and expertise of other members of the community

    d. Improving information flow and knowledge reuse among HR Program members and their respective organizations

    e. Encouraging HR Program members to engage in higher-level thinking

    f. Developing the capacity of members to engage in collaborative problem solving

    g. Improving relationships between other partners

    h. Enabling the application of knowledge to practice

11. What other factors or circumstances do you think contributed to the success (or failure) of the HR Program? Please explain.

12. What experiences, challenges or barriers (e.g., competing priorities, organizational challenges, job role changes, technological challenges) do you

believe has kept you from participating in the HR Program at the level that

you would have liked to participate?

13. Please provide anything the HR Program could do differently to address the

challenges or barriers that might keep people from participating fully?

Design

A research design formulates a blueprint for the research (Yin, 2014). The

blueprint addresses four problems in research: what questions to study; what data is

relevant; what data to collect, and how to analyze the results (Tashakkori & Creswell,

2007). I used a qualitative method and an amalgamation of general theory for this

program evaluation (Merriam, 2002). I used the qualitative set of questions to answer

questions about the phenomena with the intent of understanding and describing from the

participants' viewpoint.

I used a strategic design as the process to ensure the trustworthiness of an

investigation, whereas the qualitative investigator contemplates the quantity and types of

concerns. According to the views of Morrow and Smith's (2000), all research is subject

to researcher bias. However, to address assumptions, qualitative research is guided by

research questions versus a hypothesis (Gold, 1994). As a result, these basic questions

addressed the meaning and social interaction of the research, not the assumptions of the

researcher. Gold (1994), and Morrow and Smith (2000) each opine that both qualitative

and quantitative approaches have their own varying factors influencing the research.

Trustworthiness crosses several paradigms and varies based upon the extent of the

investigation. The type of methods used for this study constrains the trustworthiness

forum to include social validity, subjectivity, and reflexivity in qualitative research, adequacy of data, and adequacy of interpretation (Scriven, 1972).

Logic model. Evaluation takes different forms and the process is multipurpose. The program logic model outlined the thinking, planning, and communications of the project objectives and achievements. Traditional research typology was structured with front-end evaluation, for the purposes of understanding the intended audience before the commencement of a project (Friedman, 2008). While formative evaluation is designed to be conducted during the project, conceptually different, evaluations can be overlapped. However, this study's evaluative framework is summative. The logic model outlined in Figure 1 shows the process flow where the summative evaluation follows a systematic chain of reasoning process across three dimensions to collectively provide summary reflections on the value of the intervention:

1) The intervention rationale used general theory to understand what participants are experiencing;

2) Methodological rigor linked the evaluative inquiries, interpretations, and methods to draw conclusions, and;

3) Evaluation framed conclusions for all stakeholders (Fu et al., 2015).

Data collection techniques. Before commencing data collection, I obtained IRB approval to conduct research. I used data collection to gather information to address the research questions. A primary consideration in the collection of data was the determination of whether the information is 'fit for purpose' (Boaz & Ashby, 2006).

Myers et al. (2004) provides guidance on the use of existing data within the context the study, such as public domain information on the business duration and ownership.

The qualitative data collection approach began by my contacting the barbershop owners via email to introduce myself as a doctoral student researcher and to explain the purpose of the study, and their role as a participant. I began by contacting, via email, the organization program manager and black barbershop owners with an invitation to participate and a copy of the consent form to review. Individuals replied via email to state their interest in participating and gave consent.

Upon receiving the organization program manager and barbershop owners' replies, I scheduled a meeting with the organization's program manager to review existing company documents, texts, and images on the early program development and the implementation stages. According to Patton (2015) review of existing company documents can convey a sense of events which occurred prior to the evaluation and can stimulate questions for the interviews and observations. I also scheduled face-to-face semistructured interviews with the barbershop owners. The face-to-face interviews took approximately 45 minutes for each participant and conform to the guidelines of Drabble, Trocki, Salcedo, Walker, & Korcha (2016) and Hennink, Kaiser, & Marconi (2017). According to Rice et al. (2014), researchers schedule 1-hour interviews with participants to collect data. To establish a rapport with participants, I addressed participants' questions and concerns and reiterated the purpose of the study, the consent process, and the potential benefits the results may implicate for health awareness and social change.

