

## Providing inclusive hair care products at the bedside

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A Black woman's simple, yet powerful plea on a patient-satisfaction survey helped kickstart a local effort to create a more inclusive environment that could become a model for hospitals and health systems around the country.

"I wish I had a comb for my hair" was the response given by the patient, who had been at the mental health crisis stabilization unit at the University of Iowa Hospitals & Clinics (UI Hospitals & Clinics) and whose needs were unmet by the hair care products available in the patient rooms, which included narrow-toothed combs and shampoo with sulfates, which are designed for fine, straight hair more common among white people.



Jodi Tate, MD

The survey response also serves as a reminder of the proactive approach that's needed in U.S. health care to meet the personal needs of historically marginalized patient populations—needs that are too often unnoticed, unconsidered or actively ignored.

"I wondered: 'Why don't we have any combs?' Our unit did some investigating and we were embarrassed to learn our hospital didn't offer the hair care supplies she needed," said Jodi Tate, MD.

Dr. Tate is a clinical professor of psychiatry and vice chair of education at UI Hospitals & Clinics, part of University of Iowa Health Care and a member of the AMA Health System Program, which provides enterprise solutions to equip leadership, physicians and care teams with resources to help drive the future of medicine.

## Embarrassing oversight

Wide-tooth combs are often preferred by people with curly and tightly coiled hair, which can tangle more easily and is typically more fragile and prone to damage from daily grooming.

In an effort to see how other health systems were supplying these products, in 2019 UI Hospitals & Clinics began contacting hospitals around the U.S., including many in areas with more diverse patient populations than Iowa—and was unable to find any that was supplying these products for patients on a systematic or wide-scale basis.

“I never considered that people with different hair types needed different shampoo or hair care products,” said Dr. Tate, who is white. “And the fact that we weren’t able to identify any major U.S. hospital that widely carried these hair care products makes me think that we have a long way to go.”

Combs, shampoos and other hair care products and have been supplied to inpatients for decades to help enhance their comfort during the always trying time of a hospital stay. Products now available to UI Hospitals & Clinics patients include sulfate-free shampoos and hair moisturizers including coconut oil and shea butter, which are beneficial for people with dry hair, regardless of race or ethnicity.



Nkanyezi Ferguson, MD

In addition, wide-tooth combs and protective satin head scarfs are provided to help protect the hair shaft. Also, high quality single-blade razors and soothing shaving cream are provided in order to minimize razor bumps known as *pseudofolliculitis barbae*.

Dr. Tate connected with Nkanyezi Ferguson, MD, a clinical associate professor in the UI Health Care dermatology department. Dr. Ferguson also directs the Ethnic Skin Care Clinic located within the system's dermatology clinic.

Find out how health systems are learning together to advance health equity as part of the AMA Advancing Equity through Quality and Safety Peer Network, which is equipping participating health systems with the foundational knowledge and concrete tools to embed equity throughout their institutions' health care delivery practices and advance racial justice and equity for their patients, staff and communities.

Also, check out these five steps for health systems to turn health equity talk into action.

## Reassessing “the way things are”

Dr. Ferguson, who was also director for diversity and inclusion with University of Iowa Health Care graduate medical education office, said the experience has brought to the surface an issue many have never thought about before.

“I am of African American descent and, obviously, know it's an issue,” she said, explaining that the response to the survey led to a reassessment “of the way that things are.”

After searching in vain for other hospitals that might be able to connect them with a distributor experienced in providing hair care products preferred by Black patients, Drs. Ferguson and Tate said focus groups were convened to identify what products were considered essential and which brands patients were familiar with.

“We wanted to make sure that these products were easily recognized by our patients,” Dr. Ferguson said.

Along with community and patient focus groups, recommendations also came from about 100 staff members who volunteered their time on the effort.

Drs. Tate, Ferguson and their colleagues decided to focus initially on products for beard and hair care, particularly for people with hair that is tightly curled and coiled.

After piloting the new products in six hospital units prior to the pandemic, they are now available “across the house” in all inpatient units and the emergency department, Dr. Tate said.

Discover the AMA’s online education to empower individuals and organizations—in health care and beyond—in advancing racial justice and equity. Also, learn about the AMA House of Delegates’ action to support health care workplace policies that promote acceptance of natural hairstyles and cultural headwear.

## Positive feedback

An important component of this initiative is educating staff and patients that these products are available and collecting feedback—which has been overwhelmingly positive.

“This is a great idea and very useful,” one patient commented.

“It’s a nice feeling to have products for our hair available,” said another.

The mother of a pediatric patient was moved to tears. “She just felt it was very profound—that this was something that was thought of, and that the hospital felt was important enough to have to offer a patient,” Dr. Ferguson said.

Now UI Hospitals & Clinics is on the receiving end of inquiries from other hospitals and health systems looking to adapt the idea.

“We’ve spoken with several institutions, from large institutions to smaller ones, that have reached out, just asking about some of the logistics for the program and where we get our supplies,” Dr. Ferguson said. “It’s been really rewarding to share that information and see how other institutions are modeling it and taking it on their own to see what works in their system.”

Learn more about the work of the AMA Center for Health Equity and read the AMA’s strategic plan to embed racial justice and advance health equity.