

# BELONG

BEAUTY AND HEALTH COMMUNITY LOUNGES



## The BEauty and health community LOuNGes (BELONG) study: Overview

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# Background

- **Breast cancer** is the most common type of cancer in the UK
- About **1 in 8 women** in the UK will be diagnosed with breast cancer during their lifetime
- **6 out of 10 women** invited for breast cancer screening take up the invitation (UK NSC 2019)
- About **30%** of eligible women in Lambeth have not had NHS Health Checks within 5 years, or BP/blood glucose measurements in the last year signaling missed opportunities for early prevention and control of CVD risk (NHS, 2022)

# NHS Health Check

- Improving detection and management of individuals at high CVD risk is a key focus of the NHS 2019 long-term plan
- Designed to spot early signs of chronic diseases, such as CVD
- Digital rollout planned for 2024

Individuals between 40 to 74 receive a letter from GP surgeries or local council inviting for a NHS Health Check every 5 years (NHS, 2022).

Press release

## New digital health check to tackle deadly cardiovascular disease

Digital NHS Health Check to be rolled out across England next spring delivering an additional one million checks in the first 4 years.

From: [Department of Health and Social Care](#) and [The Rt Hon Steve Barclay MP](#)

Published 29 June 2023



- Tens of thousands of cases of hypertension expected to be identified and hundreds of strokes and heart attacks prevented
- Each digital check could save 20 minutes of NHS time - potentially freeing up hundreds of thousands of primary care appointments



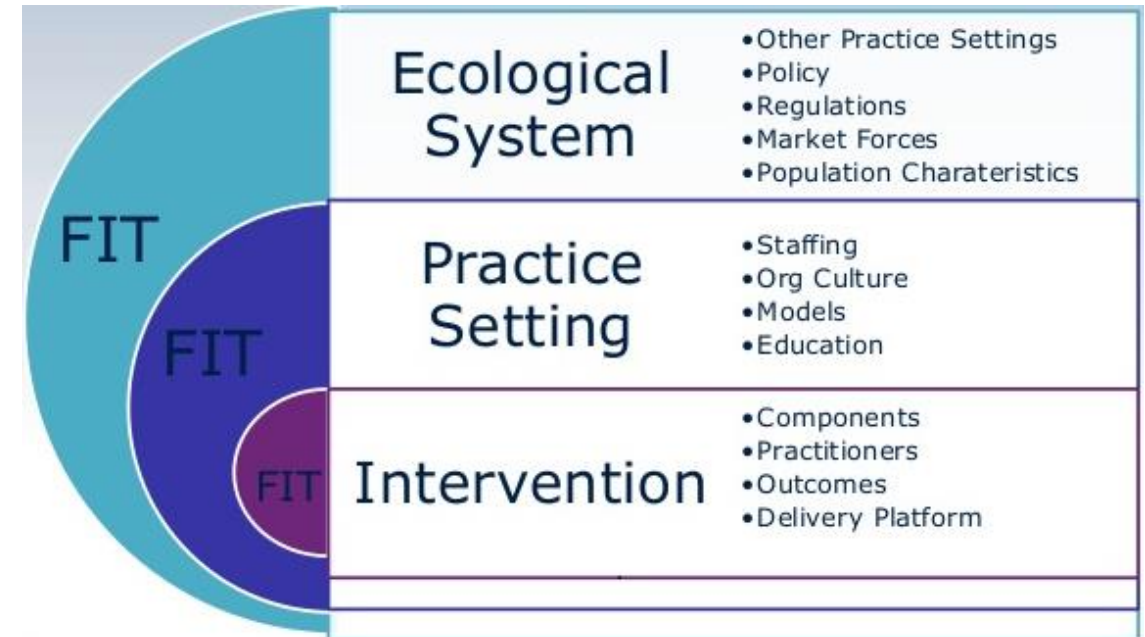
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# Systems thinking

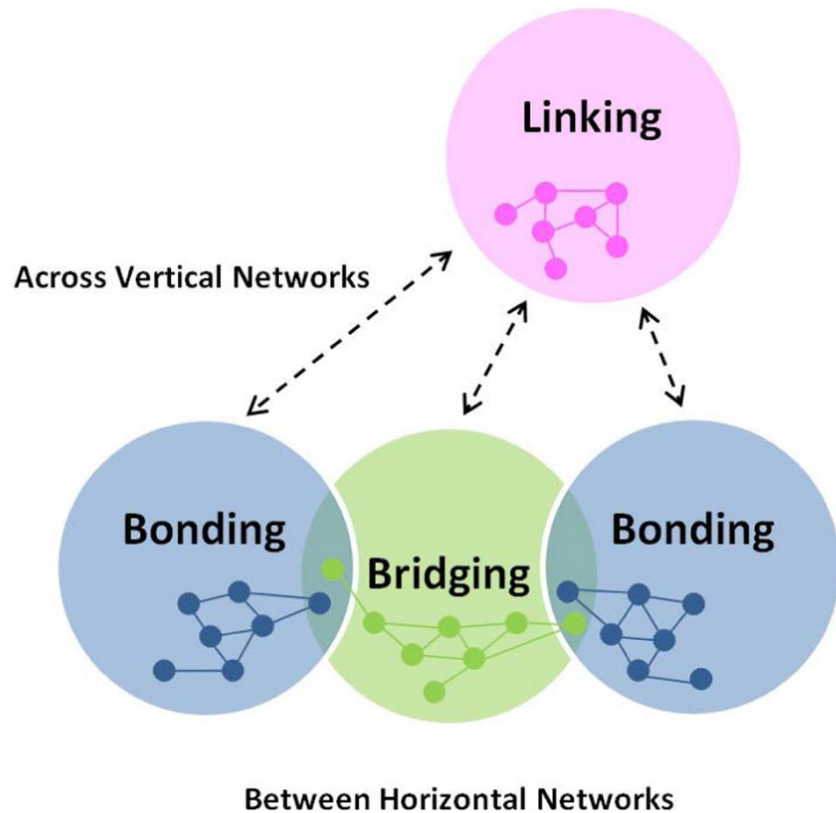
*Systems* - (e.g., people, organizations, resources) and their interconnections.