Participation in the study was voluntary and participants were able to withdraw at any time by notifying me via telephone or email. Researchers can be compliant and proficient in interacting with individuals within a particular environment and measure different constructs for a research study (Ajagbe, Sholanke, Isiavwe, & Oke, 2015). I informed the participants of the rationale for recording the semistructured interviews to capture their responses and ensure accuracy during transcription. The participants read and email their consent acknowledging their right to privacy and confidentiality before participating in the interviews . After the participants granted permission to record the interviews and emailed their consent, the interviews began.

The primary data collection technique was semistructured interviews. Rubin and Rubin (2012) stated that interviews are one of the most influential sources of study evidence. Interviews are the most common form of data collection technique in qualitative research (St. Pierre & Jackson, 2014). During data collection, the interviewer gives the participants control over what information they reveal during the interview process (Anyan, 2013).

Participants answered open-ended questions regarding their participation in the HR Campaign and how it aligned with the program objectives. Marshall and Rossman (2016) noted the interview allows the researcher to use open-ended questions to elicit the experiences, views, and opinions of participants. However, during the semistructured interview, I sought responses for open-ended questions about the study topic to address the study's qualitative inquiries (Astalin, 2013; Chan et al., 2013).

Data sources include semistructured interviews and existing data from company documents (Meyers et al. 2004; Boblin et al., 2013; Vohra, 2014). An advantage of using semistructured interviews is the researcher can guide the interview by asking probing questions (Chan et al., 2013). Using semistructured interviews provide flexibility in communication between the interviewer and participants (Anyan, 2013). A disadvantage of data collection using interviews is the power shifts for control between the interviewer and interviewee, whereas the interviewee may not reveal all relevant information (Anyan, 2013).

After each interview, I conducted member checking and follow-up interviews with barbershop owners. Member checking consisted of submitting a summary of my interpretations of the barbershop owners' interview responses to review for accuracy and provide additional data. In addition, member checking served as the process to ensure reliability and validity of the collected data. Participants received a one-page summary of the findings after I obtained Chief Academic Officer (CAO) approval.

Standards of credibility and quality for this study are aligned with Patton's (2015) guidelines that suggest research employs a systematic process to capture multiple perspectives of the research. Subsequently, trustworthiness was built from the formulation of the truth in findings and replicability that is beset by following specific criteria-based guidance and protocols (Lincoln & Guba, 1986). Further, researcher reflexivity provides an opportunity for the researcher to understand how her or his own experiences and understandings of the world affect the research process.

Data analysis technique. For this proposed study, I followed Peredaryenko and Krauss' five-step process for data analysis. The data analysis process involved the following steps: (a) data collection consisted of conducting semistructured interviews and reviewing existing data, company documents, for methodological triangulation, (b) analyzing text and data images, (c) understanding and preparing qualitative data in NVivo11™ operating systems, (d) moving deeper into understanding, and (e) interpreting the data to achieve the summative evaluation's desired outcomes (Peredaryenko & Krauss, 2013).

In this proposed study, qualitatively, the methodological triangulation served as the process for data analysis. Methodological triangulation consists of qualitative researchers examining data several times to compare data from multiple sources and to construct a complete picture of the phenomenon under study (Ajagbe et al., 2015; Houghton, Casey, Shaw, & Murphy, 2013). Researchers use methodological triangulation to limit bias by collecting data from multiple data sources — existing data and first-hand collection (Henry et al., 2016).

Data analysis includes the review of narrative materials such as interview transcripts (Chan et al., 2013). I transcribed the participants' responses to the interview questions and conducted member checking to ensure the accuracy of my interpretations of participants' response. Barbershop owners received a copy of my interpretations of their response to review for accuracy and participated in follow-up interviews to add any new information.

I uploaded the interview transcripts into NVivo11™ for coding and identifying themes. NVivo11™ is a tool used to analyze and understand analytical data (Rodik & Primorac, 2015). NVivo11™ and MAXQDA allow using a hierarchical organization of codes, in which one can create and link memos to the *data nodes* or to segments of the entire data source (Fielding, Fielding, & Hughes, 2013). The value of using NVivo11™ software is the ability to ensure coding is consistent throughout the analytical process (Houghton et al., 2013).

The purpose for using coding in research was to organize the material before bringing meaning to the data (Houghton et al., 2013). Ajagbe et al. (2015) defined coding as a process of reviewing, categorizing, and labeling text to identify and form descriptions or themes. Yin (2014) stipulated researchers should follow specific procedures to eliminate mistakes in the data transcription process and should check repeatedly for code drift during the research process to ensure code consistency. Qualitative analysis involves interpreting collected data to find patterns and themes within the collected data (Patton, 2015).

