



Improving Health Messaging and Communication: Perspectives from an Academic and Son of an Italian Barber

Unfortunately, although the evidence supporting the value of healthy living behaviors is beyond dispute, the United States continues to be mired in unhealthy lifestyle pandemics.¹ In this context, why does healthy living medicine, so supported by evidence, continue to suffer from such poor compliance on a population level? This important question has led to a new collaboration and line of inquiry, focused on the cultural drivers of unhealthy lifestyle behaviors, using the American Nations model developed by Colin Woodard,² briefly described as follows: Cultural geographers have long recognized First Settler effects on the characteristics of national cultures, with Wilbur Zelinsky's "Doctrine of First Effective Settlement"³ arguing that "the dominant culture of a given nation is determined by the characteristics of the first group of settlers. . . regardless of how small the initial band of settlers might have been."

Our recent work has demonstrated stark contrasts in lifestyle behaviors across culturally distinct American Nation regions⁴ — a "one-size-fits-all" approach to public health messaging and health communication will likely continue to suffer from suboptimal outcomes for a large portion of the country. Disconcertingly, the needed paradigm shift in health messaging and communication may be a herculean task in the current environment. Personally, this new area of inquiry has made me think much more about my family upbringing and my own distinct culture—what has made me who I am, where my professional interests come from, and how the two intertwine. Moreover, I wonder if an unintentional, and unfortunate, consequence of an advanced health professions education is losing some of the person you were before the academic journey began. This may be particularly true in my

case as a first-generation college graduate. In this context, perhaps discovering lost components of one's origin story and how they may enhance effectiveness as a health professional and scholar is an important exercise.

My father was born in Mileto, Italy and became a barber at ≈18 years of age. He emigrated to the United States when he was 27, could not speak English, with the equivalent of a sixth-grade education, and worked in my grandfather's barbershop (my mother's father) in Norwalk, Connecticut. The [Figure](#) included herein is of my father in the barbershop he owned in Mileto. My father enjoyed a successful career as a barber in the United States, owning his own shop for the last 5 years of his career. In considering the needed re-titration of health messaging and communication, in parallel, I find myself thinking about what made my father so successful.

My father's shop was in Wilton, Conn, and a large percentage of his clientele were business executives who worked in New York City. As such, my father did not share socioeconomic commonalities with most of them — there were also commonly stark differences in cultural backgrounds. Even so, my father's clients, from all accounts, treated him with respect and affection. Now that I am in my 50s, rediscovering my beginnings and have an academic focus on how to best reach people to improve lifestyle behaviors, I am appreciating my father's most valuable skillset.

My father could talk to anyone, from any walk of life and make them feel heard and valued. He was a gifted listener—remembering important details of his client's lives, what was most important to them, their family, occupations, etc. He was also acutely attuned to variations in a person's emotional state and was adept in detecting subtle fluctuations in disposition. When sensing angst, sadness, worry, etc, my father thoughtfully inquired, and asked how he could help. Clients often left happy, energized by their refreshed hairstyle and the conversation.

As an academic focused on health, I am becoming increasingly concerned that, as a society, we are losing our ability to converse, resonate, and find common ground with one another. How can we hope to achieve something as massive as a meaningful shift in lifestyle behavior change without such basic human skills. Perhaps my father's

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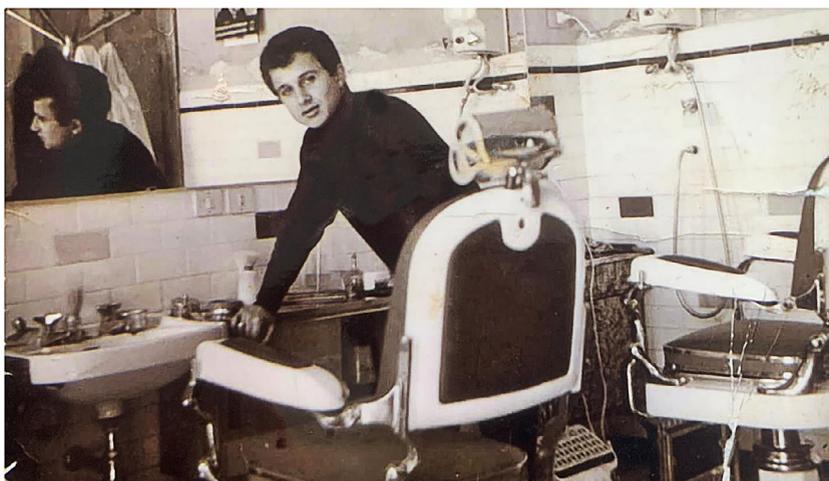


Figure Rosario Antonio Arena in his barbershop, circa late 1950s to early 1960s, Mileto Italy.

approach holds many of the principles that would make health messaging and communication successful. I think my father was trying to relay the following: in your professional role, whatever that profession is, when interacting with another person, follow these basic principles: 1) Listen first. Let a person tell you their story, whatever that may entail. Pay attention. Remember what you are being told, and take genuine, nonjudgemental interest in the matter. Make a person feel that they are in a safe and trusted space when they share. 2) Be open to all cultures and viewpoints. Accept a person for who they are and find common ground. Treat a person with respect and expect the same in return. 3) When giving your perspective or advice, make sure you craft your messaging with points 1 and 2 in mind. People will be more likely to value your perspective and consider your advice if it is given from a nonjudgmental, caring perspective, incorporating key cultural principles and belief systems of the person you are conversing with. As I have evolved in my academic pursuits, I wonder how much more effective our public health messaging and clinical health communication would be if we all considered my father's communication style.

If I could go back in time and interact with my father in his barber shop, with some basic training, I believe he would have been an extremely effective health coach for his clientele. Incorporating the communication principles he practiced, his clientele would have readily taken his advice on being more physically active, eating healthier, not smoking, getting better sleep, etc. Perhaps thinking about health care in a barber shop seems farfetched. For readers who need convincing related to the relevance of this commentary, I direct you to the 2018 paper published by Victor et al⁵ entitled "A Cluster-Randomized Trial of Blood-Pressure Reduction in Black Barbershops." The authors reported significant reductions in blood pressure

and concluded "health promotion by barbers [emphasis added] resulted in larger blood-pressure reduction when coupled with medication management in barbershops by specialty-trained pharmacists."⁵ Perhaps my thoughts on what type of health coach my father would have been is not as farfetched as it may seem.

My father passed away approximately 1 year ago. I saw him on his last day. He died a few hours after I left. I think he was waiting to say goodbye. On his last day on earth, he listened to my stories and offered me advice, following the principles he practiced as a barber. Rest in peace, Dad. It took a while, but I finally understand an important part of who you were.

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