*“Problems”* - part of a wider dynamic system.

**Relevance to community –  
health systems connectedness interventions to  
address equitable access to care.**



# Social capital and Systems thinking for community-primary care partnership



Social Capital Theory: social resources in communities facilitate behaviour change and adaptive coping.

- *Bonding capital*: Shared values, high levels of trust & social support between clients and salon therapists
- *Bridging capital*: linking across sectors e.g., salons and primary

**A systematic inclusion of community voices in development & implementation processes—  
strengthening effectiveness accountability & governance**

# Hair salons are trusted community spaces with untapped potential for health promotion

**Community-based salons:** potential to leverage social capital - build on existing trusting relationships to increase interactions around health

- *“Stylists for so long have been, support from a mental perspective, like, you know, you go to the salon, and you just are able to have a conversation about a myriad of things. **They already are almost like a behavioural health or a mental health resource.**” C93*
- *“But I think when you look at health disparities in the health of our community, we might be overestimating how often people go to the doctor. I go to my doctor all the time. So, I don’t need my hairstylist to talk to me about that, personally. But if we’re looking at the broader picture of our community, **people are going to the hairstylist and they’re not going to the doctor, I promise you that.** So, if our hairstylist could say, “when’s the last time you went to the doctor?” You don’t have to tell ‘me’ about diabetes, but **encouraging our people to go to the doctor, if that’s where that information should be coming from, I think would be an appropriate use of that platform.**” C284*

Palmer et al., 2022



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# Our aims

BEauty and health community LOuNGes (BELONG)

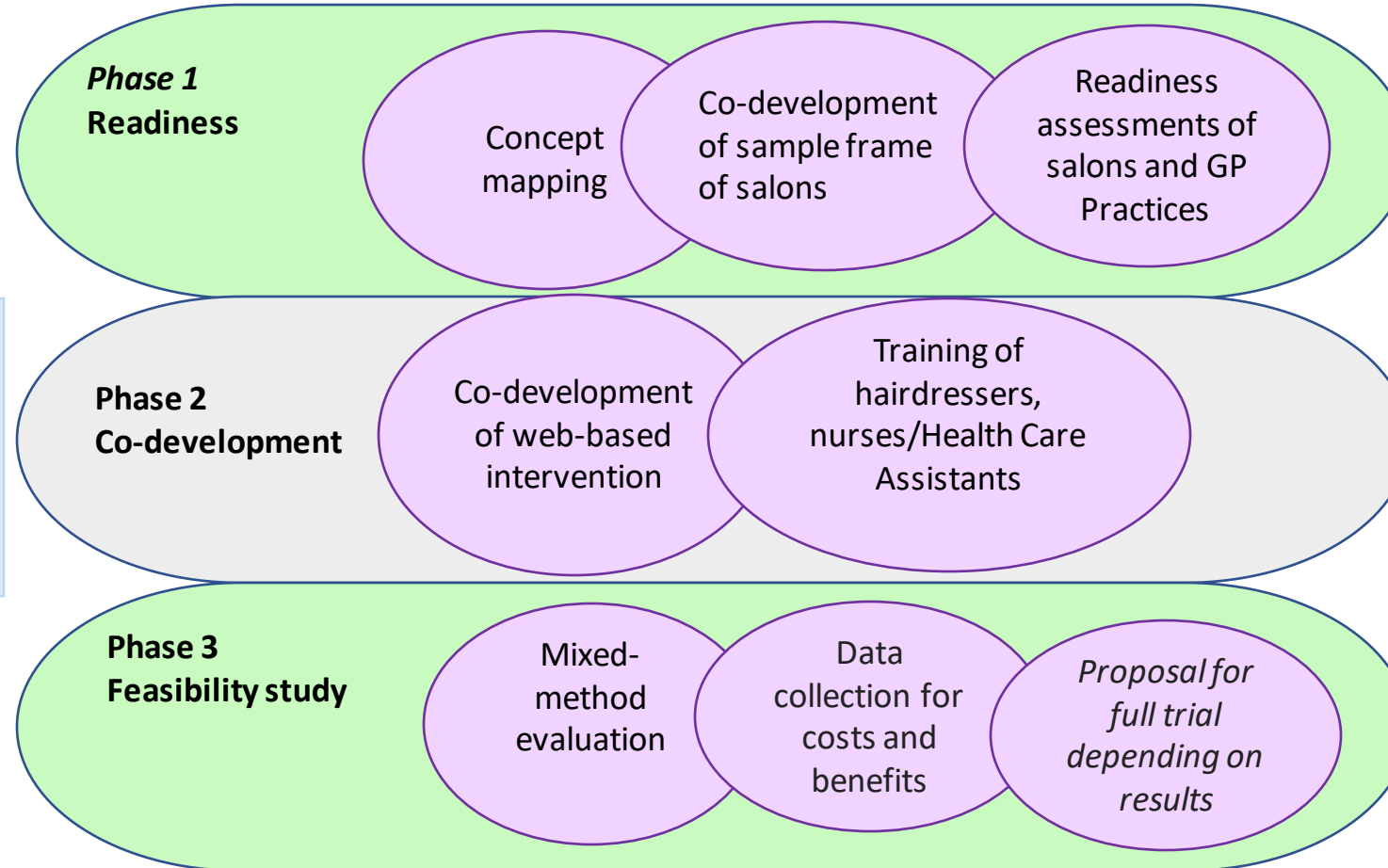
Explore the feasibility of recruiting, training and retaining **hairdressers in salons**, supported by **nurses/healthcare Assistants at local GP Practices**, to promote use of a **culturally adapted online application (app)** to increase the uptake of NHS Health Checks and breast cancer awareness in women in deprived and ethnically diverse neighbourhoods