Reliability and Validity

The reliability and validity of a qualitative study are composed of accurate findings, consistent procedures, and documentation of as many steps of the procedures as possible (Yin, 2014). According to Marshall and Rossman (2016), the components of reliability and validity in a qualitative study are credibility, transferability, dependability, and confirmability. This section consisted of a description of the measures and process to ensure reliability and validity within this study.

Reliability. The precision and accuracy of documenting procedures to allow other researchers to repeat the process and obtain the same results (Baškarada, 2014; Bryman & Bell, 2015). To ensure reliability I provided details of the research processes during data collection. Properly documenting the procedures used in the study is fundamental to ensuring reliability (Marshall & Rossman, 2016). Qualitative researchers rely on utilizing multiple sources of evidence to assess dependability in research (Turk & Kalarchian, 2014).

Member checking consists of following up with participants to verify their explanations and the researcher's interpretations of the data are correct (Harvey, 2015). To ensure dependability I employed member checking in which barbershop owners participated in follow-up interviews to discuss my interpretations and provide additional data. Reliability and validity are critical components for qualitative researchers to establish rigor by establishing dependability through member checking (Gheondea-Eladi, 2014).

Validity. Researchers should consider the validity, which is the trustworthiness of data, before and after data collection (Zohrabi, 2013). To ensure validity and creditability, I used methodological triangulation and member checking. I triangulated the data from the semistructured interviews and company document review to assure the integrity of the findings. Triangulation is one method to ensure the validity of the study findings (Fusch & Ness, 2015). Triangulation is the use of multiple methods or sources to collect data in qualitative research for testing validity (Patton, 2015).

To ensure credibility, I used member checking to ensure the accuracy and validity of my interpretations of the participants' response to the interview questions. Member checking consisted of participants reviewing a transcribed copy of my interpretations of their interview responses to verify for accuracy. Anney (2014) explained qualitative researchers employ member checks as a resource to ensure credibility when evaluating and explaining the research findings. Member checking is a process used to validate credibility in qualitative research (Boblin et al., 2013).

I employed reflexivity during data collection and analysis to ensure confirmability. Confirmability is the process of journaling the researcher's reflections of all methodological decisions and implementation of those decisions (El Hussein, Jakubec, & Osuji, 2015). Reflexivity requires the researcher to use self-reflection and self-awareness to ensure the validity of the results (Chan et al., 2013). To ensure data saturation, I continued to interview participants until replication of information occurred.

Sampling. I used a purposive sampling technique to choose participants who meet the established criteria. A purposefully selected sample helps researchers support the research problem and research question (Marshall & Rossman, 2016). Purposive sampling relies upon researcher judgment regarding the potential capability of participants to provide information about the phenomenon or topic (Palinkas et al., 2015). Scholars view purposeful sampling as common to qualitative research (Bernard, 2013).

The participants consisted of the five black barbershop and salon owners who are participants in the HR Program located in the Prince Georges County area of Maryland. The number of participants in a qualitative study is often small because the depth of

information and the variance of experiences are of interest, thus a large number of

participants will not be practical or beneficial (Robinson, 2014). Qualitative researchers

usually recruit a small sample size of ten or less individuals to conduct research (Cleary,

Horsfall, & Hayter, 2014). Marshall, Cardon, Poddar, and Fontenot (2013) suggested five

participants are normally sufficient for achieving saturation.

To ensure data saturation, I continued to interview participants until replication of

information occurred. Data saturation is an important component of qualitative research

(Fusch & Ness, 2015). Data saturation is the point at which researchers have gained an

adequate level of depth and breadth of information (Roy, Zvonkovic, Goldberg, Sharp, &

LaRossa, 2015).

Eligible participants met the following criteria: (a) black barbershop owner, (b)

participant in the HR community-based intervention program, and (c) business located in

the Prince Georges County area of Maryland. Selecting key individuals within the

organization allows researchers to obtain the richest data (Boblin et al., 2013). The basis

for selecting participants meeting the criteria was to gather rich information relevant to

the study (Vohra, 2014). Favorable information can be obtained by using a selective few

when using purposeful sampling in research (Suen, Huang, & Lee, 2014).

