**The Wired Barbershop – Knowledge Net**

**Background:** The President’s Cancer Panel of the National Institutes of Health in 2001 clearly stated, “Lack of accurate cancer-related information that is readily available, understandable, clear and delivered in a sensitive and culturally acceptable manner is a major contributor to the inability of patients and the public to obtain the most appropriate cancer prevention, treatment and supportive care.” This program will address these areas of concern and negative impact within the targeted communities.

The situations noted above had not appreciably improved by February 2004 when The Prostate Net launched its **BarberShop Initiative** in conjunction with MGM Studios and their release of the movie sequel, “Barbershop II”. Our program set the foundation for developing a network to provide culturally credible, disease-specific, information within minority communities manifesting high levels of negative impact from the disease. The program targeted selected medical centers serving these minority communities and engaged them to achieve a higher level of community and patient service by recruiting and training local barbers from the affected service area to function as lay health educators and patient navigators to motivate their constituencies to participate in the healthcare system. The barber and his shop have had an important position within minority communities as a place of economic creation, political espousal, social interaction and where free and open discourse occurs. Effectively tapping into the opinion leadership of the barber to inform and influence his/her clients and neighbors will more effectively reduce and/or eliminate cultural barriers to participation than any message from the traditional health care establishment.

As a result of this initiative, during the initial launch period of February through October 2004, more than 10,000 men were brought into the system for initial testing who had not participated heretofore. More importantly, we identified 442 cases of prostate cancer that would not have been found, were it not for this initiative, until they manifested at later stage of the disease.

**Proposed Initiative:**

Building on the information gained from the pilot program, we are seeking support to expand the program nationally to those regions of key negative disease incidence and increase the number of barber/navigators to effectively lead their communities in information acquisition. Because it has been proven that a shift is increasing toward electronic/broadcast media away from traditional printed media, we believe that it is critically important to move the thrust of our consumer informational and patient educational vehicles into those formats most receptive for the target audience of men 40 and over with lower attention levels. The problems associated with traditional informational media have been lack of appropriate messages for the audience as well as lack of appropriate access to the desired audiences. The experience of our Barbershop program proved the point; we distributed several brochures from the National Cancer Institutes Cancer Information Service as part of the educational component. Not only had the majority of the consumers never seen the brochures, but
neither had many of the medical centers as well. Additionally, in recapping the program, the CIS informed us that more brochures were distributed in our 7-month pilot program than in the previous 2 years of their efforts. Clearly we have the audience and the delivery system!

Building on the momentum of our Barbershop Initiative, and coupled with the new alliance with the National Association of Barber Boards of America, we envision a program of on-going communication and education that will encompass the following elements of execution:

- Development, and deployment, of patient-focused interactive computer educational kiosks, **Knowledge Nets**, supported by wireless Internet access that would:
  
  o deliver editorial content via “push” technology of videos, selected Web sites, educational surveys and “attract mode” loops to inform the consumers  
  o train the community in using the Internet to gain health information to better understand disease risk, options for care and quality-of-life concerns  
  o create community discussion/training modules as basis for Health Forums (or other informational programs) in-shop lead by medical center outreach personnel or the barber  
  o provide a barbershop-centered wireless node for the community for use of the Internet to gain information to enhance overall quality-of-life concerns

- Establish a branded acrylic brochure kiosk in each shop supplied with consumer educational brochures on the disease and its management from The Prostate Net as well as information from our various sponsors

- Creation of a monthly “Study Guide” for distribution through our network for in-shop health education sessions sponsored by the local barbers and conducted by the medical center community outreach teams

- Development of monthly editorial video loops that would present specific sponsored health (or other product) messages on a programmed basis to firstly, attract shop patrons to the system, and, then, to encourage interactive use.

**Objectives:**

The core objective of this program is to develop a nationwide, community-based intervention (and information) network of medical and healthcare professionals, social service agencies and committed lay health motivators that will:

1. Educate the community consumers most at-risk from a diagnosis of prostate cancer as to disease specifics, evaluation options, treatment choice and quality-of-life concerns
2. Inform the general community on other diseases of negative impact
3. Motivate consumers to make informed choice as to healthcare treatment
4. Lay the foundation for on-going health care information dissemination and interaction between the community and medical centers regarding other diseases of negative impact
5. Create an interactive network with an audience of specific importance to sponsors with objectives of targeting that audience for product placement and/or market expansion

The Prostate Net has recently negotiated an agreement with the National Association of Barber Boards of America, the licensing organization that represents over 200,000 barbers in the U.S. Under the terms of the agreement, The Prostate Net will be the “Official Healthcare Partner” of the Association and

**The Prostate Net, Inc. is a 501c(3) non-profit educational corporation**
will integrate the membership into The Prostate Net’s Barbershop Initiative. If we look at the Association membership of 200,000 and assume an average of four barbers per shop, we have a potential network of **50,000 consumer outlets**, which should provide a potential audience **well in excess of 5,000,000 people per month** for health care, or other, messages that can be delivered to a conditioned, receptive audience.

This initial phase of 25 computer systems has been funded by grants from the Fannie E. Rippel Foundation with correlative support from the Healthcare Foundation of New Jersey; our plan is to expand the network of Knowledge Net Barbershops to 100 by the end of this year, 500 by April 2007, 1,000 by the end of 2007 and 5,000 by yearend 2008. Our objective is to create a media network that will be able to effectively target any grass roots audience. The major significance is that we will be able to talk not only about prostate cancer, but all of the other conditions (health and non-health related) of negative impact on these communities.

The strength, and credibility, of our mission is aided by the organizations with whom we are participants and/or collaborators: Mount Sinai School of Medicine’s Division of Educational Technology, National Medical Association, American Urological Association Foundation, Department of Defense Congressionally Directed Medical Research Program for Prostate Cancer, National Black Leadership Initiative on Cancer, among many others. Supporting our programs and services with oversight is our Medical Advisory Board of professionals representing institutions such as, New York Presbyterian Medical Center, Northwestern University Cancer Center, Nevada Cancer Institute, Howard University Cancer Center and the Cancer Institute of New Jersey. Additionally, we have points of contact, reference and support within the National Cancer Institute and those pharmaceutical manufacturers with prostate cancer therapeutic management.

**Evaluation:**

In partnership with the New Jersey School of Medicine - Office of Cancer Control and Prevention, we have developed a consumer survey as part of the interface that will enable us to gain needed demographic information on the population of these communities, gauge their level of health-related knowledge, measure their reliance on various information stimuli and establish a benchmark for computer use for future research projects.

The program will interact at community and national levels to achieve the following measurable process standards:

1. Clinically measurable events against State disease registries
   a. Number of men being screened
   b. Number of men with positive diagnoses
   c. Diagnoses by disease stage; patient age; previous medical treatment
   d. Comparisons versus segmented population totals by market
   e. Reduction in number of men with first diagnosis at advanced disease stage
   f. Reduction in mortality through early detection and intervention

2. “Share of Mind” activities
   a. Number of “hits”/visits at Internet sites
   b. Number of embedded surveys taken
   c. Number of users of the system
d. National and local media coverage of the program
e. Number of media placements/consumer impressions
f. Participation in planned community health fair and awareness events
g. Awareness of, and consumer participation in, incentive programs
h. Increase and/or enhancement of Sponsor’s products perception with patients and professionals

3. Community driven participation
   a. Number of medical centers participating
   b. Number of barbers recruited to the program
   c. Numbers of educational materials distributed
   d. Numbers of community educational sessions scheduled for barbershops or other venues
   e. Numbers of responses to “email blasts”
   f. Numbers of patient contacts through Toll-free Patient Hotline
   g. Numbers of direct patient contacts