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# Project description overview



**Expert Stakeholder Group retained from concept mapping**

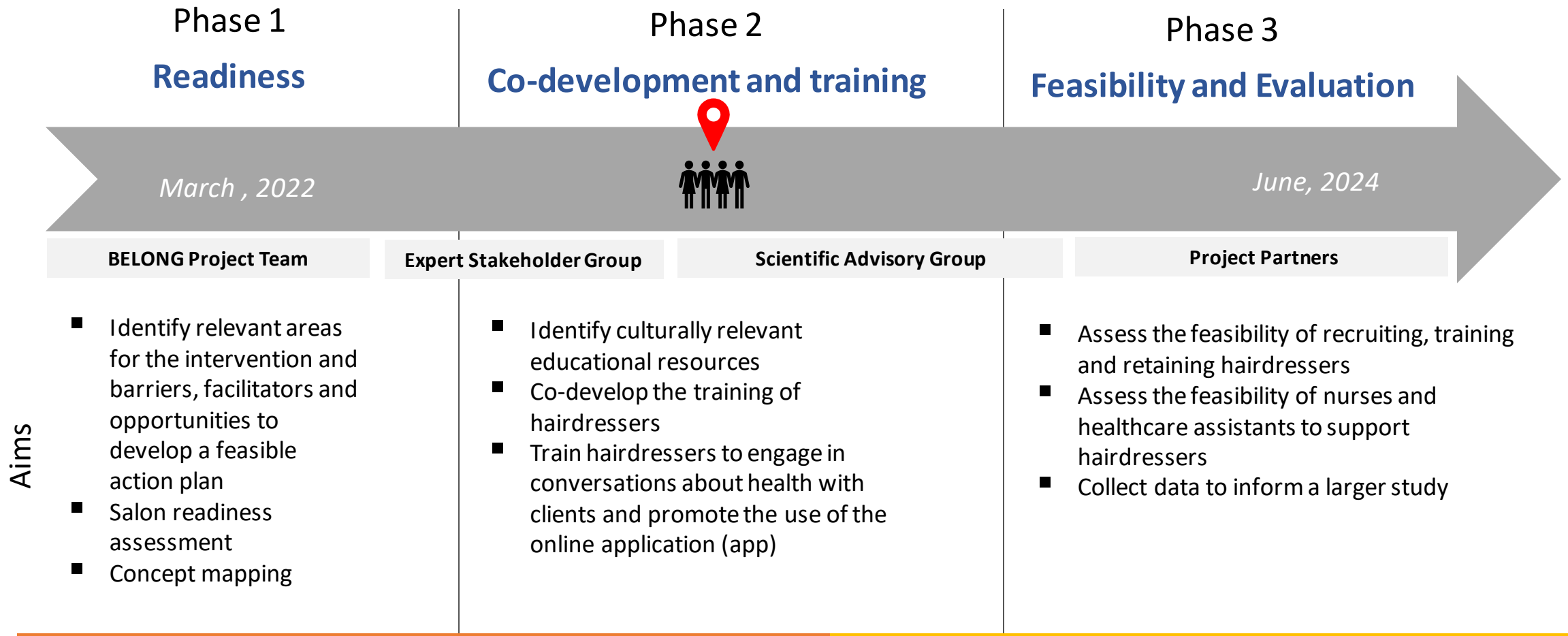
**Project Partners**  
GPs, CCGs, NHS engagement and Improvement, Salon Professional Governance associations, Microlife medical diagnostics

**Dissemination, exploitation & Communication**

**Scientific Advisory Group**



# Overview of BELONG study UK

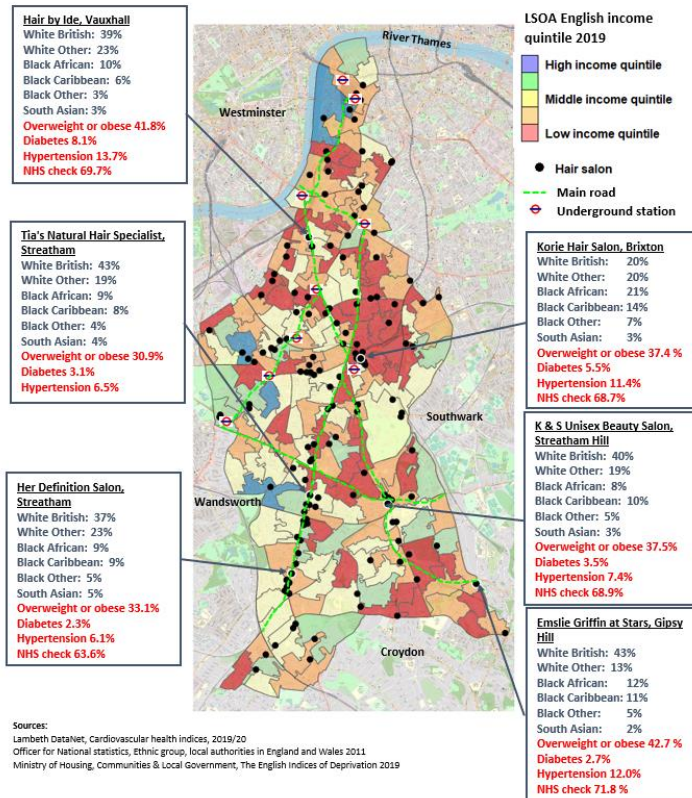


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# Phase 1: Readiness

## Development of the Sampling Frame

Figure 3: Mapping of salons and of area indices of deprivation, ethnicity and health: Lambeth