I conducted face-to-face semistructured interviews in the barbershop owners'

office or a location convenient for the participant without interrupting business

operations. Researchers usually collect data within the participants' natural setting such

as a room at the research site (Rubin & Rubin, 2012). Qualitative researchers should

choose the interview venue in a natural setting such as the participants' office (Phiri,

Mulaudzi, & Heyns, 2015). Typical interview settings are the offices of the participants or in meeting rooms within a facility (Boblin et al., 2013).

Limitations

While this evaluation targets the community health care initiatives of Black barbers in urban Prince Georges County area of Maryland, there are three leading limitations to be noted. The first limitation was sample size. With the study's foot-traffic participants, the purposive sampling used for this study could not necessarily be said to speak generally for all for the urban Black men in general. However, the sample was inclusive of varying age groups, educational backgrounds, and economic levels. The variation in participant demographics aids in providing a broader perspective than could be possible in a sample of this size. The second limitation was geographic; by only studying and evaluating a targeted region of urban Prince Georges County, the question remains as to how more suburban or rural areas might respond. In other urban areas of the United States, the demographics climate of barbershops may promote a different role in their respective communities. Thirdly, statistically, critical values were obtained for the multiple iterations of the proposed statistical tests. The values accuracy is determined by the frequency of iterations performed on the tests (Anfara & Mertz, 2015). Despite these limitations, this program evaluation had the capacity to provide invaluable insight into the future implications of this study to become a model for application in other similar locations.

Ethics

Upon the issuance of approval from the Walden University Institutional Review Board (IRB) (Approval No. 02-11-20-0348302) to conduct research, I selected the barbershops through the participants in the HR program. Follow-up communication consisted of an email notification to the barbershop owners to introduce myself as a doctoral student researcher, explain the intent of the study, and their role as a participant. Barbershop owners received an emailed invitation to participate and a copy of the consent form to review. The consent form included the following information: (a) my role as a student researcher, (b) my contact information, (c) the intent of the study, (d) the requirements of participation, and (e) possible risk and benefits of the study. Once the barbershop owners replied confirming agreement to participate, I scheduled face-to-face semistructured interviews without disrupting business. Before commencing the interview, participants received information regarding the consent process. The participants read and emailed their consent acknowledging their right to privacy and confidentiality before participating in the interviews.

Individuals received information about their rights to voluntarily participate and withdraw from this study at any time by notifying me via email. Participation in a research study is voluntary and participants can withdraw at any time (Edlund, Hartnett, Heider, Perez, & Lusk, 2014; Hardicre, 2014). Researchers should ensure that participants understand his or her role in the research and should inform them of their right to withdraw from the study at any time during the consent process (Lunnay et al., 2015). Participants did not receive incentives for participating in the study.

I complied with ethical standards required by Walden's IRB. The role of the IRB is to ensure the research meets the acceptability criteria of applicable law on professional conduct and practices standards (Thomson et al., 2013). In addition, I have completed the NIH web-based training course for awareness of the ethical and confidentiality regulations to protect human research participants in the conduct of research (certificate number 2501792). The selection process for this study did not target vulnerable populations. Researchers obtain certification from NIH as an ethical measure to safeguard the confidentiality and privacy of participants when collecting participants' sensitive information (Check, Wolf, Dame, & Beskow, 2014). IRB's objective was to make sure the participants in the research receive ethical treatment and voluntarily agree to participate in the study (Bromley, Mikesell, Jones, & Khodyakov, 2015).

Data collected from this proposed study will be locked in a secure cabinet for a period of 5 years at my home, after which, all data pertaining to this proposed study will be destroyed. Ethical practices for managing data involve the researcher considering the purpose of disseminating the findings and participants' experiences (Cassidy, 2013).

To protect participants' confidentiality, I used codes to distinctively identify the participants by letter and number. The code letter was *V* for the participant and the numbers one through five. Participants' names did not appear in the results or conclusion sections of the proposed study.

Transition and Summary

Section 2 began with the restatement of the purpose statement. I provided a discussion of my role as the researcher, strategies to recruit participants and the selection

process, the research methodology and design. Section 2 includes a detailed description

of the data collection instruments, data collection technique, data organization, and data

analysis processes. In Section 2, I concluded with the measures to ensure reliability and

validity of collected data from semistructured interviews and company documents

review. Section 3 will include the presentation of the findings, application of results to

business practices, the analysis of the findings relating to the conceptual framework of

this study, implications for social change, and recommendations for action and further

study.

