

# Community-Based Health Promotion in Nail Salons



## Health Risks for Nail Salon Workers

Nail products contain 10,000 chemicals, 89% of which have not been evaluated for safety by any agency prior to marketing (NAPAWF, 2008). Many nail polishes contain toluene, formaldehyde, or phthalates, which have been identified as toxic substances. Most nail polish removers contain acetone, a toxic compound. Prolonged exposure to such chemicals puts nail salon workers at risk for various health problems:

- Irritation to the skin, eyes, nose, mouth, throat, and lungs
- Headache and dizziness
- Nausea and vomiting
- Asthma
- Liver and kidney damage
- Central nervous system depression or excitement
- Reproductive health issues - birth defects or spontaneous abortion (OR-OSHA, 2008a).

Many of these negative health effects can be reduced by adequate ventilation, use of personal protective equipment, hand-washing, use of covered waste containers, and other safety measures (OR-OSHA, 2008b).

## A Community-Based Model for Health Promotion Among Nail Salon Workers

Community health nurses are uniquely situated to design community-based participatory health promotion programs among nail salon workers. Nurses can partner with local community partners and regulatory agencies to conduct a needs assessment, design interventions, and evaluate program effectiveness. Based on the authors' experience and the latest research on community-based participatory health program development, trust is a necessary precondition for conducting a successful needs assessment and developing an appropriate intervention plan. There are several key aspects to building trust within the community:

- Partner with local organizations that are trusted by the community (Christopher, 2008)
- Provide incentives for relationship building (Skogstrom, 2008)
- Have bicultural and bilingual interpreters available for interactions across a language barrier (Israel, 2001)
- Invite community members to participate in a needs assessment focus group:
  - Schedule at a convenient time
  - Provide childcare, meals, and incentives
  - Involve partner organizations (Skogstrom, 2008).
- Base all interventions on needs identified by the community, not on agency or personal agendas (Minkler, 2004).

Taking these steps will help to build trust among members of the community and provide the foundation for future health promotion efforts. Further research will be needed to evaluate the effectiveness of this model.

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