## Readiness Assessments

Interviews + Observation: Salons and GP practices (WHO Building Blocks)

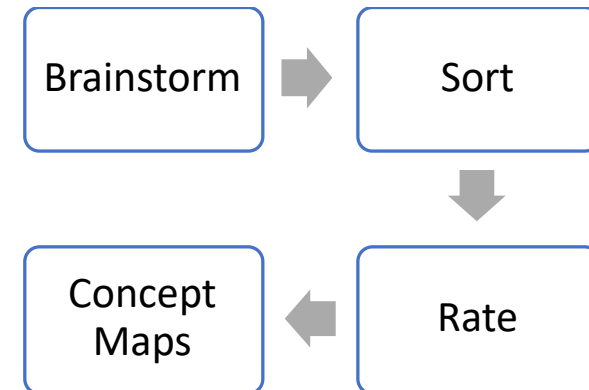
Interview topics:

1. Governance (e.g., ownership/franchise arrangements of salons)
2. Capacity (e.g., availability of hairdressers and HCAs)
3. Communication (e.g., Cultural competence)
4. Information technology platforms used
5. Salons, community and primary care collaborations

## Concept Mapping

Mixed-methods participatory methodology (Hair & Beauty and Healthcare stakeholders)

Focus prompt: Factors that will affect the ability of salons to promote this service are...



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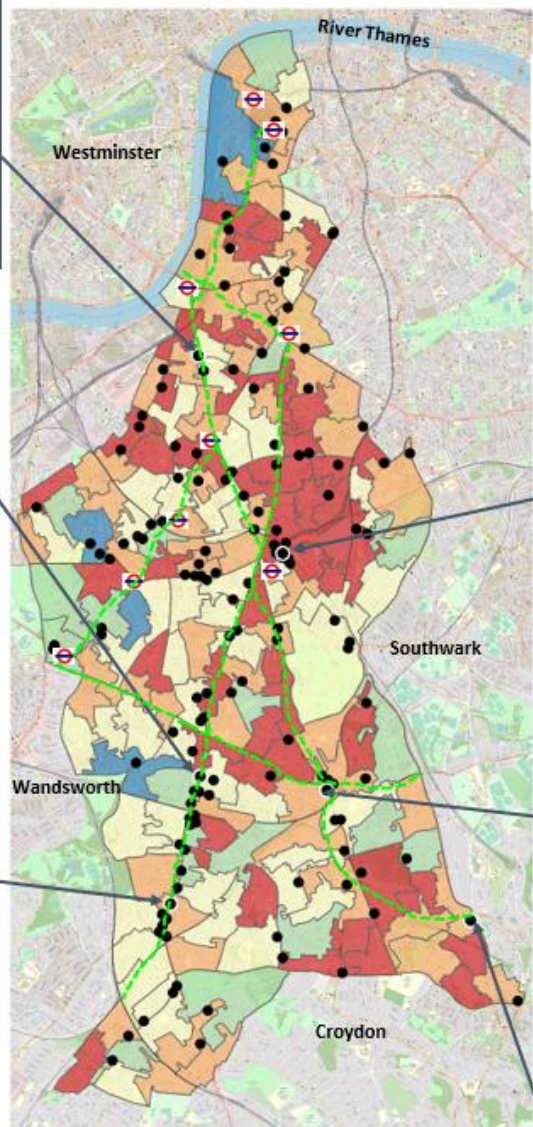
**Figure 3: Mapping of salons and of area indices of deprivation, ethnicity and health: Lambeth**



**Hair by Ide, Vauxhall**  
 White British: 39%  
 White Other: 23%  
 Black African: 10%  
 Black Caribbean: 6%  
 Black Other: 3%  
 South Asian: 3%  
**Overweight or obese 41.8%**  
**Diabetes 8.1%**  
**Hypertension 13.7%**  
**NHS check 69.7%**

**Tia's Natural Hair Specialist, Streatham**  
 White British: 43%  
 White Other: 19%  
 Black African: 9%  
 Black Caribbean: 8%  
 Black Other: 4%  
 South Asian: 4%  
**Overweight or obese 30.9%**  
**Diabetes 3.1%**  
**Hypertension 6.5%**

**Her Definition Salon, Streatham**  
 White British: 37%  
 White Other: 23%  
 Black African: 9%  
 Black Caribbean: 9%  
 Black Other: 5%  
 South Asian: 5%  
**Overweight or obese 33.1%**  
**Diabetes 2.3%**  
**Hypertension 6.1%**  
**NHS check 63.6%**



LSOA English income quintile 2019

- High income quintile
- Middle income quintile
- Low income quintile

● Hair salon  
 --- Main road  
 Ⓡ Underground station

**Korie Hair Salon, Brixton**  
 White British: 20%  
 White Other: 20%  
 Black African: 21%  
 Black Caribbean: 14%  
 Black Other: 7%  
 South Asian: 3%  
**Overweight or obese 37.4%**  
**Diabetes 5.5%**  
**Hypertension 11.4%**  
**NHS check 68.7%**