Section 3: The Deliverable

Executive Summary

Purpose of the Program

The purpose of this qualitative summative program evaluation was to explore the extent to which a nonprofit black barbershop health program aligns with the HR program objectives. The nonprofit program, located in Maryland, is dedicated to enhancing the quality of life for those who participate in the black barbershop health campaign by offering health screenings and health knowledge. I targeted a nonprofit organization that brings medicine and public health care into barbershops and beauty salons. Program participants included black barbershop and beauty shop owners who have participated in HR Program Network or BBHOP organizations and their families, community citizens and leaders, and local health treatment facilities, the program manager, and organizational leadership. The results of this program evaluation could imply that the organization's HR Campaign can affect positive social change by educating the black barbershop and beauty shop owners to position themselves for success in Maryland through creation of health assessment stations and development of social programs in the community. The results of my program evaluation can contribute to social change by providing Black barbershops with the necessary resources to improve their knowledge and understanding of how to offer health screenings to their clients who may not otherwise receive it or not obtain it on their own, thus leading to a healthier community.

Goals and Objectives

The specific program goals were to (a) provide community-based interventions into neighborhoods where people are suffering from preventable illness and death and (b) raise employee awareness of the negative health and organizational outcomes associated with lack of health screening in the culturally tailored communities. The key stakeholders of this program evaluation included HR campaign program participants, the program manager, and organizational leadership. Consensus was met for establishing program evaluation objectives through conducting a face-to-face meeting in April of 2018 with the state Community Research and Advisory Board and the program manager. Figure 1 (page 5) is the black barbershop health outreach campaign logic model that served as guidance for possible program outcomes the stakeholders identified.

Overview of Findings

This summative program evaluation was an exploration of the extent to which a nonprofit black barbershop health program aligns with the HR program objectives. The primary objective of the program was to provide community-based interventions into neighborhoods where people are suffering from preventable illness and death and to raise employee awareness of the negative health outcomes associated with lack of health screenings. The findings of this study showed the HR Program has provided community-based interventions and raised barbershop and salon owner's awareness of the negative health outcomes associated with the lack of health screenings. In addition to determining that the HR program has provided community-based interventions, the findings of the study also revealed some of the benefits obtained after participating in the program.

These benefits included the participants and their clients understanding health preventions, self-management of health conditions, and the ability to search for and use health and wellness information acquired from the program. This confirmed the alignment of a nonprofit black barbershop health program with the HR program objectives.

Presentation of the Findings

The overarching research question used to guide this summative program evaluation was as follows: To what extent does a nonprofit black barbershop health program align with HR program objectives? I selected seven barbershop owners and one beauty salon owner based on their HR Program original participation and the program director of the HR Program. Upon starting the interviews, the COVID-19 pandemic affected all of the United States, and the state of Maryland was soon placed under a Stay in Place order. Due to this, some of the participants did not complete the interview process. There were only five participants that were willing to complete the interviews. I reached data saturation after interviewing four barbershop owners, one beauty salon owner, and the program manager. During these interviews I also discovered four of these participants were the original members of the HR Program Network. To understand why the HR Program was or was not meeting the program objectives I asked a series of 13 interview questions. I connected my findings with the literature review and the conceptual framework. I used the NVivo 11 software to create coding and themes that related to the overarching research question. The participants' responses and publicly accessible information from the organization's website yielded three emergent themes.

Table 1 below provides a visual description of the determining factors of coding and
themes for meeting the HR Program objectives.

Table 1

Determining Coding and Themes for Meeting HR Program Objectives

Emergent Theme	No. of Participants to offer this perception	% of participants to offer this perception
Program Purpose and Outcomes	5	100%
Program Participants	5	100%
Program Effectiveness	5	100%

Emergent Themes

Theme 1: Program Purpose and Outcomes. One aspect of an intervention
program like the HR Program is that it is a peer-based project not led by health
professionals and the outcome of the data suggest that Black barbershops and salons have
been effective as a health intervention, referral, and follow-up centers. The participants in
this study agreed and all indicated that they were not health professionals but their
participation in the HR Program has allowed their barbershops and salons to become
effective as health intervention and follow-up centers. Participant 1 (V1) stated, "the
purpose of the program was to deliver accurate information on health deficiencies of our
communities because it's efficient, and addresses health disparities in our communities
and to our communities." The statements indicate the barbershops and salons
understanding the purpose of the program and its alignment with the program objectives.

