

PHASE 1: Survey the Article



01

Read the title & keywords

This gives the broadest overview of the topic of the article.

02

Read the abstract

This maps out the key points of the article in less than a page. Think of it as the Google maps directions for the paper. Pay particular attention to the purpose or objectives

03

Skip to the end

These sections explain the main findings and discuss the impact of the research in straightforward language. Pay particular attention to outcomes and lessons learned.

04

Figures & tables

Read the titles and captions to understand the data. See the visualized results of the analysis of the data.

01

Partnerships & Stakeholder Engagement: Teen Pregnancy Prevention

The Speak UP! Salon Project: Using Hair Stylists as Lay Health Educators About Unintended Pregnancy

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The Speak UP! Salon Project trained 126 hair stylists from 60 salons as lay health educators to increase knowledge about contraceptives and inform clients about financial support for long-acting reversible contraceptives at local family planning clinics. Stylists' informal social support system, combined with the support staff with clients over time, make them excellent candidates for lay health educator projects. This 3-year salon-based intervention was implemented in nine counties in a Midwestern state. Results from a subsample of participants who completed an online questionnaire ($n = 177$) indicate that hair stylists are a feasible method to link target populations to health information and to the health care system. The benefits and challenges of collecting data in a salon environment are also discussed.

Keywords: community intervention; lay health advisors; community health workers; reproductive health; women's health

however, teen pregnancy rates are now at a 40-year low, while unintended pregnancy rates in women in their 20s have remained steady for decades (Finer & Zolna, 2014; Henshaw, 1998; Kost & Henshaw, 2014). Additionally, while unintended pregnancies make up a larger proportion of teen pregnancies, there are far more unintended pregnancies in women in their 20s (812,000 in 15- to 19-year-olds vs. 1,863,000 in 20- to 29-year-olds; Finer & Zolna, 2014). Few health education interventions work toward reducing the unintended pregnancy rate in adult women; however, attention to this population is vital as unintended pregnancy affects college enrollment, college graduation, career advancement, and reliance on social programs (Monson & Thomas, 2011; Thomas, 2012). Unintended pregnancy in the 20- to 29-year age group affects all populations, but is particularly concentrated in the low education, low income, and minority populations (Finer & Zolna, 2014), groups that are also more difficult to reach with traditional health education methods.

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this topic between baseline and second follow-up (OR = 0.19, 95% CI = 0.06, 0.61), indicating the project was increasingly successful at motivating participants to speak to their health care provider over time.

Research Question 3: Can a salon-based intervention about unintended pregnancies reduce the unintended pregnancy rate in a county?

Unintended pregnancies dropped 4% across the state of Iowa over a 4-year period (baseline year to 1 year after the end of the project, due to the 6-month delay between exposure to the project and subsequent births) while unintended pregnancies in contiguous states (MN and NE) increased. Also in that time period, the number of abortions in Iowa dropped 3%. Abortions declined in the same time frame in Minnesota and Nebraska also, but to a lesser degree than in Iowa (Losch et al., 2012). Within salon intervention counties, results were mixed. Of the seven Speak UP! Salon Project intervention counties for which data are available for baseline and follow-up years, four saw declines in unintended pregnancies between 3.8% and 10.7% and three saw increases between 1.3% and 7.8%, all with fluctuations over the 4-year period.

Analysis of this research question is complicated by three factors: (1) follow-up data are not available for two counties, (2) data are only available by county of baby's delivery, not mother's zip code, thus, women from a different county with no opportunity to be exposed to the intervention are likely included in the data, and (3) in addition to the Speak UP! Salon Project, the Iowa Initiative to Reduce Unintended Pregnancies additionally sponsored four additional interventions in the state, some of which overlapped with salon intervention counties (Losch et al., 2012). Thus, for this confluence of reasons, the Speak UP! Salon Project, while showing promising variables of success such as getting women to talk about contraceptives with their doctor, cannot claim impact on the state's declining number of unintended pregnancies.

DISCUSSION

The Speak UP! Salon Project, similar to other salon projects, shows the power of the LHE model. It also shows that the LHE model is robust enough to support an intimate and sometimes controversial topic, such as unintended pregnancy, proving Solomon et al. (2004) correct that within salons "almost no topic is off limits for discussion" (p. 805).