**K & S Unisex Beauty Salon, Streatham Hill**  
 White British: 40%  
 White Other: 19%  
 Black African: 8%  
 Black Caribbean: 10%  
 Black Other: 5%  
 South Asian: 3%  
**Overweight or obese 37.5%**  
**Diabetes 3.5%**  
**Hypertension 7.4%**  
**NHS check 68.9%**

**Emslie Griffin at Stars, Gipsy Hill**  
 White British: 43%  
 White Other: 13%  
 Black African: 12%  
 Black Caribbean: 11%  
 Black Other: 5%  
 South Asian: 2%  
**Overweight or obese 42.7%**  
**Diabetes 2.7%**  
**Hypertension 12.0%**  
**NHS check 71.8%**



Sources:  
 Lambeth DataNet, Cardiovascular health indices, 2019/20  
 Officer for National statistics, Ethnic group, local authorities in England and Wales 2011  
 Ministry of Housing, Communities & Local Government, The English Indices of Deprivation 2019



# In the media!

## Hair and beauty salons to help raise breast cancer awareness among Black and Asian women

In a pilot scheme, salon staff will encourage more women from minority ethnic communities to book NHS health checks

VIEW COMMENTS



PULSE PRACTICE JOBS PULSE 365 PULSE PCN EVENTS PULSE REFERENCE

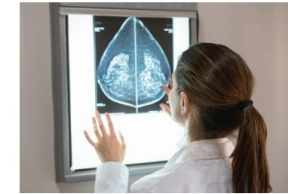
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### Hair and beauty salons to promote NHS Health Checks and screening



#### MOST POPULAR COMMENTED

1 BMA declares it has no confidence in the GMC (7)

2 GPs to be consulted on the future of QOF this summer (9)

3 No need to act to stop doctors emigrating to Australia, says Prime Minister (3)

4 £2.4bn workforce plan to increase GP training places by 50% among other measures (19)

5 14% of GP... (1)

Eliza Parr | 22 February 2023 | f t i m

GPs will work with London hairdressers and beauty salons in a new project to encourage uptake of NHS Health Checks and screening among Black and Asian women.

As part of the BELONG study at King's College London (KCL), salons will help promote a 'culturally adapted' app which advocates heart health and raises breast cancer awareness.

GPs, nurses and healthcare assistants will collaborate with salon staff and KCL researchers to develop customised content which aims to reduce health inequalities among these communities.

The roll-out began this month in nine salons across South and West London, who will all receive reimbursement for their participation as well as ongoing support from local GP practices.

The project, which is backed by the NHS Race and Health Observatory and funded by the National Institute for Health and Care Research (NIHR), will run for 12 months.

### Media:

[-https://www.standard.co.uk/futurelondon/health/nhs-breast-cancer-app-awareness-health-checks-black-asian-hairdressers-beauty-salons-b1061316.ht](https://www.standard.co.uk/futurelondon/health/nhs-breast-cancer-app-awareness-health-checks-black-asian-hairdressers-beauty-salons-b1061316.ht)

[-https://www.pulsetoday.co.uk/news/clinical-areas/cancer/hair-and-beauty-salons-to-promote-nhs-health-checks-and-screening/](https://www.pulsetoday.co.uk/news/clinical-areas/cancer/hair-and-beauty-salons-to-promote-nhs-health-checks-and-screening/)

[-A scoping review of the evidence available for the use of salons as health promotion environments, for the prevention and management of non-communicable diseases in women from different ethnic backgrounds Frontiers in Public Health in press 2023](#)

# Summary of findings from Concept Mapping

- Language barriers
- GP practice appointment issues
- Healthcare provider assumptions that everyone has access to online services



Highly Important,  
Less Feasible

- Salon therapist capabilities to promote health promotion messages.
- Salon staff wellbeing
- Salons being places where clients feel better



Highly Important,  
Highly Feasible

IMPORTANCE

- Confidentiality and sensitivity of conversations
- Salon-GP practice relationships
- Salon Constraints
- Salon benefits



Less Important,  
Less Feasible

- Primary care having misinformed views and being dismissive of beauty sector.
- Salon's commitment