The HR Program objective was to raise the barbershops and salons awareness of the negative health and organizational outcomes associated with lack of health screening in the Black communities. The participants of this study agreed that the program achieved the expected outcomes. Participant 3 (V3) stated, "I have been able to have more of our clients and family understand the importance of early detection. When you can explain it to people, it makes it easy for them to be able to take the health screenings." These statements indicate that the program is successfully meeting the expected outcomes of the HR Program.

Theme 2: Program Participants. Upon onset of the program in 2014, the HR Program organizational leadership conducted research to find the right participants for the HR Program Network that could build upon the rich history of barbers and stylists. The participants chosen all had various reasons for accepting the offer to participate in the HR Program Network, and each expected to obtain the necessary health assessment training to be an effective instrument with their clients, so the question asked was why did you join the HR Program? V1 stated, "to help my community overcome health disparities. I also expected to become a health advocate to our community through our barbershop." V3 also stated, "I joined the hair network to get the learned information on early detection. I also liked the fact that they're educating us on early detection of different health issues like cancers and things like that." These statements indicate the participants purpose for accepting the offer to become a part of the HR Program Network has been satisfied with training on health assessment, early detection, and the ability to become health advocates for their clients and community.

Subtheme 1: barriers and challenges for participation levels. Participants V1

and V2 both indicated that there were no barriers or challenges. Participants V3, V4, and

V5 indicated that there were no barriers but there were some challenges that will need

addressing in the near future. V3 stated, "the program could be a little more attentive to

program members or have a little more time management when planning, for surveys and

interviews. Time management is needed to give people time to prepare for a visit or

surveys." V4 also stated, "The challenge is time management with visits, interviews,

surveys, updated information for our clients as well as updated training, and just putting

more information out to the community." V5 stated, "No barriers, but I really think the

program could benefit with more time management skills." These statements indicate that

the HR program participants were afforded the opportunity to participate in the program

as health advocates with limited to no barriers to successfully meet the expected

outcomes of the HR Program. The statements also indicate that there were some

challenges that need to be addressed. The participants' statements finally indicate the

benefits of addressing the challenges would allow continuance of the HR Program to

meet the program objectives.

Theme 3: Effectiveness of the Program. The organizational leaders and

program manager meet approximately 10 times per year for the purpose of discussing the

effectiveness of the HR Program in meeting the objectives it was created for. The

participants of this study all agreed that the HR Program was successful and effective at

the barbershops and salons. Participant V1 and V3 both indicated the HR Program has

been extremely or very successful. V2 stated, "It is very successful and has absolutely

improved because they have provided knowledge on other health issues. It doesn't stay on the same disease all the time." V3 stated,

> It has been very effective. The knowledge has been very effective in providing a safe environment for the sharing of knowledge and expertise and providing information for reuse to share with other people that have had no knowledge of it.

V4 and V5 indicated the HR Program was effective but could improve in some areas. V4 stated "It has been effective in some areas like administering surveys but feel they are less effective in the area of updated training and new materials. I have received no new material recently. We need more pamphlets, flyers, etc." V5 also stated, "No, I can't say. I haven't talked to or seen anyone from the program in a long time, but I do feel like I'm a part of the program. I will say yes to the effectiveness of the initial training." These statements indicate that not all the participants believe the effectiveness of the program is equal across all of what the HR Program has to offer since joining the program.

Recommendations for Action

The purpose of this qualitative summative program evaluation was to explore the extent to which a nonprofit black barbershop health program aligns with the HR program objectives. The results of this study show that the nonprofit black barbershop health program does align with the program objectives. After meeting with organization leadership, program manager, completing the semistructured interviews with the participants, reviewing historical documents, and review of the program website the following are my recommendations for action.

The first recommendation for the HR Program organization leadership is to commit to utilizing a time management system that will give advanced notification to the HR Program Network when events, visits, interviews, and surveys are scheduled to allow the members to properly prepare and also give them an opportunity to accept or reject the invitation, this will also allow them to maintain frequent communication with the members. The findings indicate that the HR Program Network members are not receiving timely invites or no invitations to some events that represent the HR Program. The findings also indicate some of the HR Program Network members do not receive proper notice for interviews, surveys, or visits to be scheduled at their barbershops or salons.

The second recommendation for the HR Program organization leadership is to commit to providing a large sum or frequent copies of the most current information and training materials on the health screenings the HR Program Network is to provide to the clients. The findings indicate some HR Program Network members have not received any current information and no longer have flyers, brochures, or other program publications to share with their clients. Providing the HR Program participants with the most current information and training materials would enhance the awareness of the HR Program Network and afford them the opportunity to share the information with their clients and community.

