Feasibility, Uptake, and Early Outcomes of the Cutting Out Stigma Barbershop HIV Intervention

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BACKGROUND

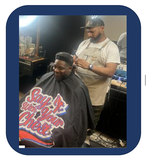
- **Persistent racial inequities and geographic disparities** in HIV care pose a major obstacle to Ending the HIV Epidemic in the United States and are driven by structural factors like **HIV-related stigma.**
- **Black males** have the highest incidence of HIV with a **lifetime risk of 1 in 3**.
- More than half of new **HIV infections** in the United States are in **in the US South**,.
- We developed **Cutting Out Stigma** (COS), a **barbershop-based education and multimedia intervention,** to train Black barbers to promote sexual health & reduce HIV stigma.

METHODS

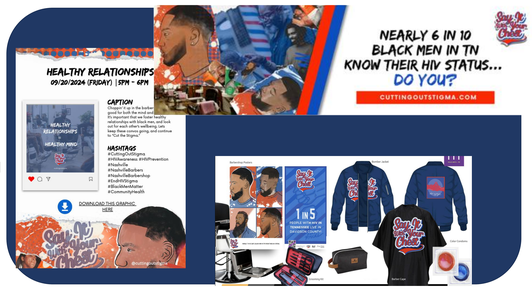
Recruitment & Training

- We recruited and trained Tennessee barbers (Memphis & Nashville) as **COS Men's Health Ambassadors**.
- Trained barbers were eligible to participate in a **6-month pilot implementation trial**.

Intervention Activities



Barbershop conversations & referrals to community resources



Multimedia Campaign: posters, capes, social media posts, billboards

Data Collection & Analyses

Outcomes were guided **RE-AIM.** Quantitative data were collected from all COS barbers. In-depth-interviews [IDIs] were conducted with 10 barbers who participated in intensive data collection throughout the trial.

- **Reach** was measured via barbers' weekly reports re: client conversations and referrals & standard social media metrics
- **Effectiveness** was measured by 1) comparing standardized HIV knowledge and qualitative PrEP knowledge assessment before & after baseline training; 2) barber perceptions re change in HIV stigma & prevention behaviors during the trial
- **Adoption** reflected acceptance rate among trained barbers
- **Implementation** outcomes (enthusiasm, readiness, feasibility, acceptability, appropriateness) were assessed & compared at baseline and endline using validated scales

We conducted sequential mixed-methods analysis. Quantitative data were analyzed with descriptive statistics and IDIs were analyzed using thematic analysis and rapid qualitative methods to assess implementation and preliminary effectiveness outcomes.

RESULTS

Barber Cohort: N=50 — **Barbers in 26 barbershops participated in the pilot trial (50% Memphis, 50% Nashville), mean age 39 yrs (SD 10.6), 96% Black, 94% Male, 54% >10 yrs Barbering experience**

Implementation Outcomes	Description	Quantitative Measures	Representative Quotes from COS Barbers
REACH	**Barbershop reach**	733 patrons/month	
	Social media reach	25,670 people/month	*"Even if they didn't like or share your post or comment on a post, they'll say something to you when they saw you in person."*
	Resource referrals	533 referrals/month	*"It's the [clients in their] mid 30s and the 40s, they were interested in the PrEP pills."*
EFFECTIVENESS	**HIV Knowledge** (Scale 0-21) Pre vs. Post Training	14.8 vs 17.4, p<0.01	*"... it was very informative learning about … how you can get [HIV] and how you can't pass it… and how you can stay undetectable. ….because that was something I didn't know."*
	PrEP Knowledge	**Summary of thematic analysis for effectiveness outcomes**	HIV reframed from fatal to preventable Trusted shop talk drives curiosity
	Stigma Reduction		Humanizing contact and nonjudgment reduce fear, blame, and derogatory talk; Normalizing HIV talk increased comfort, privacy and gender norms still constrain openness
	HIV Prevention Behaviors		Talk-to-action beginnings observed: condom uptake, testing modeling, and PrEP inquiries; Intention–behavior gaps persisted due to anticipated stigma and entrenched norms
ADOPTION	Acceptance rate	91%	
IMPLEMENTATION	**Enthusiasm** (Scale 0-100) Baseline vs. Endline	94.0 vs. 89.9, p=0.12	*"So I mean, I'm excited to share… It helps me feel good, like I'm, you know, fulfilling my purpose."*
	Readiness (Scale 1-5) Baseline vs. Endline	4.6 vs. 4.8, p=0.43	*"I feel very prepared because it's already came naturally to me…I talked to them about their health, their hair health and everything."*
	Feasibility (Scale 1-5) Baseline vs. Endline	4.8 vs. 4.8, p=0.85	*"... It'd be just something different added into the routine... not... in a disruptive way."*
	Acceptability (Scale 1-5) Baseline vs. Endline	4.9 vs. 4.9, p=0.47	*"So I don't think it ever offended nobody. I don't think it ever pushed no one away."*
	Appropriateness (Scale 1-5) Baseline vs. Endline	4.8 vs. 4.9, p=0.40	*"... What this program has done, it's opened up this new avenue of self-care that I can provide for my client…Like, your sexual health is also a part of that self-care we're talking about."*

CONCLUSIONS

"Cutting Out Stigma kinda made me a pillar in my community." -COS Barber



- Findings show **strong feasibility, acceptability, and appropriateness of the COS intervention.**
- Barbers had **sustained high enthusiasm** and reported personal and community benefit.
- **Improved HIV & PrEP knowledge**, **broad reach across barbershops (730 patrons/month) and social media (>25,000 users/month), connection to community resources (533/month)** highlight the promise of this model to decrease HIV stigma and promote HIV prevention behaviors.
- **Barbershops represent a scalable, community-based setting to reduce stigma and promote sexual health equit**y in Black communities in the Southern US.

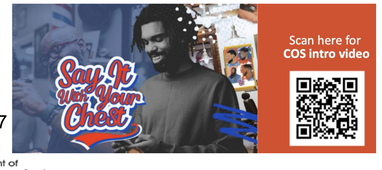
Plain Language Summary

Barbershops are powerful, trusted community spaces. Barbers in TN trained as health ambassadors successfully utilized their trusted relationships and social media platforms to help reduce HIV stigma, increase awareness of prevention options like PrEP, and promote connection to sexual health resources in Black communities.

Additional Key Information

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