Less Important,  
Highly Feasible

FEASIBILITY

# Primary care and Salon perceptions



## Primary Care

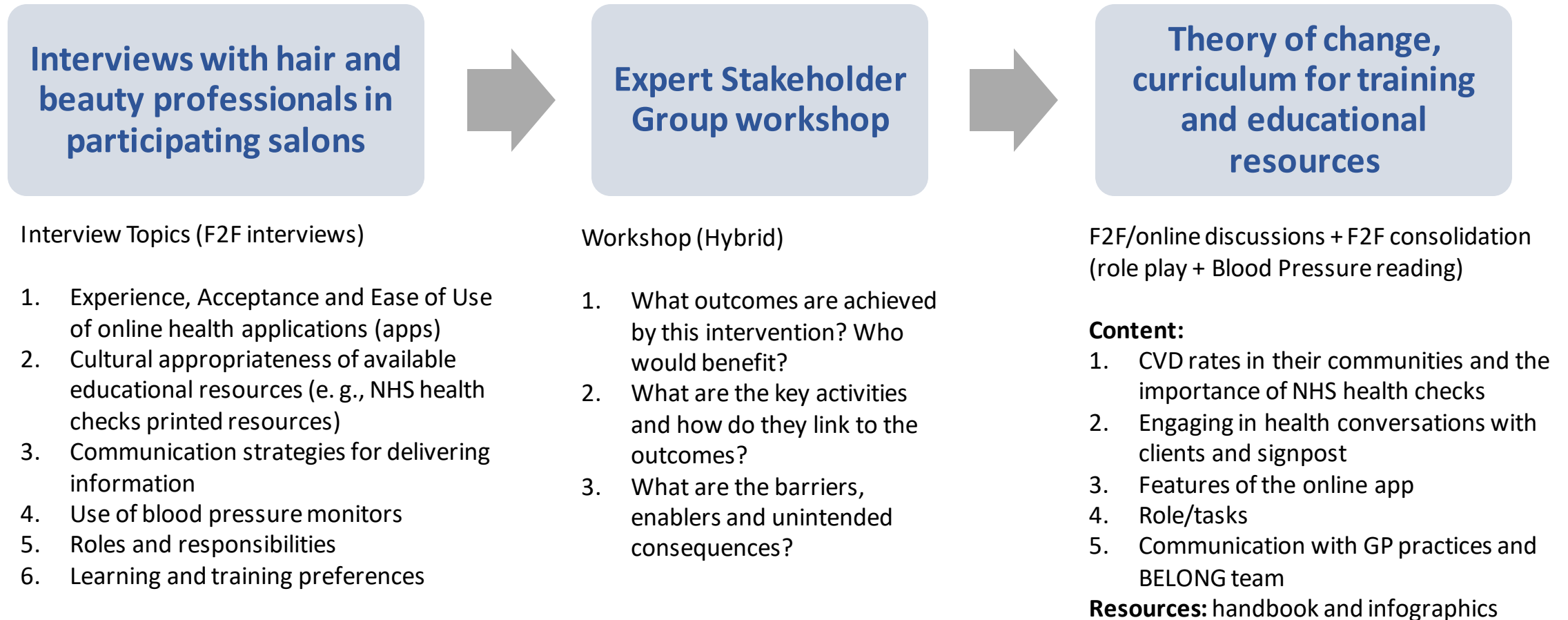
- Less optimistic for the intervention
- Issues with committing time and resources
- Some had negative perceptions about Salon staff acting as health advocates



## Hair and Beauty Salons

- Positive, motivated
- Strong community assets that can be used for health promotion
- Willing to commit time and resources

# Phase 2: Co-development and training





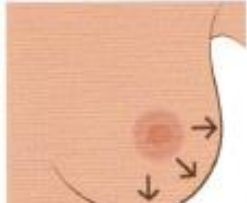
# SAVE YOUR LIFE

IN THE TIME IT TAKES TO GET CHANGED

Check NOW for the signs of breast cancer



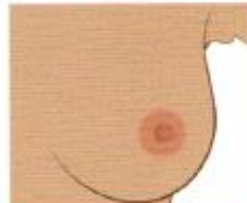
Lumps



Swelling



Bloody Discharge



Lumps in Armpit



Dimpling



Skin Rash / Thickening



Nipple Inversion



Unusual Pain



Colour Change

**If you notice anything unusual see your doctor or nurse as soon as possible.**

Early diagnosis could mean a better chance of successful treatment.

@Lorraine     
#changeandcheck



Provided by:



# Phase 3: Mixed methods feasibility evaluation

	T0	T1	T2	T3	T4	T5
Group A (salons)	Control	Training	Intervention	Intervention	Sustainability	
Group B (salons)	Control	Control	Training	Intervention	Sustainability	
<b>Evaluation</b>						
Salons			Focus group A + Participant Obs.	Focus group B + Participant Obs.	Focus group A and B	
GP practices			Focus Group		Focus Group	
Clients			Baseline Survey A	Baseline Survey B	Follow-up Survey 1 (A, B)	Follow-up Survey 2 (A, B)
					Focus Group (A, B)	



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# Discussion

- Salons are well positioned to support health promotion interventions
- Salons will require more resources to supporting health promotion messaging
- Relationship between primary care and salons needs to be strengthened
- There are significant barriers to GP practice access that need to be addressed
- Community-based preventive interventions must address issues related to primary stakeholders, i.e., service provision, treatment barriers, stigmas, and effective communication

# References

Egan M, McGill E, Penney T, Anderson de Cuevas R, Er V, Orton L, Lock K, Popay J, Savona N, Cummins S, Rutter H, Whitehead M, De Vocht F, White M, Smith R, Andreeva M, Meier P, Marks D, Petticrew M. NIHR SPHR Guidance on Systems Approaches to Local Public Health Evaluation. Part 1: Introducing systems thinking. London: National Institute for Health Research School for Public Health Research; 2019.

Molokhia M, Ayis DS, Karamanos A, L'Esperance DV, Yousif S, Durbaba S, Čurčin V, Ashworth M, Harding S. What factors influence differential uptake of NHS Health Checks, diabetes and hypertension reviews among women in ethnically diverse South London? Cross-sectional analysis of 63,000 primary care records. *EClinicalMedicine*. 2022 May 27;49:101471. doi: 10.1016/j.eclinm.2022.101471

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Office for National Statistics. Socioeconomic inequalities in avoidable mortality: England analysis. 2001 to 2018 edition.