The third recommendation for the HR Program organization leadership is to consider annual health assessment trainings on new types of health screenings or improvements to the current health screenings that are being provided at the members barbershops or salons. The trainings could be done via conference (tele or video

conferencing), classroom training (online training), or on-site training. If funding is low, then the trainings could also be completed on a volunteer basis. The findings indicate some HR Program Network members have not received any training on health screening since the 2015 HR Program Colorectal Cancer Prevention Training which was the training offered to participants in the newly created HR Program. Providing up-to-date training on the current colon cancer screening offered as well as new type of health screening would increase HR Program Network member awareness and increase their knowledge, skills, and abilities to share with their clients.

Communication Plan

The results of this program evaluation will be emailed to the program manager for distribution to the state Community Research and Advisory Board (CRAB). Because of the COVID-19 pandemic a virtual conference with the same organization and program manager will follow where I will provide a verbal presentation via video or teleconference of the results and will answer questions and provide an explanation of the findings. I will ask the organization for possible future related research topics that align with this research. I also plan to distribute my program evaluation at a conference or any platform relevant to my study. I plan to develop my findings into an article to publish in a scholarly journal.

Implications for Social Change

The results of this program evaluation proved valuable to the stakeholders by providing information to expand existing knowledge and health services for black barbers to offer at-risk clientele that would otherwise never receive these services. The study

findings proved valuable to the stakeholders by creating opportunities for the barbershops and salons owners to collaborate and build partnerships between communities, individuals, other business owners, and researchers most impacted by ethnic and racial disparities in the health arena. The contribution to business practices was identified through marketing strategies to assist the Black barbershops with sharing health information within their communities and with other small business owners. Expanding knowledge on marketing strategies to improve awareness also aids the community with establishing, expanding, and ensuring continuance of these services.

The results of this program evaluation implicated that the organization's HR Program Outreach Campaign had unique contributions to positive social change by providing Black barbershops and salons with the necessary resources to improve their knowledge and understanding of how to offer health screenings to their clients who may not otherwise receive it or not obtain it on their own, thus leading to a healthier community. Additionally, this program evaluation of the organization's HR Program Outreach Campaign contributed to effective positive social change by educating the black barbershop and salon owners to position themselves for success in Maryland through creation of health assessment stations and development of social programs in the community.

Skills and Competencies

Over the past 5 years, I researched Black barbershops and salons health outreach campaign. I performed an exhaustive literature review to explore all related research that had been performed on this topic. The *Literature Review* section above contains the

summation of the literature I reviewed. I utilized my formal training received through the completion of coursework for my MBA at Saint Leo University and DBA coursework at Walden University to conduct and develop this program evaluation.

Prior to completing this study, I was a retired government employee and business consultant assisting new entrepreneurs start their businesses. I was a Director of Administration, Senior Contracting Officer, and CEO of my own consulting company that consisted of researching all types of current business opportunities for my clients. My practical research experience gave me the necessary knowledge and skills to conduct this program evaluation.

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Appendix A: Interview Protocol

Interview Protocol	
What you will do	**What you will say—script**
Introduce the interview and set the stage—often over a meal or coffee	Welcome and thank you for your participation today. My name is Berkina Porter and I am a graduate student at Walden University conducting my doctoral study in partial fulfillment of the requirements for the degree of Doctorate Business Administration-Entrepreneurship. This semi structured interview will take about 45 minutes and will include questions regarding your experiences and what might affect your participation in the HR Program. I would like your permission to tape record this interview, so I may accurately document the information you convey. If at any time during the interview you wish to discontinue the use of the recorder or the interview itself, please let me know. All of your responses are confidential. At this time, I would like to remind you of your written consent to participate in this study. Your participation in this interview is voluntary. You may also withdraw your participation at any time without consequence. Do you have any questions or concerns before we begin? Then with your permission, we will begin the interview.
• Watch for non-verbal queues • Paraphrase as needed • Ask follow-up probing questions to get more in-depth	1. From your perspective, what is the main purpose of the HR Program? 2. Why did you join the HR Program? Prompt as necessary: a. What did you hope to achieve by joining the HR Program? b. What benefits did you expect to receive as a result of participating in the HR Program? c. When you joined the HR Program, were you looking for a solution to a specific problem or were you more broadly interested in expanding your knowledge or expertise around the HR Program topic?

