How can we bring health to our community?

Getting "Shots at the Shop" outside Wilson's Image (l-r) Anna Hyde Babington-Johnson, nurse Beverly Propes, Bryen Bogan and Dr. Zeke McKinney

Photo by Thomas McCallister

Our experience with COVID vaccinations suggests new possibilities

We are well aware that vaccine hesitancy exists in many communities, even more around the COVID-19 vaccine, and especially in the Black community. This is an extension of existing issues of appropriate anxiety with engaging systems and institutions such as hospitals, clinics, research studies, banks, housing lenders and schools. These institutions throughout history have at least ignored the concerns of the Black community, and at worst have actually caused harm.

In June 2021, the Biden administration worked with the University of Maryland School of Public Health to create a national initiative called Shots at the Shop. This program provided $1,000 to barbershops and salons to host COVID-19 vaccination events. Based on that budget, it seemed like this would fund events on one or two days, similar to many of the larger vaccination events happening earlier in 2021.

In my experience volunteering at these larger events, once the COVID-19 vaccines were available, we were using a lot of resources to provide vaccines to not very many people. For example, we may use a large gymnasium with several booths for education and free resources, with 50-100 people volunteering, but only end up with the same number (less than 100) people getting vaccinated. This suggests that we may be able to better direct our resources in more focused ways.

Once information came out about Shots at the Shop, my barber Teto Wilson and I jumped on this program because it fit so well with how we were trying to provide education to the community about COVID-19 and vaccinations so far. So we talked to the Minnesota Department of Health (MDH), and they offered even more funding to allow us to do something bigger.

To our surprise, we found out that community-based vaccine sites (not at a hospital, clinic, or pharmacy) never occurred beyond one or two days alone!

The big issue with only having vaccine events on one or two days is that it does not account for the many barriers we are trying to overcome. What if someone sees the event, and wants to think about it some more before they show up?

What if someone doesn't have childcare during these limited times? What if someone can't get off work or can't take a day or two off work after getting vaccinated right at this time? In short, only having these sites available for a day or two may end up not opening the access we want to have for everyone.

Teto and I were able to work with MDH to provide a longer-term program for the community at his barbershop (Wilson's Image at Broadway and Penn in North Minneapolis). We offered our vaccine clinic two days per week (Fridays and Saturdays) for four hours each day. This approach uses less volunteers, less space, and of course, less money.

We have been successful at giving out more than 200 vaccines so far. Even though we planned only six weeks at first, we are now running for up to 15 weeks and plan to extend it even further.

This is not a large number of people to impact overall, but we are providing access to the folks who may still have had concerns or were not able to get one before. We believe some of this success is due to being able to have this available at regular times each week, at a location that is trusted by folks in the community.

There is no surprise here because community-oriented health screenings have been proven to be successful in the past. But this current success opens the door for more opportunities to copy this model to other community sites, whether other barbershops, salons, churches, community centers, parks, or other small businesses.

At a higher level, this raises the question of whether we will start to see more opportunities for people to get care at places where they are more comfortable. Or at the very least, folks can start to engage their own health in ways that provide more information and with people they can trust more than the big hospital or clinical systems.

We need to take this opportunity to rebuild trust in the community by providing simple resources to start fighting the many illnesses affecting the Black community more than most. For example, we can do easy screening for high blood pressure, diabetes, and high cholesterol, which if not tested may not cause symptoms until it may be too late to reverse.

Coming soon! Get some basic testing done at your nearby barbershop and church, and feel better not going to the doctor because you know what's up. Or find out that it may be time to go to the doctor after all.

Dr. Zeke McKinney grew up in and lives in Minneapolis. He primarily practices clinical occupational and environmental medicine (OEM) in St. Paul and St. Louis Park, MN, and he is one of few clinicians in Minnesota who evaluates work and community-related environmental toxicologic exposures. He is also a researcher for the HealthPartners Institute, including on a COVID-19 vaccine trial. He focuses on health equity and environmental justice for all communities.

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