Public Health England. Public Health Outcomes Framework: Health Equity Report: Focus on ethnicity. 2017. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/733093/PHOF\\_Health\\_Equity\\_Report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733093/PHOF_Health_Equity_Report.pdf)

# HIDDEN-BP: Health Inequalities in kidney Disease, meeting the urgent Need to identify early disease in high-risk communities: A feasibility study of home albuminuria testing in people with high Blood Pressure



Normal 3,157 (68%)

Abnormal 1,093 (24%)

High Abnormal 375 (8%)



# BELONG

BEAUTY AND HEALTH COMMUNITY LOUNGES

Explore the feasibility of recruiting, training and retaining hairdressers in salons, supported by nurses/healthcare Assistants at local GP Practices, to promote use of a culturally adapted online application to increase the uptake of NHS Health Checks and breast cancer awareness in women in deprived and ethnically diverse neighbourhoods

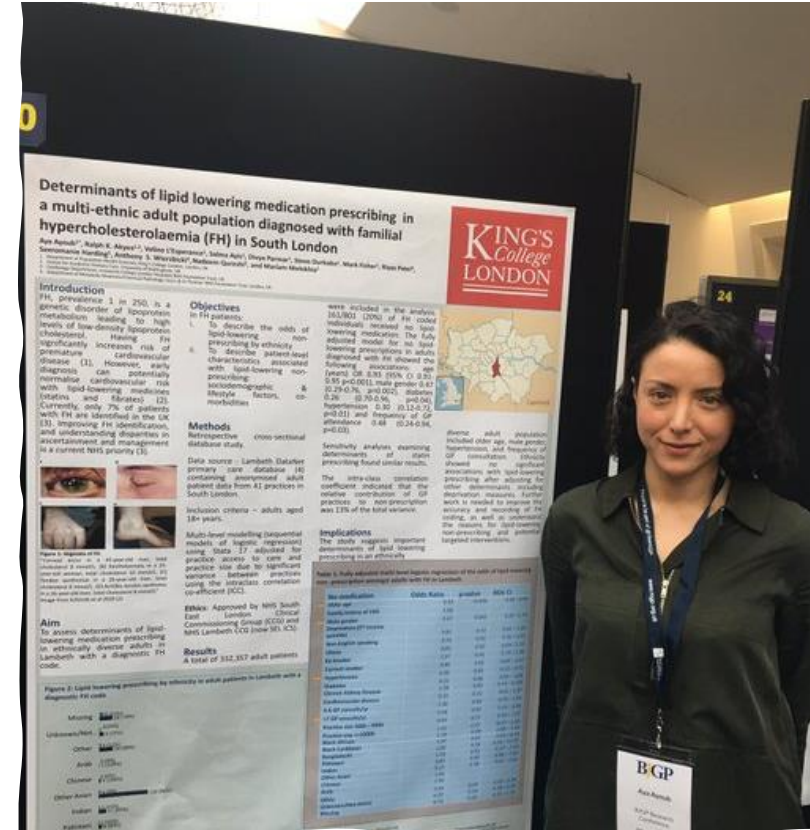
Dr. Maham Zaman was awarded the Early-Career National Research Award at the RCGP Conference in March 2023



# Inequalities in Familial Hypercholesterolaemia

Dr Aya Ayoub

British Journal of General Practice (BJGP) Conference March 2023



## Determinants of lipid lowering medication prescribing in a multi-ethnic adult population diagnosed with familial hypercholesterolaemia (FH) in South London

Aya Ayoub<sup>1</sup>, Rajah K. Ayyappan<sup>2</sup>, Valere D'Agostino<sup>3</sup>, Saira Khan<sup>4</sup>, Shree Parvati<sup>5</sup>, Sanaa Durrani<sup>6</sup>, Mark Fisher<sup>7</sup>, Ross Patel<sup>8</sup>, Sumanthara Handberg<sup>9</sup>, Anthony S. Wierzbicki<sup>10</sup>, Melissa Garbutt<sup>11</sup> and Maham Zaman<sup>12</sup>

**Introduction**  
FH, prevalence 1 in 250, is a genetic disorder of lipoprotein metabolism leading to high levels of low-density lipoprotein cholesterol. Having FH prematurely increases risk of cardiovascular disease (1). However, early diagnosis can potentially normalise cardiovascular risk with lipid lowering medications (statins and ezetimibe) (2). Currently, only 7% of patients with FH are identified in the UK (3). Improving FH identification, and understanding disparities in ascertainment and management is a current NHS priority (4).

**Objectives**  
To describe the yield of lipid-lowering medication prescribing by ethnicity. To describe patient-level characteristics associated with lipid lowering medication prescribing: sociodemographic & lifestyle factors, co-morbidities.

**Methods**  
Retrospective cross-sectional database study.  
Data source - Lambeth Statistix primary care database (5) containing anonymised adult patient data from 41 practices in South London.  
Inclusion criteria - adults aged 18 years.

Multi-level modelling (sequential models of logistic regression) using data 17 adjusted for practice size due to significant variation in sample size using the intraclass correlation coefficient (ICC).

**Ethics** Approved by NHS South East London Clinical Commissioning Group (CCG) and NHS Lambeth CCG (now NHS ICL).

**Aim**  
To assess determinants of lipid-lowering medication prescribing in ethnically diverse adults in Lambeth with a diagnosis of FH.

**Results**  
A total of 352,357 adult patients were included in the analysis. 111,853 (31.7%) of the coded individuals received no lipid-lowering medication. The fully adjusted model for no lipid-lowering medication in adults diagnosed with FH showed the following associations: age (years) OR 0.93 (95% CI 0.92-0.94), male gender OR 0.29 (0.26-0.32), diabetes OR 0.26 (0.24-0.28), hypertension OR 0.30 (0.27-0.33) and frequency of GP attendance OR 0.48 (0.24-0.94, p<0.001).

Sensitivity analyses examining determinants of lipid-lowering medication prescribing after adjusting for other determinants including deprivation, ethnicity, gender, work is needed to improve the accuracy and recording of FH coding, as well as understanding the reasons for lipid-lowering non-prescribing and potential targeted interventions.

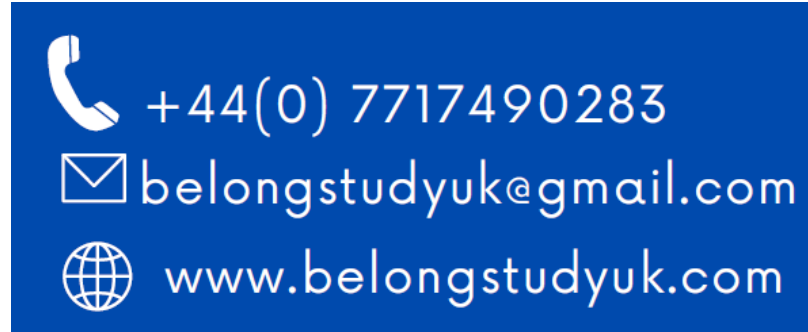
**Implications**  
The study suggests important determinants of lipid-lowering medication prescribing in ethnically diverse adult population. Identification and recording of FH coding, as well as understanding the reasons for lipid-lowering non-prescribing and potential targeted interventions.



Age (years)	OR	95% CI
18-24	1.00	1.00-1.00
25-34	1.10	0.95-1.27
35-44	1.25	1.05-1.48
45-54	1.45	1.20-1.75
55-64	1.65	1.35-2.00
65-74	1.85	1.45-2.35
75-84	2.05	1.50-2.75
85-94	2.25	1.60-3.10
95-104	2.45	1.70-3.40
105-114	2.65	1.85-3.80
115-124	2.85	2.00-4.00
125-134	3.05	2.15-4.30
135-144	3.25	2.30-4.60
145-154	3.45	2.45-4.90
155-164	3.65	2.60-5.20
165-174	3.85	2.75-5.50
175-184	4.05	2.90-5.80
185-194	4.25	3.05-6.10
195-204	4.45	3.20-6.40
205-214	4.65	3.35-6.70
215-224	4.85	3.50-7.00
225-234	5.05	3.65-7.30
235-244	5.25	3.80-7.60
245-254	5.45	3.95-7.90
255-264	5.65	4.10-8.20
265-274	5.85	4.25-8.50
275-284	6.05	4.40-8.80
285-294	6.25	4.55-9.10
295-304	6.45	4.70-9.40
305-314	6.65	4.85-9.70
315-324	6.85	5.00-10.00
325-334	7.05	5.15-10.30
335-344	7.25	5.30-10.60
345-354	7.45	5.45-10.90
355-364	7.65	5.60-11.20
365-374	7.85	5.75-11.50
375-384	8.05	5.90-11.80
385-394	8.25	6.05-12.10
395-404	8.45	6.20-12.40
405-414	8.65	6.35-12.70
415-424	8.85	6.50-13.00
425-434	9.05	6.65-13.30
435-444	9.25	6.80-13.60
445-454	9.45	6.95-13.90
455-464	9.65	7.10-14.20
465-474	9.85	7.25-14.50
475-484	10.05	7.40-14.80
485-494	10.25	7.55-15.10
495-504	10.45	7.70-15.40
505-514	10.65	7.85-15.70
515-524	10.85	8.00-16.00
525-534	11.05	8.15-16.30
535-544	11.25	8.30-16.60
545-554	11.45	8.45-16.90
555-564	11.65	8.60-17.20
565-574	11.85	8.75-17.50
575-584	12.05	8.90-17.80
585-594	12.25	9.05-18.10
595-604	12.45	9.20-18.40
605-614	12.65	9.35-18.70
615-624	12.85	9.50-19.00
625-634	13.05	9.65-19.30
635-644	13.25	9.80-19.60
645-654	13.45	9.95-19.90
655-664	13.65	10.10-20.20
665-674	13.85	10.25-20.50
675-684	14.05	10.40-20.80
685-694	14.25	10.55-21.10
695-704	14.45	10.70-21.40
705-714	14.65	10.85-21.70
715-724	14.85	11.00-22.00
725-734	15.05	11.15-22.30
735-744	15.25	11.30-22.60
745-754	15.45	11.45-22.90
755-764	15.65	11.60-23.20
765-774	15.85	11.75-23.50
775-784	16.05	11.90-23.80
785-794	16.25	12.05-24.10
795-804	16.45	12.20-24.40
805-814	16.65	12.35-24.70
815-824	16.85	12.50-25.00
825-834	17.05	12.65-25.30
835-844	17.25	12.80-25.60
845-854	17.45	12.95-25.90
855-864	17.65	13.10-26.20
865-874	17.85	13.25-26.50
875-884	18.05	13.40-26.80
885-894	18.25	13.55-27.10
895-904	18.45	13.70-27.40
905-914	18.65	13.85-27.70
915-924	18.85	14.00-28.00
925-934	19.05	14.15-28.30
935-944	19.25	14.30-28.60
945-954	19.45	14.45-28.90
955-964	19.65	14.60-29.20
965-974	19.85	14.75-29.50
975-984	20.05	14.90-29.80
985-994	20.25	15.05-30.10
995-1004	20.45	15.20-30.40

# Research team

- Dr Marjorie Lima do Vale
- Dr Maham Zaman
- Dr Louise Goff
- Dr Alexis Karamanos
- Dr Veline L'Esperance
- Dr Salma Ayis
- Dr Vasa Ćurčin
- Stevo Durbaba
- Dr Clare Coultas
- Ashlyn Mernagh-iles
- Prof Seeromanie Harding (Jt PI)
- Dr Mariam Molokhia (Jt PI) [mariam.molokhia@kcl.ac.uk](mailto:mariam.molokhia@kcl.ac.uk)



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With thanks to all participatingsalons, GP practices, stakeholders and clients



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