The Speak UP! Salon Project is an exciting addition to the salon literature for a variety of reasons. It is the first published salon-based intervention to address unintended pregnancies and is one of only three salon-based interventions in the literature designed without the expressed intent to reach a particular ethnic minority group. It is the longest salon-based intervention (3 years) and also the largest salon study in the literature to date in terms of the number of stylists (126) and number of salons (60) involved. This indicates that long-term and large-scale projects with salons are feasible and only limited by the ability of the project lead to train and support stylists. Results also indicate that, while salons and barbershops have long been regarded as central to minority communities, the social connection felt by stylists and their clients is present in the salons that primarily serve non-Hispanic Whites also. Thus, salon projects need not be limited to minority-serving salons. And while unintended pregnancy rates of Hispanic and non-Hispanic Black women outpace unintended pregnancy rates in non-Hispanic Whites in Iowa and elsewhere, the high rate of unintended pregnancy among non-Hispanic Whites (64.5% in Iowa; Iowa Department of Public Health, 2013) justifies intervention in these communities as well.

This study has limitations. The data were collected from a convenience sample of clients in a Midwestern state, it is possible that findings are not generalizable to that population. Also, the sample was predominantly non-White Hispanic, similar to the state of Iowa in which it was collected, which may limit generalizability. Due to a low proportion of clients who completed the online questionnaire, the respondents represent a small portion of the women actually affected by the intervention. While we worked to assure participants were women aged 18 to 39 years receiving services in participating salons, we cannot assure that a person outside that population did not complete the questionnaire. Due to the nature of the project, we cannot verify participants' responses or confirm their conversations with stylists or health care providers. Also, the vast majority only completed the questionnaire one time; thus, the data are cross-sectional, not longitudinal in nature. Although there was a decline in the statewide unintended pregnancy rate, due to the simultaneous campaigns related to reducing unintended pregnancy in the state and the mixed results in counties where the salon project was implemented, we cannot tie that intervention to the decreased rates of unintended pregnancy in the state. Finally, it is important to note that the stylists were able to tell clients about low or lowered-cost contraceptives due to external

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PHASE 2: Dig Into the Article



Go back to the start

Reading the introduction will tell you how the author(s) frame the topic, their purpose, and the method of approach for the research. It will give you an idea of why the authors conducted the study.

Stuck in the middle

If there is a literature review separate from the introduction, it helps explain where this particular study fits within existing knowledge, and how it moves the research area forward.

The sections for results and discussion should be read carefully to determine the main findings and how the authors interpreted them.

How'd they do that?

Read the methods section to learn exactly how the study was carried out

Start to finish

Reread the article from start to finish.

Examine the references section to find related articles and authors doing work in the same area. This can help build out your reading list.



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Partnerships & Stakeholder Engagement: Teen Pregnancy Prevention

The Speak UP! Salon Project: Using Hair Stylists as Lay Health Educators About Unintended Pregnancy

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INTRODUCTION

Unintended pregnancy rates in the United States are high. In 2013, 41% of pregnancies in the United States were unintended, with 17% to 18% of pregnancies being unintended. Unintended pregnancy is a leading cause of maternal and child morbidity and mortality. Unintended pregnancy is a leading cause of maternal and child morbidity and mortality. Unintended pregnancy is a leading cause of maternal and child morbidity and mortality.

THEORETICAL FOUNDATIONS

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RESULTS

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CONCLUSION

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REFERENCES

Unintended pregnancy is a leading cause of maternal and child morbidity and mortality. Unintended pregnancy is a leading cause of maternal and child morbidity and mortality. Unintended pregnancy is a leading cause of maternal and child morbidity and mortality.



QUESTIONS TO ASK WHILE CRITICALLY READING



- What is the topic and purpose of the research?
- What do I already know about this topic?
- What were the methods of the study and were they appropriate for answering the question.
- Do the conclusions agree or disagree with other literature on this topic?
- Do I agree with the author(s) about their conclusions? Why or why not?

References

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Original Slide Design:

- Kathryn Houk, MLIS, MPH for Health Promotion Practice
<https://www.sophe.org/journals/health-promotion-practice/>