3. As you became involved in the HR Program, did you discover other reasons for participating that you did not initially anticipate?

4. In what way(s) has the HR Program met or failed to meet your expectations and/or needs?

5. Have you been able to use any community-created knowledge product(s) (e.g., tutorials, documents, toolkits, guidelines) developed by the HR Program in your work to meet a specific need?

6. In what way(s) do you think the new knowledge products or resources that you have been able to use will benefit individuals, organizations, and public health in general? Prompt, as necessary: a. Do you think you will (or already have) benefitted on an individual or personal level from the new knowledge products or resources? If so, please explain. b. Can you think of ways in which your organization will (or already has) benefitted from the new knowledge products or resources? If so, please explain. c. Do you think the new knowledge products or resources will (or already have had) an impact on the public health system? If so, please explain.

7. Has participation in the HR Program helped you make connections with other people or organizations? If so, what types of connections and with whom? Prompt, as necessary: a. Has participation in the HR Program helped you make connections with people within your own organization? If so, please describe. b. Has participation in the HR Program helped you make connections with people in other organizations and/or agencies? If so, please describe. Can

8. In what way(s) do you think your new connections with people or organizations made through the HR Program have

benefitted individuals, organizations, and public health in general? a. Do you think have benefitted on an individual or personal level from these new connections? If so, please explain. i. Prompt as needed for increased knowledge and expertise, enhanced interpersonal/working relationships, application of knowledge to practice, and improved self-confidence/ self-efficacy b. Can you think of ways in which your organization has benefitted from the new connections made through the HR Program? If so, please explain. i. Prompt as needed for increased individual knowledge that has been shared with others in their home organization, individual knowledge gained in the HR Program that was applied in their home organization, organization to organization sharing, and efficiencies gained by learning from others c. Do you think the new connections have had (or will have) an impact on public health in general? If so, please explain. i. Prompt as needed for changes in public health systems, infrastructure, and changes that have allowed the organization to communicate with other organizations and agencies, etc.

9. In your opinion, what are the most important outcomes or benefits that have resulted from the HR Program?

10. In your opinion, how effective do you think the HR Program has been in the following[1]:

a. Creating a safe environment for the sharing of knowledge and expertise

b. Building a sense of trust among the HR Program members

c. Making HR Program members aware of the knowledge, skills, and expertise

of other members of the community
d. Improving information flow and knowledge reuse among HR Program members and their respective organizations
e. Encouraging HR Program members to engage in higher-level thinking
f. Developing the capacity of members to engage in collaborative problem solving
g. Improving relationships between other partners
h. Enabling the application of knowledge to practice

11. Are there other factors or circumstances that you think contributed to the success (or failure) of the HR Program? Please explain.

12. Did you experience any challenges or barriers (e.g., competing priorities, organizational challenges, job role changes, technological challenges) that kept you from participating in the HR Program at the level that you would have liked to participate? *Prompt, as necessary: a.* Were you able to participate in as many of the HR Program events as you wanted to participate in? If not, why?

13. Please provide anything the HR Program could do differently to address the challenges or barriers that might keep people from participating fully?

Those are all the questions I have for you today.

Wrap up interview thanking participant. Schedule follow-up member checking interview.	At this time, I would like to schedule a follow-up member checking interview to discuss the synthesis of my interpretations of your responses. Thank you for your participation.

Introduce follow-up interview and set the stage.	Welcome and thank you for your participation today. The purpose of this follow-up interview is to discuss the synthesis of my interpretations of your interview responses.
Share a copy of the succinct synthesis for each individual question	I am providing a transcribed copy of the synthesis of my interpretations for your review. This semi structured interview will take about 15 minutes and will include questions to ensure the accuracy of my interpretations and obtain additional information. I would like your permission to tape record this interview, so I may accurately document the information you convey. If at any time during the interview you wish to discontinue the use of the recorder or the interview itself, please let me know. All of your responses are confidential. At this time, I would like to remind you of your written consent to participate in this study. Did I miss anything? Or, What would you like to add?
Bring in probing questions related to other information that you may have found—note the information must be related so that you are probing and adhering to the IRB approval. Walk through each question, read the interpretation and ask: Did I miss anything? Or, What would you like to add?	1. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed. 2. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed 3. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed 4. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed 5. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed 6. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed

7. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed

8. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed

9. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed

10. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed