

Addressing Attitudes and Science Mistrust during the COVID-19 Pandemic

The Tuskege e Study Timeline

1895

Booker T. Washington at the Atlanta Cotton Exposition, outlines his dream for black economic development and gains support of northern philanthropists, including Julius Rosenwald (President of Sears, Roebuck and Company).

1900

Tuskegee educational experiment gains widespread support. Rosenwald Fund provides monies to develop schools, factories, businesses, and agriculture.

1915

Booker T. Washington dies; Robert Moton continues work.

1926

Health is seen as inhibiting development and major health initiative is started. Syphilis is seen as major health problem. Prevalence of 35 percent observed in reproductive age population.

1929

Aggressive treatment approach initiated with mercury and bismuth. Cure rate is less than 30 percent; treatment requires months and side effects are toxic, sometimes fatal.

“Wall Street Crash”—economic depression begins.

1931

Rosenwald Fund cuts support to development projects. Clark and Vondelehr decide to follow men left untreated due to lack of funds in order to show need for treatment program.

The Tuskegee Study Timeline (Cont'd)

- 1932** Follow-up effort organized into study of 399 men with syphilis and 201 without. The men would be given periodic physical assessments and told they were being treated. Moton agrees to support study if "Tuskegee Institute gets its full share of the credit" and black professionals are involved (Dr. Dibble and Nurse Rivers are assigned to study).
- 1934** First papers suggest health effects of untreated syphilis.
- 1936** Major paper published. Study criticized because it is not known if men are being treated. Local physicians asked to assist with study and not to treat men. Decision was made to follow the men until death.
- 1940** Efforts made to hinder men from getting treatment ordered under the military draft effort.
- 1945** Penicillin accepted as treatment of choice for syphilis.
- 1947** USPHS establishes "Rapid Treatment Centers" to treat syphilis; men in study are not treated, but syphilis declines.
- 1962** Beginning in 1947, 127 black medical students are rotated through unit doing the study.
- 1968** Concern raised about ethics of study by Peter Buxtun and others.

The Tuskegee Study Timeline (Cont'd)

1969
CDC reaffirms need for study and gains local medical societies' support (AMA and NMA chapters officially support continuation of study).

1972
First news articles condemn studies.

Study ends.

1973
Congress holds hearings and a class-action lawsuit is filed on behalf of the study participants.

1974
A \$10 million out-of-court settlement is reached.

The U.S. government also promised to give lifetime medical benefits and burial services to all living participants; the Tuskegee Health Benefit Program (THBP) was established to provide these services.

1975
Wives, widows and offspring were added to the program.

1995
The program was expanded to include health as well as medical benefits.

1997
On May 16th President Clinton apologizes on behalf of the Nation.

1999
Tuskegee University National Center for Bioethics in Research and Health Care hosts 1st Annual Commemoration of the Presidential Apology.

2001
[President's Council on Bioethics](#) external icon was established.

The
Tuskegee
Study
Timeline
(Cont'd)

2004

CDC funds 10 million dollar cooperative agreement to continue work at Tuskegee University National Center for Bioethics in Research and Health Care.

2004

The last U.S. Public Health Service Syphilis Study at Tuskegee participant dies on January 16.

2006

Tuskegee University holds formal opening of Bioethics Center.

2007

CDC hosts Commemorating and Transforming the Legacy of the United States Public Health Service (USPHS) Syphilis Study at Tuskegee.

2009

The last widow receiving THBP benefits dies on January 27.



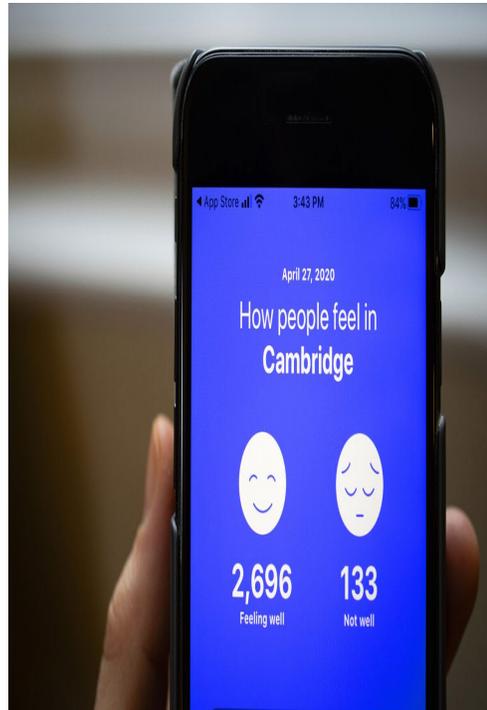
Learning Vaccine Hesitancy from the 30,000 Subjects of the HowWeFeel Project

Xihong Lin

**Department of Biostatistics, School of Public Health
Department of Statistics, Faculty of Arts and Sciences
Harvard University
Broad Institute of MIT and Harvard**

The HowWeFeel Project

- App to collect self reported health and exposure data
- Launched in April 2020
- As of January 4th, 570K users and 15 millions of responses.



Population-scale longitudinal mapping of COVID-19 symptoms, behaviour and testing

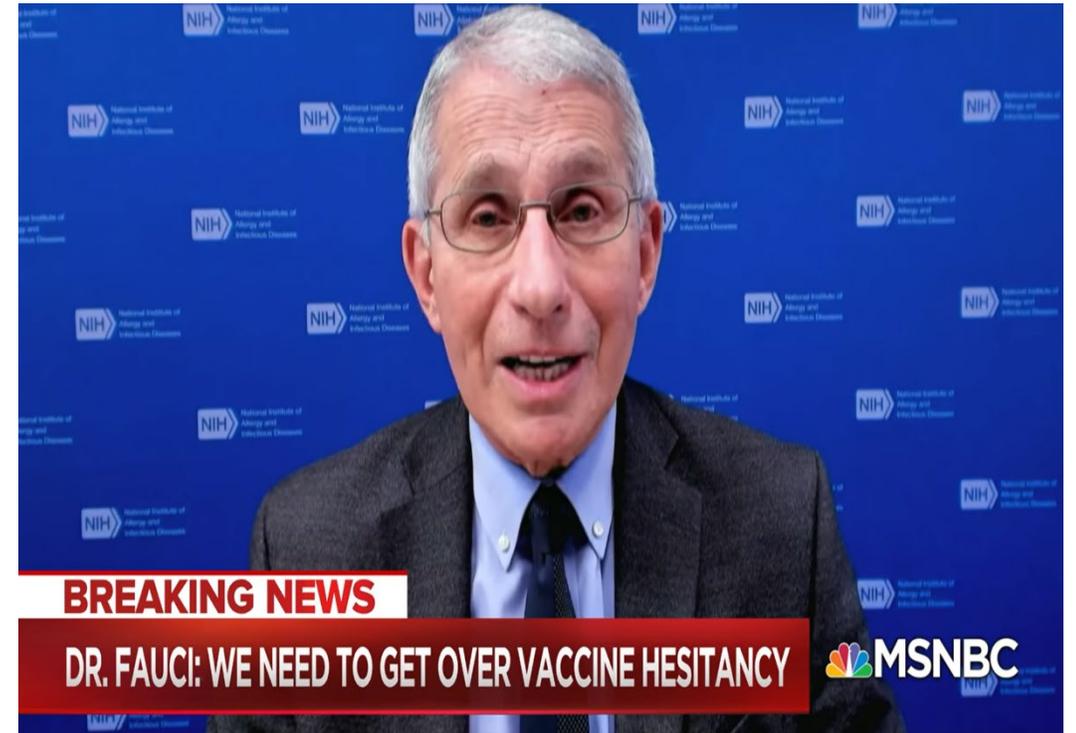
William E. Allen^{1,2,3,18} ✉, Han Altae-Tran^{1,3,4,18}, James Briggs^{1,3,5,18}, Xin Jin^{1,2,3,18}, Glen McGee^{1,6,18}, Andy Shi^{1,6,18}, Rumya Raghavan^{1,3,7}, Mireille Kamariza^{1,2,3}, Nicole Nova^{1,8}, Albert Pereta¹, Chris Danford¹, Amine Kamel¹, Patrik Gothe¹, Evrhet Milam¹, Jean Aurambault¹, Thorben Primke¹, Weijie Li¹, Josh Inkenbrandt¹, Tuan Huynh¹, Evan Chen¹, Christina Lee¹, Michael Croatto¹, Helen Bentley¹, Wendy Lu¹, Robert Murray¹, Mark Travassos^{1,9}, Brent A. Coull⁶, John Openshaw^{1,10}, Casey S. Greene^{1,11}, Ophir Shalem^{1,12}, Gary King^{1,13}, Ryan Probasco¹, David R. Cheng¹, Ben Silbermann¹, Feng Zhang^{1,3,4,14,15,16} ✉ and Xihong Lin^{1,3,6,17} ✉

<http://howwefeel.org>

To Achieve Vaccination-induced Herd Immunity, Need to Overcome Vaccine Hesitancy

On December 4 2020, HWF implemented a question on vaccine uptake

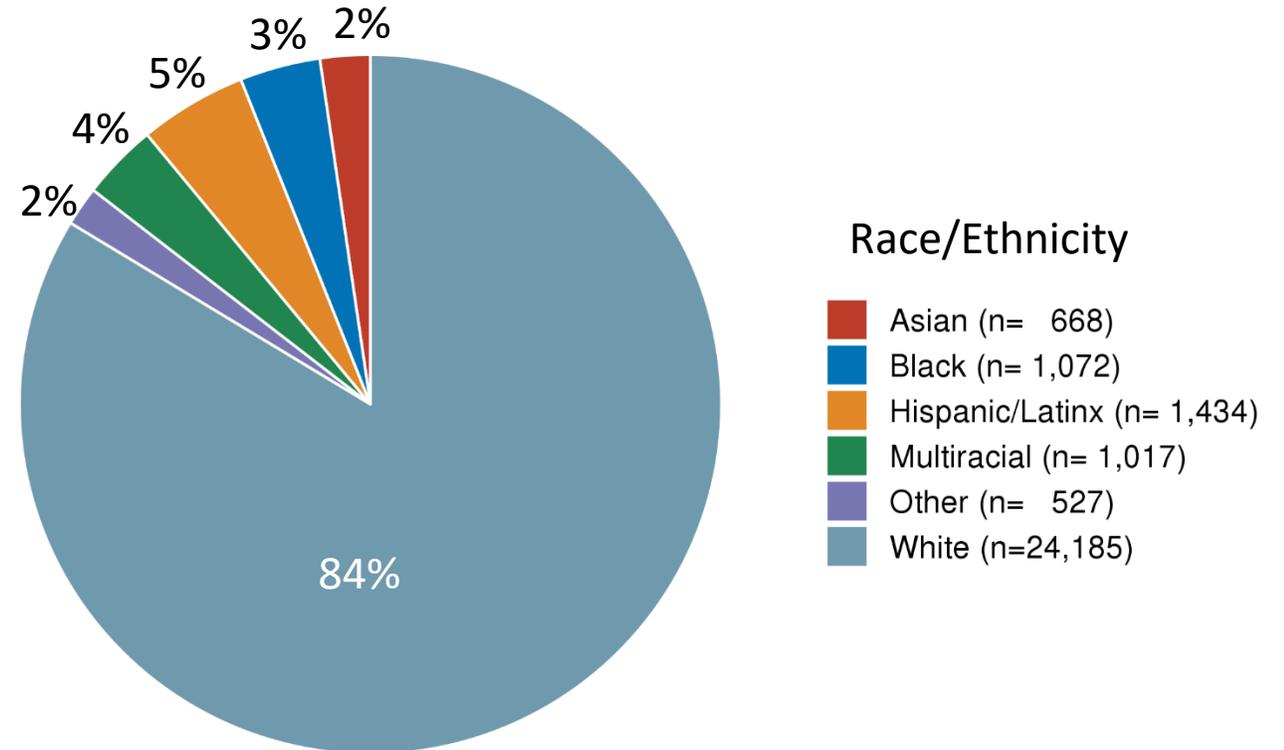
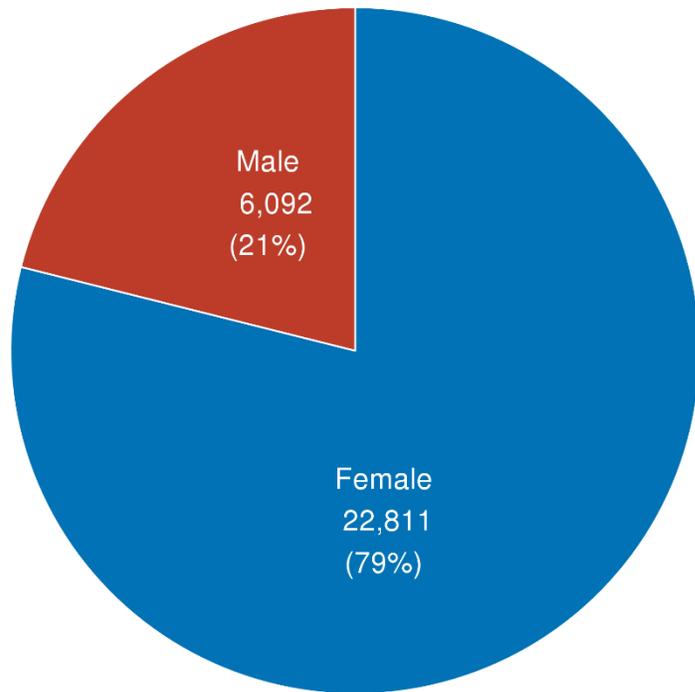
- **Acceptance** = (Very Likely, Likely)
Hesitant = (Very Unlikely, Unlikely, Undecided)



January 23, 2021

HowWeFeel Vaccine Study Demographics

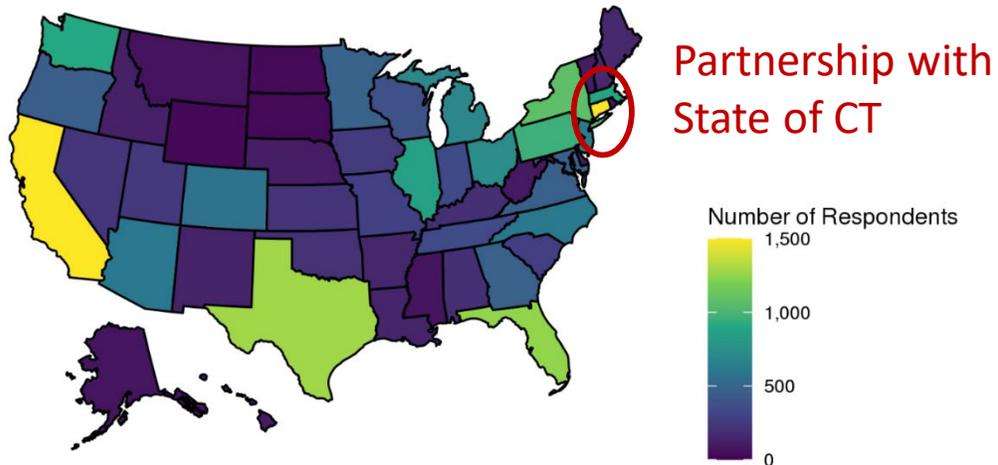
- 28,903 Total Respondents to the vaccine question from the US



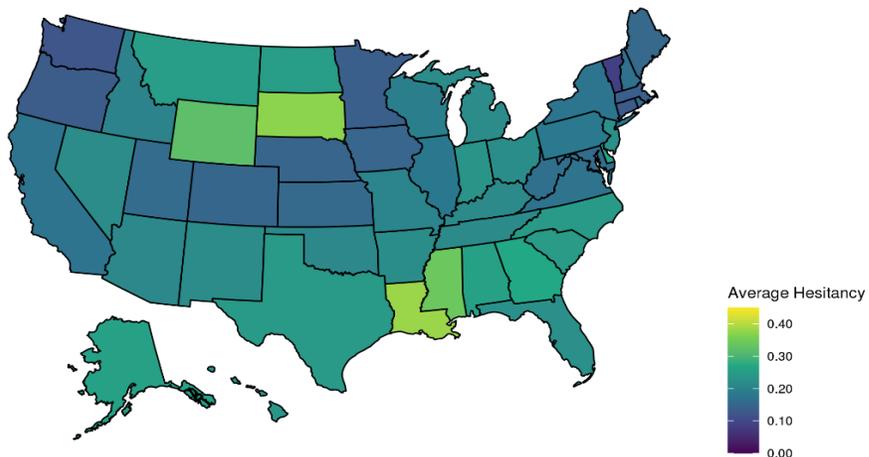
To combat COVID-19, help is needed to distribute the HowWeFeel App and Increase the Diversity of the User Base

HowWeFeel Vaccine Hesitancy Respondents

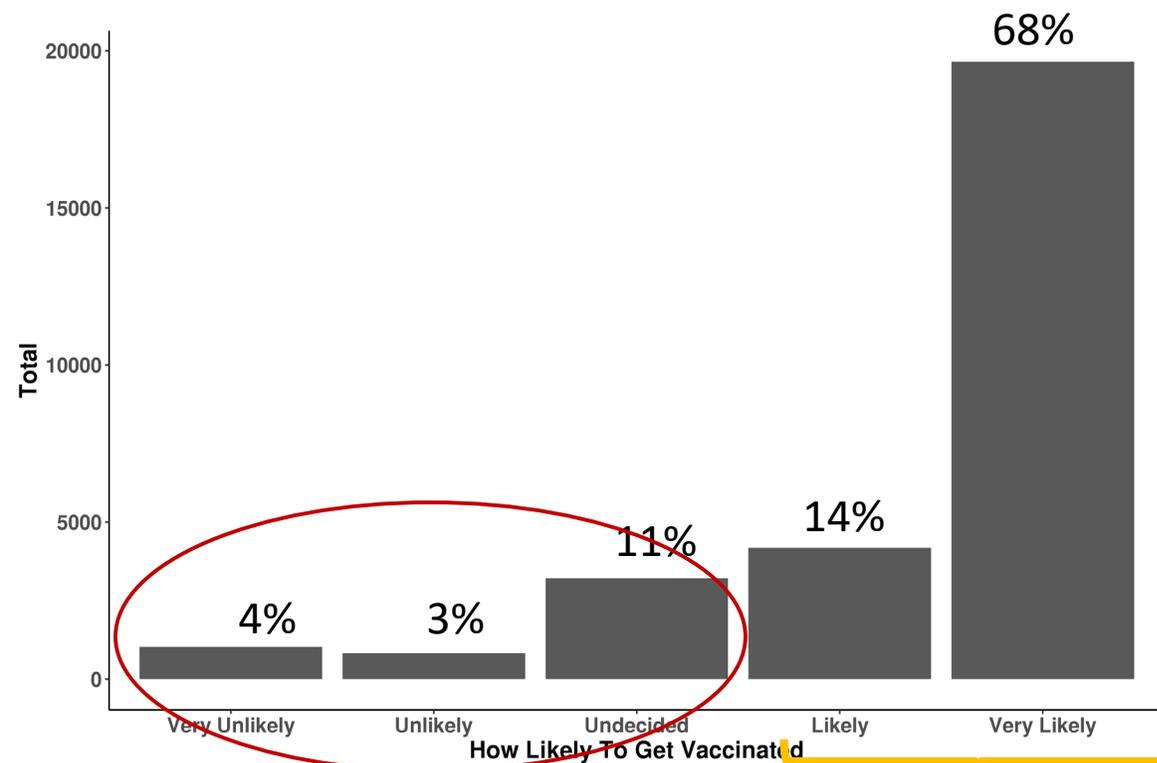
Number of Respondents



Average Vaccine Hesitancy Rate

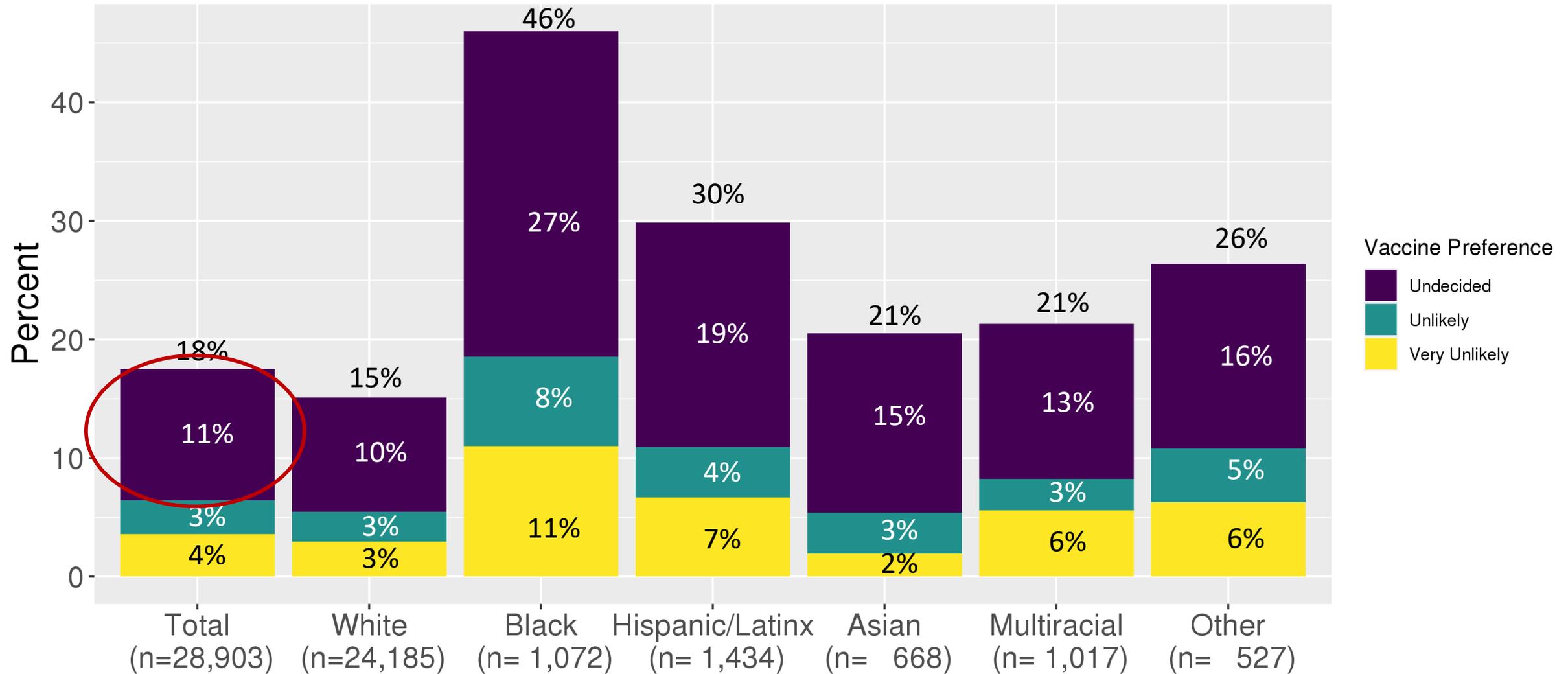


Overall Hesitancy: 18%

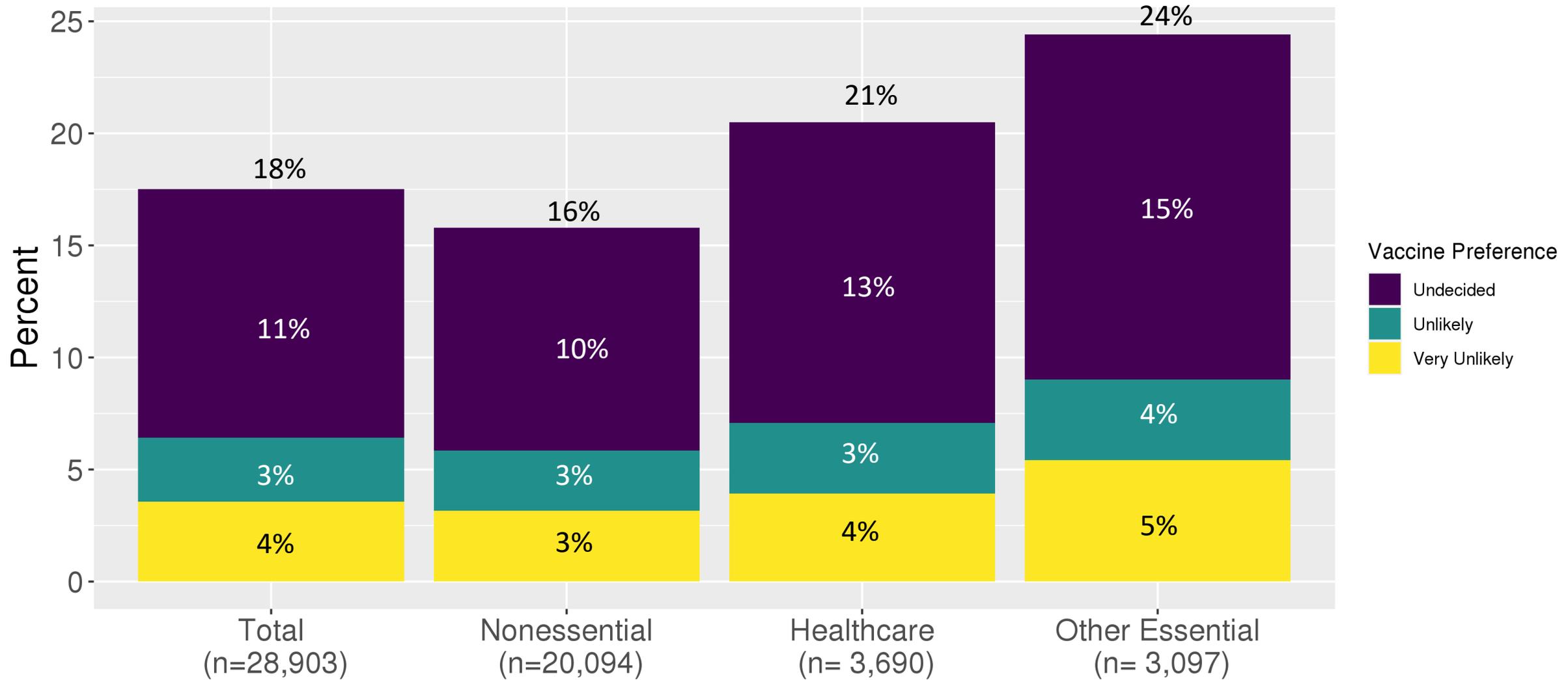


Overall Acceptance: 82%

People of Color Are More Likely to Be Vaccine Hesitant

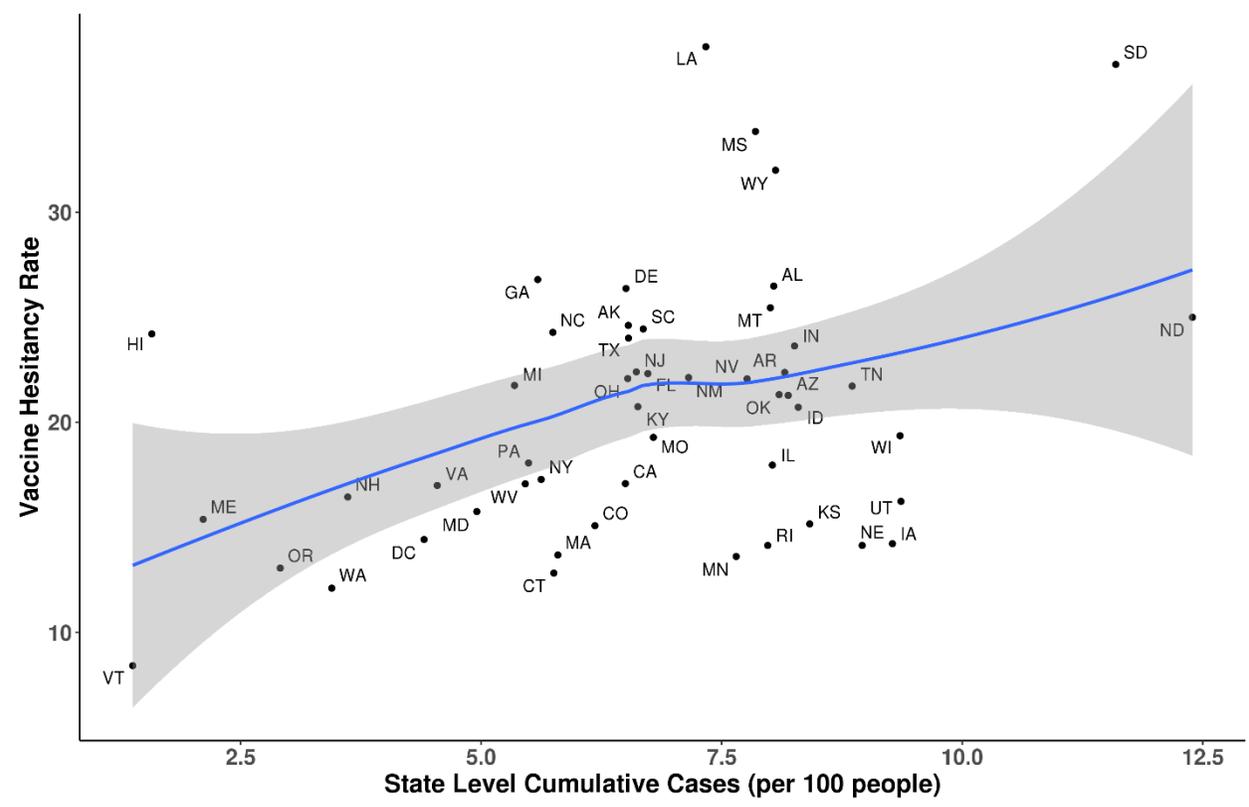


HCW and Essential Workers Are More Likely to Be Vaccine Hesitant

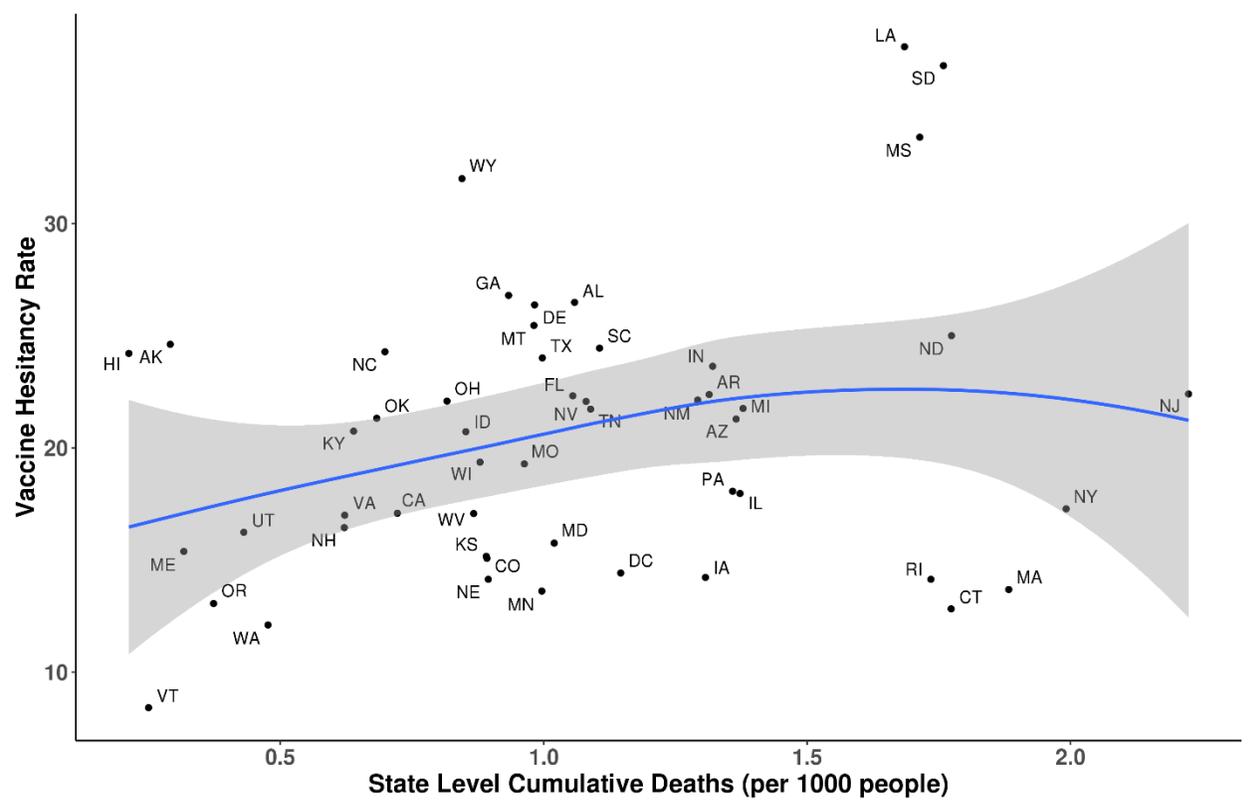


Areas with Higher Cumulative COVID Burden Have Higher Vaccine Hesitancy Rate

Vaccine Hesitancy Rate vs State Cum **C**ase Rate



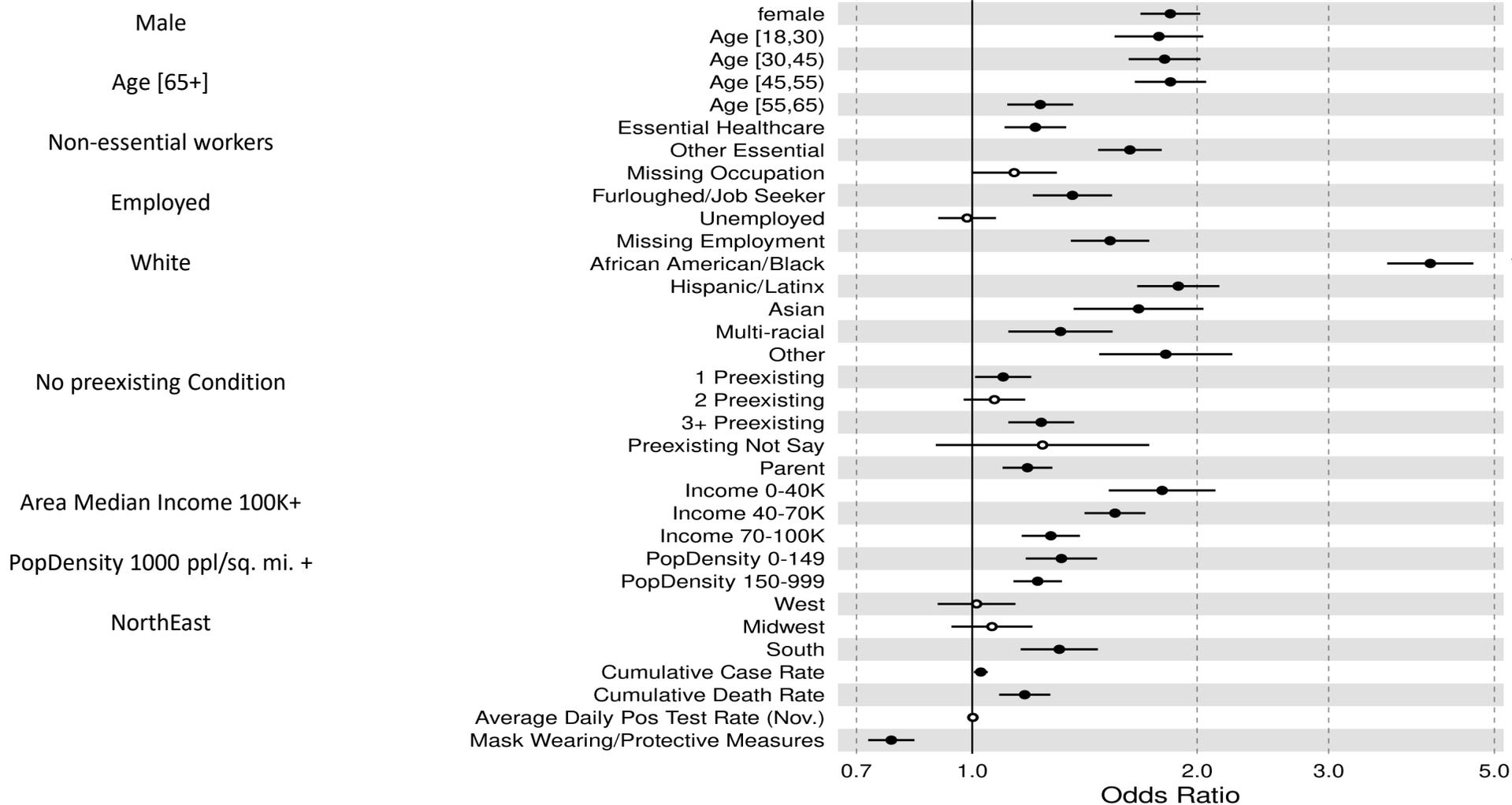
Vaccine Hesitancy Rate vs State Cum **D**eath Rate



Vaccine Hesitancy Results (Logistic Regression)

Reference

Vaccine Hesitancy



Black people are 3.5 times more likely to be vaccine hesitant than Whites



Limitations/Biases of the HWF Data

- User base has more females (80%) and more white users (84%)
- User base may be biased towards being more COVID aware
 - Individuals who have downloaded a COVID tracking app likely *believe* in COVID
 - Expect the total population may have a higher proportion of vaccine hesitancy
- **Future Directions:** Adjust analyses using Census weights to account for the biased sampling (first looks do not drastically change results)

Key Takeaways (More Likely to Be Vaccine Hesitant)

- People of Color
- HCW/Essential Workers
- Younger Individuals
- Females
- Areas with a high COVID burden (high case/death rates)
- Furloughed/job seekers
- Preexisting conditions
- Parents
- Lower Income
- Those not exhibiting protective behaviors

What's next?

- **Tailored and multi-faceted** education and outreach efforts are needed to improve vaccine uptake by addressing concerns, especially of vulnerable communities.
- Additional questions/materials to be implemented in HWF
 - Reasons of vaccination/no vaccination
 - Have been vaccinated (yes/no)
 - If parents, likelihood to vaccinate children
 - Educational materials
- **Community engagement** at all levels with all stakeholders is important for the success of public campaign efforts.



Acknowledgements



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Harvard School
of Public Health



AD Hammershaimb
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Mark Travassos
University of
Maryland



Regan Marsh
Brigham and
Women's Health



David Cheng
How We Feel

How We Feel

- Feng Zhang, Broad and MIT
- Ben Silbermann, Pinterest
- Gary King, Harvard
- Ryan Probasco

+ Many other team members



Lin Lab: HSPH

- Andy Shi
- Derek Shyr
- Shuting Shen



NIH COVID-19 Initiatives: The Community Engagement Alliance (CEAL) Against COVID-19 Disparities

George Mensah, M.D.
NIH CEAL Initiative



Major COVID-19 Initiatives from NIH

- **ACTIV Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV)**
 - Partnership to develop a coordinated research strategy for prioritizing and speeding development of the most promising treatments and vaccines
- **Collaborating Network of Networks for Evaluating COVID-19 and Therapeutic Strategies (CONNECTS)**
 - The goal of CONNECTS is to build on NHLBI's existing clinical research networks across the nation and around the world to better understand the risk of severe illness from COVID-19 and to identify therapies that will slow or halt the disease progression and speed recovery
- **Rapid Acceleration of Diagnostics (RADx)**
 - Overarching goal is to establish a robust pipeline of innovative diagnostic technologies to increase national testing capacity
- **Community Engagement Alliance (CEAL) Against COVID-19 Disparities**
 - CEAL was stood up to lead outreach and engagement efforts in underserved ethnic and racial minority communities disproportionately affected by the COVID-19 pandemic

RADx-Tech

Aims to speed the development, validation, and commercialization of innovative point-of-care and home-based tests, as well as improve clinical laboratory tests

RADx-Advanced Technology Platforms (ATP)

Aims to increase testing capacity by identifying COVID-19 testing platforms advanced enough to achieve rapid scale-up or expanded geographical placement

RADx-Radical (RAD)

Aims to support new, non-traditional approaches, including rapid detection devices and home-based testing technologies, that address current gaps in COVID-19 testing

RADx-Underserved Populations (UP)

Aims to expand COVID-19 testing for these underserved and/or vulnerable populations

NIH CEAL Program



**Establish Partnerships
within the Community**



**Grow an Understanding
and Trust in Science**



**Accelerate the Uptake
of Beneficial Treatments**

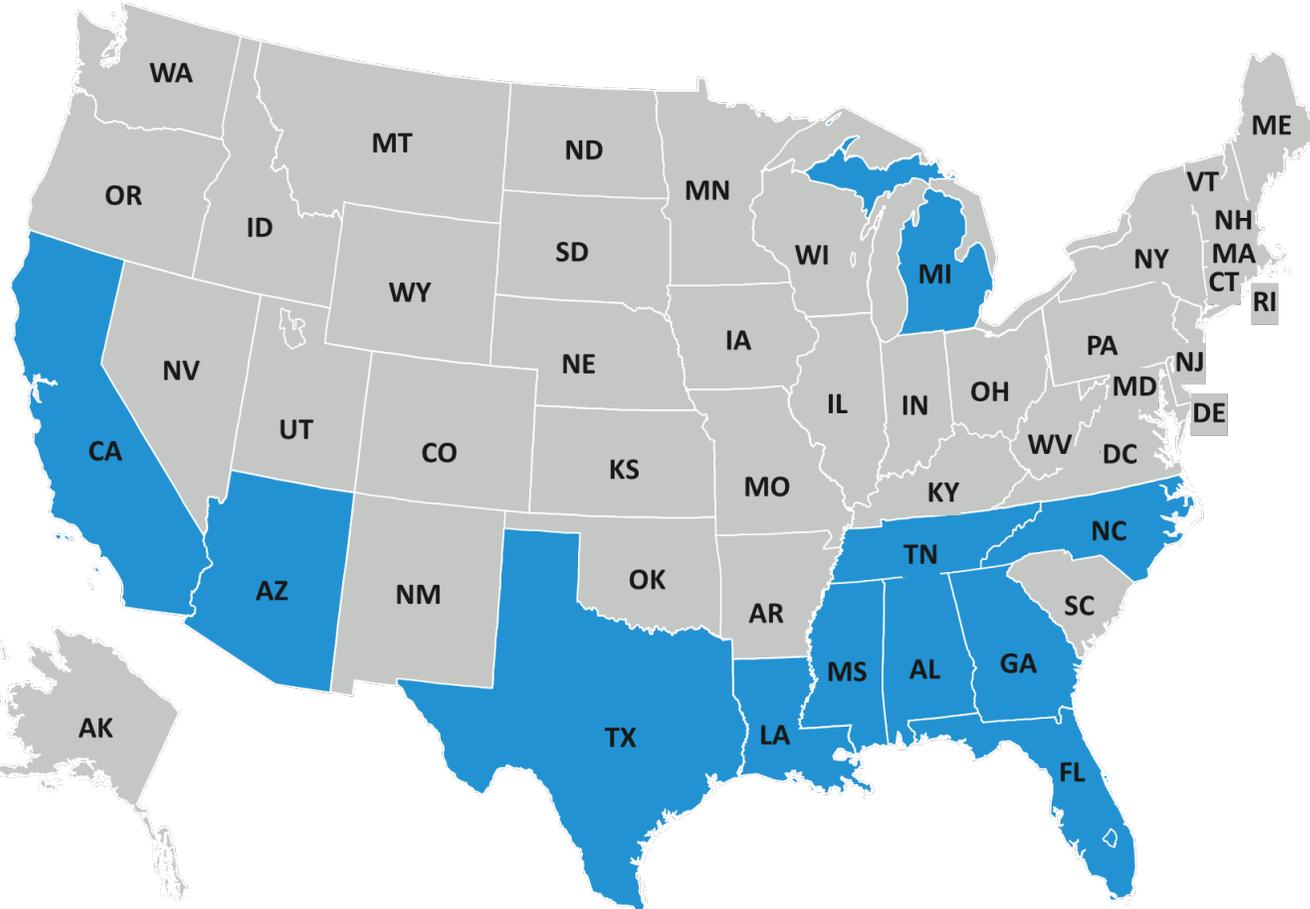


**Address Misinformation
within Communities of
Color**

NIH-wide initiative leading outreach, engagement and inclusive participation efforts in ethnic and racial minority communities disproportionately affected by the COVID-19 pandemic

Fostering, Strengthening and Linking: Unique Partnerships Within Communities

CEAL coalitions partner with national and local organizations committed to CEAL's mission



Academic Partners



Community-Based Organizations



Healthcare Centers & Providers



Faith-Based Organizations



State & Local Government Agencies

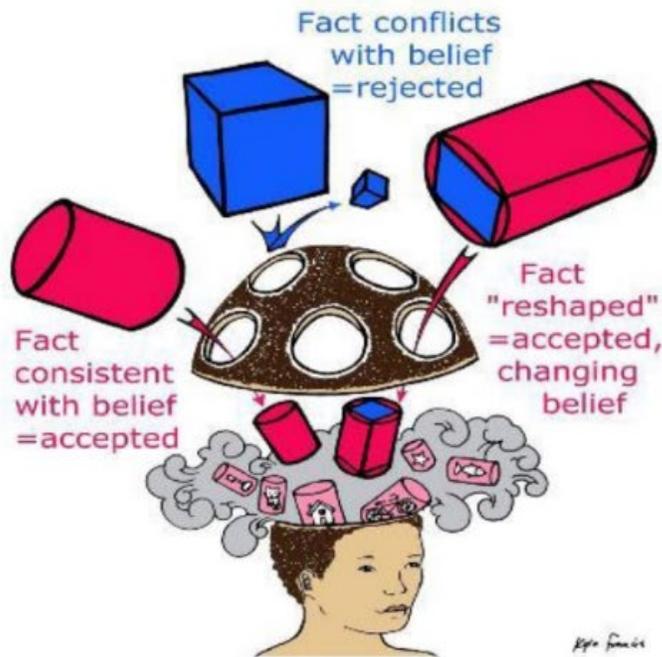


Pharmacy Networks

Vaccine Hesitancy is an Important Challenge

The United States is seeing increasing rates of vaccine hesitancy which will impact clinical trial research and vaccination campaigns to combat COVID-19

Risk Perception and Vaccine Decisions



Drawn towards sources that share our world view (**assimilation bias**)



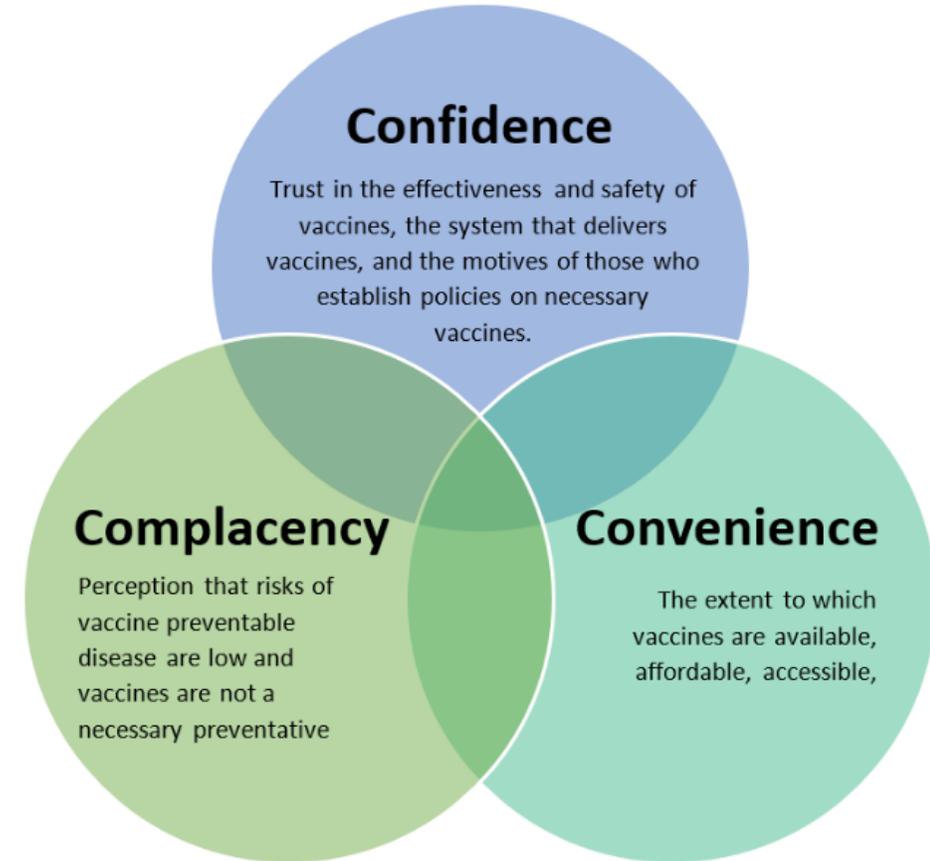
Risk perceptions are intuitive, automatic and often unconscious



Emotions play a role in how people make decisions



Emotions play a role in how people interpret numerical information



Importance of Boosting Vaccine Confidence and Vaccination Acceptance and Uptake

As the U.S. looks to vaccinate 100 million people in the next 100 days, CEAL is prepared to be an accelerator in addressing COVID-19 misinformation, mistrust, and vaccine hesitancy among underserved racial/ethnic minority communities disproportionately impacted by COVID-19

Key Issue:

- Vaccine hesitancy, misinformation, and mistrust are prevalent sentiments among the U.S. population and pose a major public health threat to the successful implementation of a national COVID-19 vaccination strategy
- In order to combat this issue, mistrust and misinformation about vaccines must be addressed and efforts to boost vaccination acceptance and uptake are necessary to achieve herd-immunity

CEAL will look to:

1 PROVIDE INFORMATION

Position **accurate information** about vaccines in engagement forums

2 EDUCATE TRUSTED VOICES

Ensure that **trusted voices are educated** and informed in order for them to combat mistrust in communities they serve (i.e., surveys show that communities trust clinicians first and foremost, but many clinicians are similarly hesitant about the vaccine)

3 SHARE WIDELY

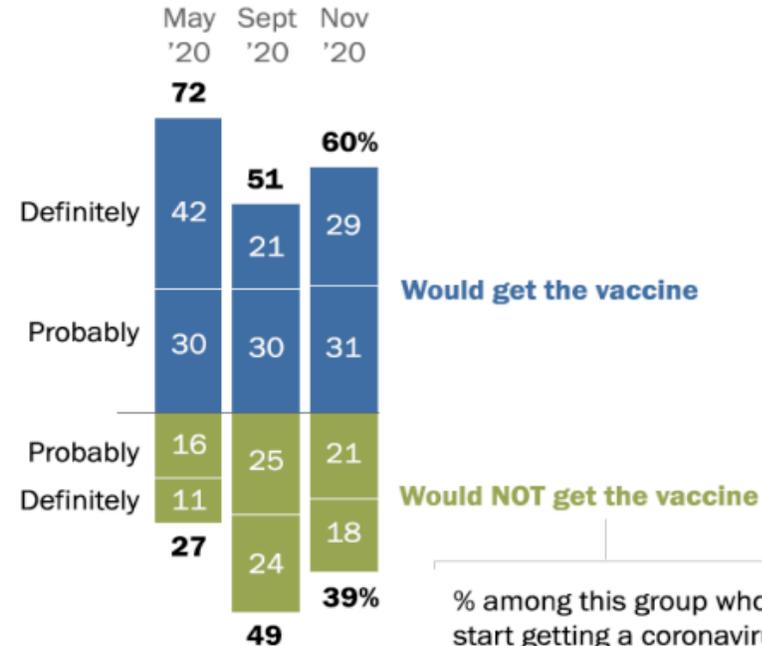
Share messaging materials that are **easily understood, accurate, and informative** to address misinformation and distrust of COVID-19 vaccines. These materials will be made in partnership with experts and other organizations

Confidence in Vaccination Appears to be Increasing

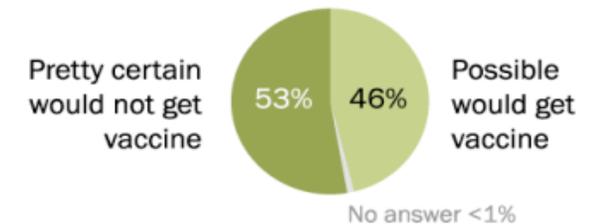
- The PEW Research Center saw an increase in the public's willingness to accept the vaccine go from **51% to 60%** from September to November, 2020.
- In addition, PEW has also seen public confidence in the research and development process increase:
 - 75% of Americans have at least a fair amount of confidence in the development process today, compared with 65% who said this in September¹

Majority of Americans now say they would get a vaccine for the coronavirus

% of U.S. adults who say if a vaccine to prevent COVID-19 were available today, they ...



% among this group who say once others start getting a coronavirus vaccine and there is more information ...



1. <https://www.pewresearch.org/science/2020/12/03/intent-to-get-a-covid-19-vaccine-rises-to-60-as-confidence-in-research-and-development-process-increases/>

Takeaway Message

Vaccine hesitancy can change, but it requires community engagement, building trust, understanding the vaccine process, and sharing truthful information



Addressing Attitudes and Science Mistrust During the COVID-19 Pandemic

Thursday, January 28, 2021 from 11:30am - 1:30pm CST

Welcome by



Dr. Jamboor K. Vishwanatha

Principal Investigator of Texas CEAL and NRMN
University of North Texas
Health Science Center

Moderated by



Anna Kuchment

Science Reporter for
The Dallas Morning News

Speaker



Dr. Torrence Steptau

Physician and Co-owner
at Precision Pain
Solutions,
a division of APW

Speaker



Dr. Xihong Lin

Professor of Biostatistics
Harvard T. H. Chan
School of Public Health

Speaker



Dr. George A. Mensah

Division Director
National Heart, Lung, and Blood
Institute (NHLBI), National
Institutes of Health (NIH)

Speaker



Dr. Patricia Flatley Brennan

Director
National Library of
Medicine (NLM)

Speaker



Dr. Alison Gammie

Director, Training,
Workforce Development
and Diversity NIGMS, National
Institutes of Health

Speaker



Dr. Amanda Roberts

National Research Mentoring
Network (NRMN) Mentee

Speaker



Dr. Stephen Thomas

Director, Maryland Center
for Health Equity
University of Maryland, School
of Public Health



Thank You!





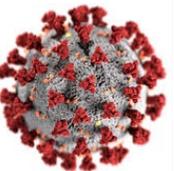
Addressing Attitudes and Science Mistrust During the COVID-19 Pandemic

Patricia Flatley Brennan, RN PhD

Director, National Library of Medicine

1. 28.21

evergreen; multiple formats; in English and Spanish



NETWORK OF THE NATIONAL LIBRARY OF MEDICINE

NLM's Strategic Framework



**Accelerate
discovery &
advance health
through data-driven
research**

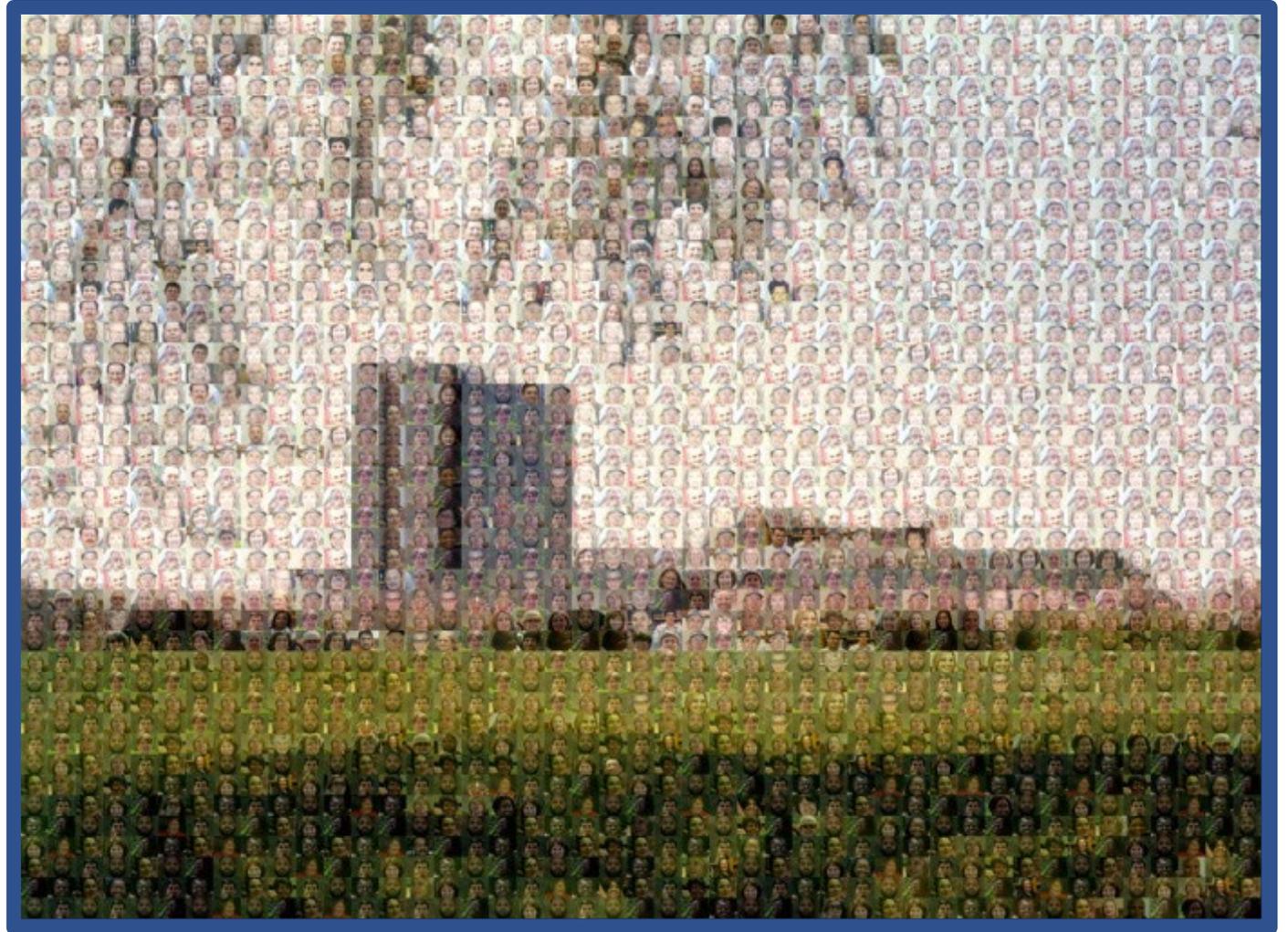


**Reach more people
in more ways
through enhanced
dissemination
& engagement**



**Build a workforce
for data-driven
research & health**

The Library
is as much our
PEOPLE
as it is a
PLACE



NLM Responds to COVID-19

The screenshot shows the NLM website with a blue header containing the NIH logo and navigation links: PRODUCTS AND SERVICES, RESOURCES FOR YOU, EXPLORE NLM, and GRANTS AND FUNDING. A red banner at the top right contains a COVID-19 alert with a close button. Below this is a large banner with the text 'Accelerating Biomedical Discovery and Data-Powered Health' and a search bar labeled 'Search NLM'. A dark blue section titled 'Coronavirus Disease 2019 (COVID-19)' contains two columns of text. The left column promotes the NCBI SARS-CoV-2 Resources page, accompanied by a microscopic image of yellow virus particles. The right column, titled 'In the News', lists two news items with dates.

NIH National Library of Medicine

PRODUCTS AND SERVICES ▾ RESOURCES FOR YOU ▾ EXPLORE NLM ▾ GRANTS AND FUNDING ▾

COVID-19 is an emerging, rapidly evolving situation.
Get the latest public health information from CDC: <https://www.coronavirus.gov>
Get the latest research information from NIH: <https://www.nih.gov/coronavirus>

Accelerating Biomedical Discovery and Data-Powered Health

Search NLM

Coronavirus Disease 2019 (COVID-19)

Get comprehensive access to the NLM's literature, sequence, and clinical studies information at the [NCBI SARS-CoV-2 Resources page](#).

In the News

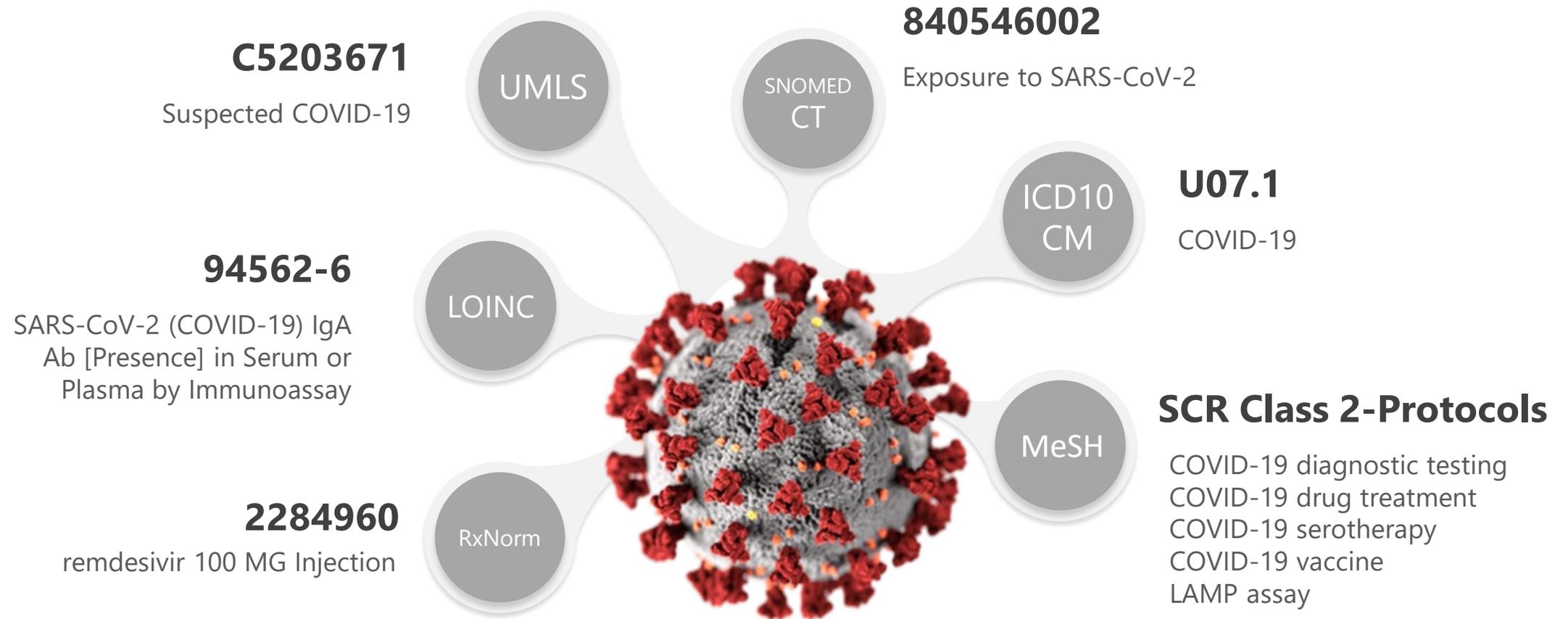
- NIH launches preprint pilot to expand discovery of NIH-funded research - First phase on COVID-19 related preprints (06/09/2020)
- The National Library of Medicine is Expanding Access to Coronavirus Literature through PubMed Central® (03/25/2020)



NLM Resources supporting COVID-19

- Public access to the Biomedical Literature:
 - PubMed, PubMed Central
 - Preprints
 - COVID-19 Literature repository
- Information for the general public
 - MedlinePlus, and MedlinePlus Connect
- Open data
 - Genomic sequences
- Network of the National Library of Medicine
 - 8600 public libraries, academic health science libraries, hospital libraries, FQHC & specialty sites

Updating Terminology with COVID Concepts



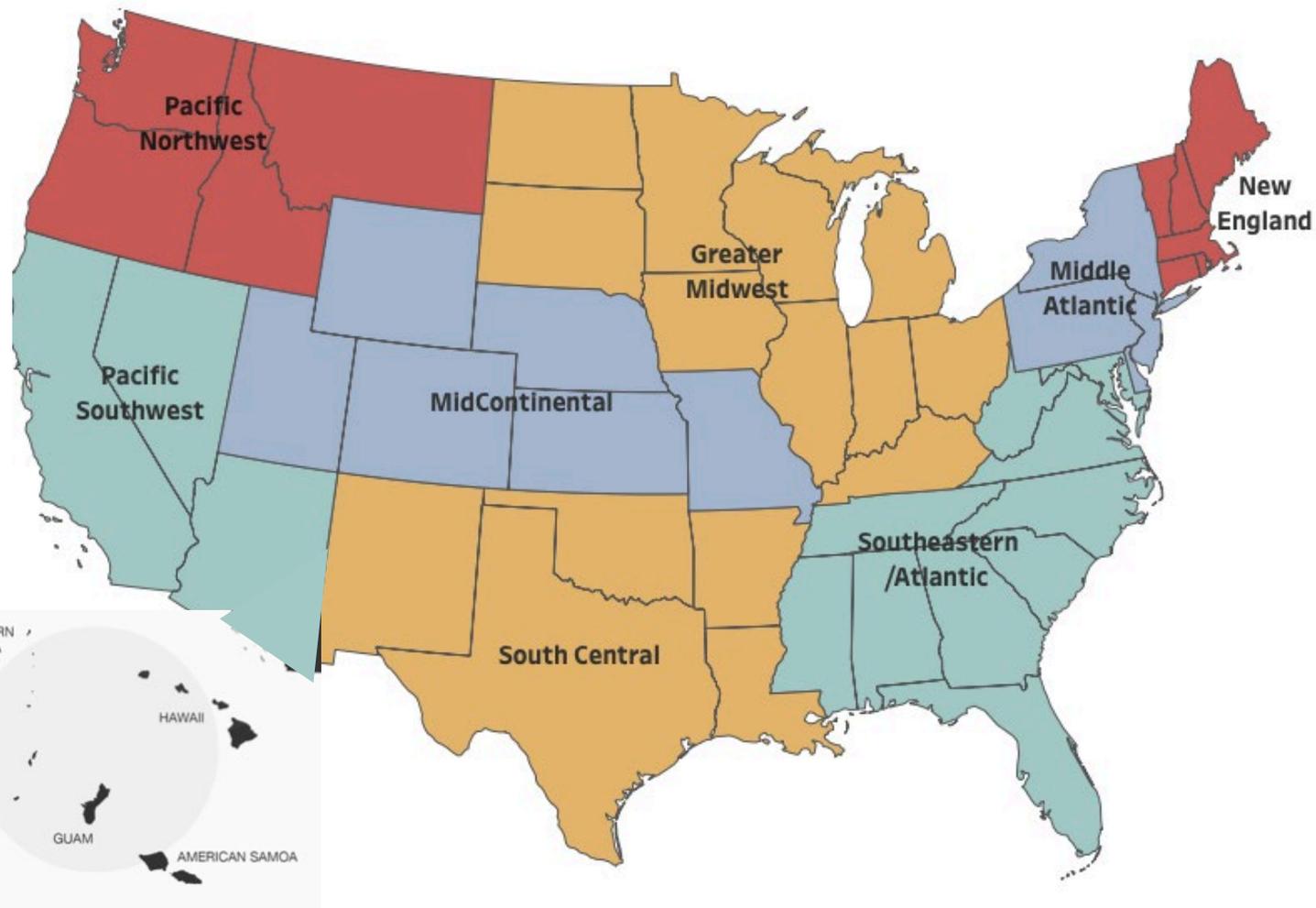
NETWORK OF THE NATIONAL LIBRARY OF MEDICINE

NNLM as NLM's Field Force

- Offer Funding
- Increase Engagement
- Expand professional knowledge
- Support outreach
- Promote NLM products and services



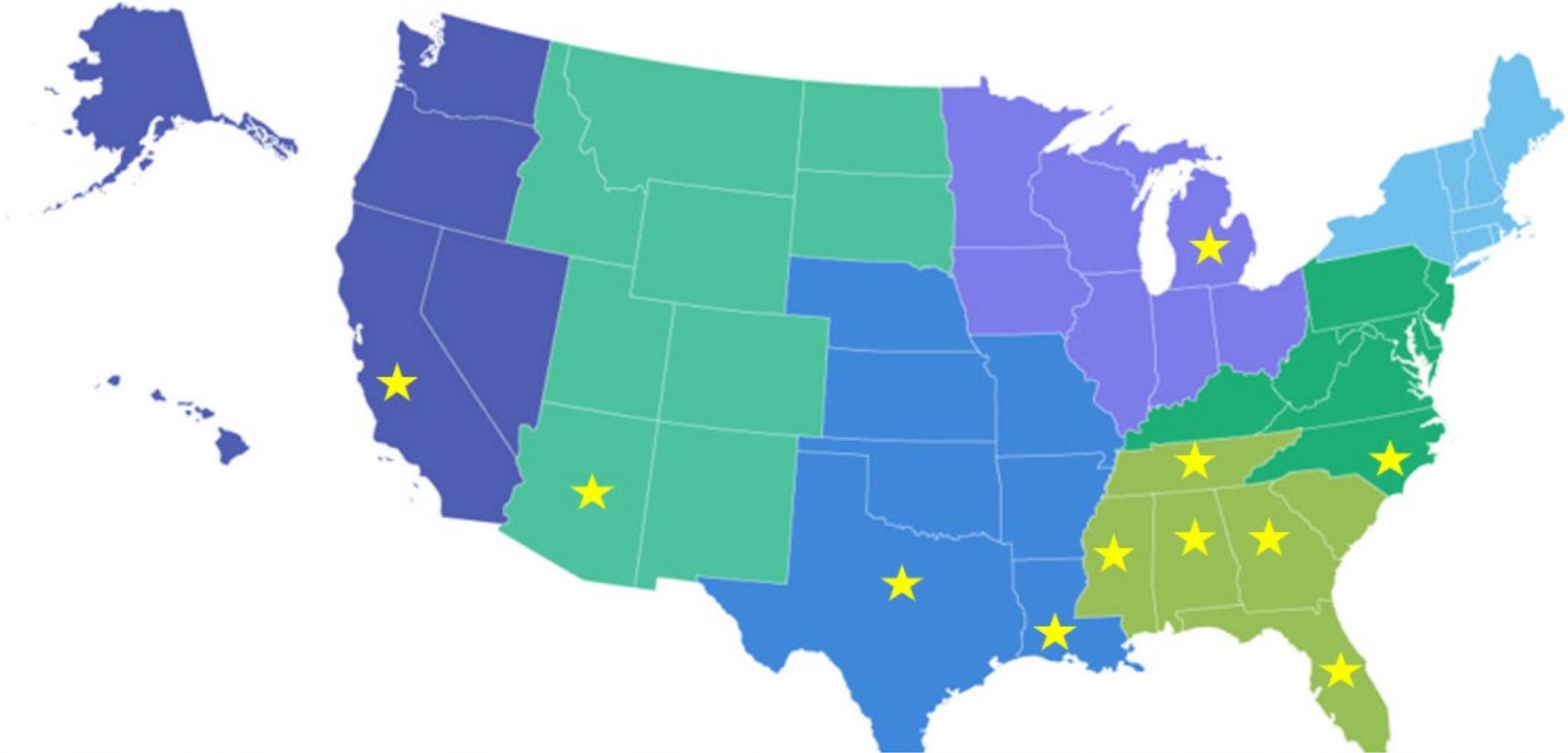
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- Regional medical libraries
 - Member libraries
 - Local grants program
 - Special programs
 - RD3 (research data)
 - HIV/AIDS
 - Substance Disorders
 - All of Us engagement
 - Students
 - Citizen Scientists
- Coordination centers:
 - Evaluation
 - DOCLINE (article sourcing)
 - Web Services
 - Training
 - Public health coordination

<https://nnlm.gov/about/state-profiles>

NLM Partners Supporting CEAL Teams



Working in the community, with the community

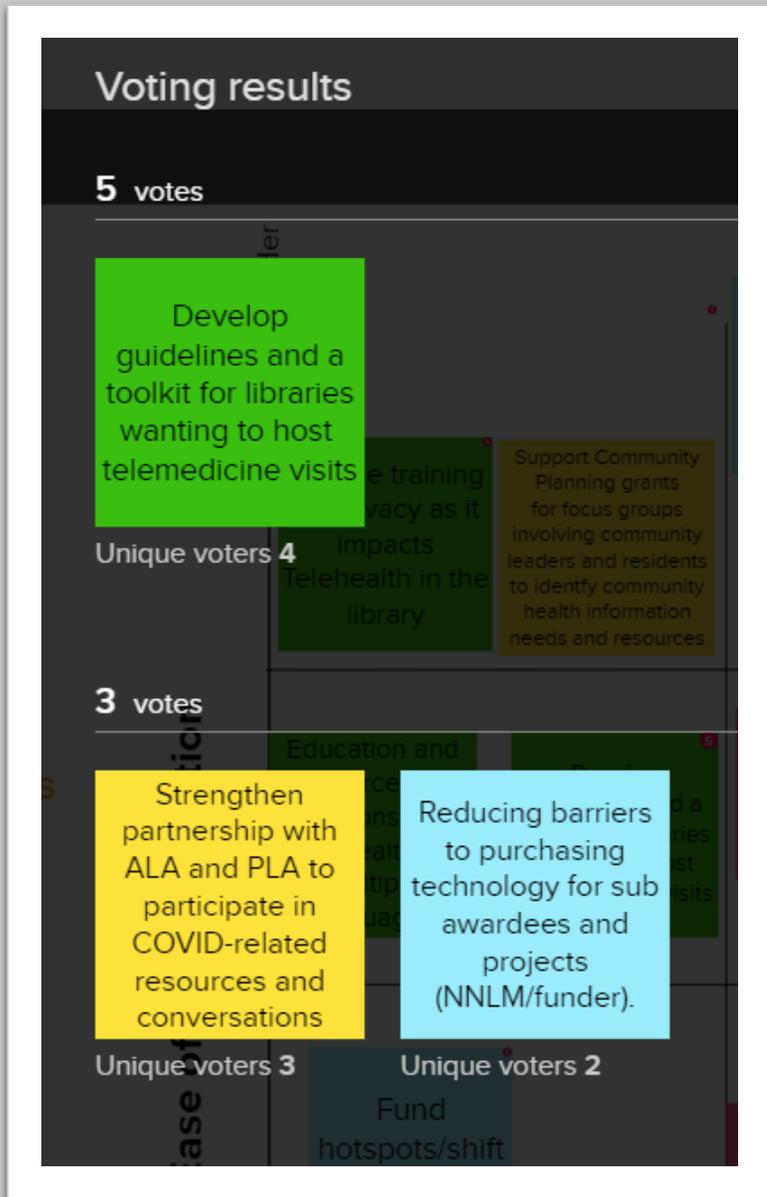
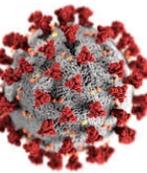


- Respecting local resources
- Understanding local values
- Engaging local networks
- Responding to local concerns
- Developing locally-relevant materials

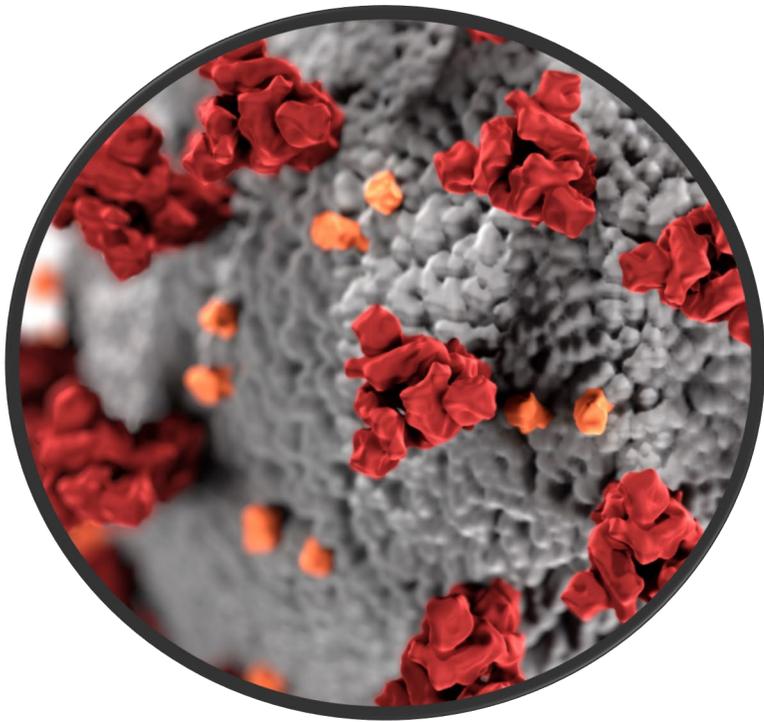
Library Infrastructure Project for Literature Access During Emergencies (FY20-FY22)

Goal: Develop and strengthen infrastructure, mechanisms, and tools to ensure continued access to high quality literature when libraries close during public health events

- Review of infrastructure mechanisms, and tools needed to ensure continued access to high quality literature and information when normal library services are disrupted.
- Conduct community-based case studies to capture the impact of library closures on access to literature and information for their patrons. Assess the secondary risk factors of vulnerable patrons such children and seniors, chronic illness, mental health, and housing insecurity.
- Develop and maintain a knowledge base of situation awareness, ideas, and tools libraries can use to continue access to literature when closed to all patrons whether they have digitally connected to the Internet or those impacted by the digital divide.



COVID-19 Health Information Outreach Awards



1. Black Girl Health Foundation (Houston, TX)
2. Luke's House (Clinic) (New Orleans, LA)
3. University of Texas – Arlington (DFW)
4. University of Arkansas for Medical Sciences (Little Rock, AR)
5. Pottsboro Area Library (with SaferCare Texas) (Pottsboro, TX)



Reaching NLM



National Library of Medicine

NLM Musings
FROM
THE Mezzanine



Innovations in Health Information from the Director of the National Library of Medicine



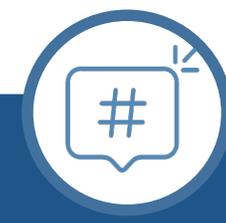
@NLM_news
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patti.brennan@nih.gov



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THE NETWORK OF THE NATIONAL LIBRARY OF MEDICINE

DECEMBER 11, 2020

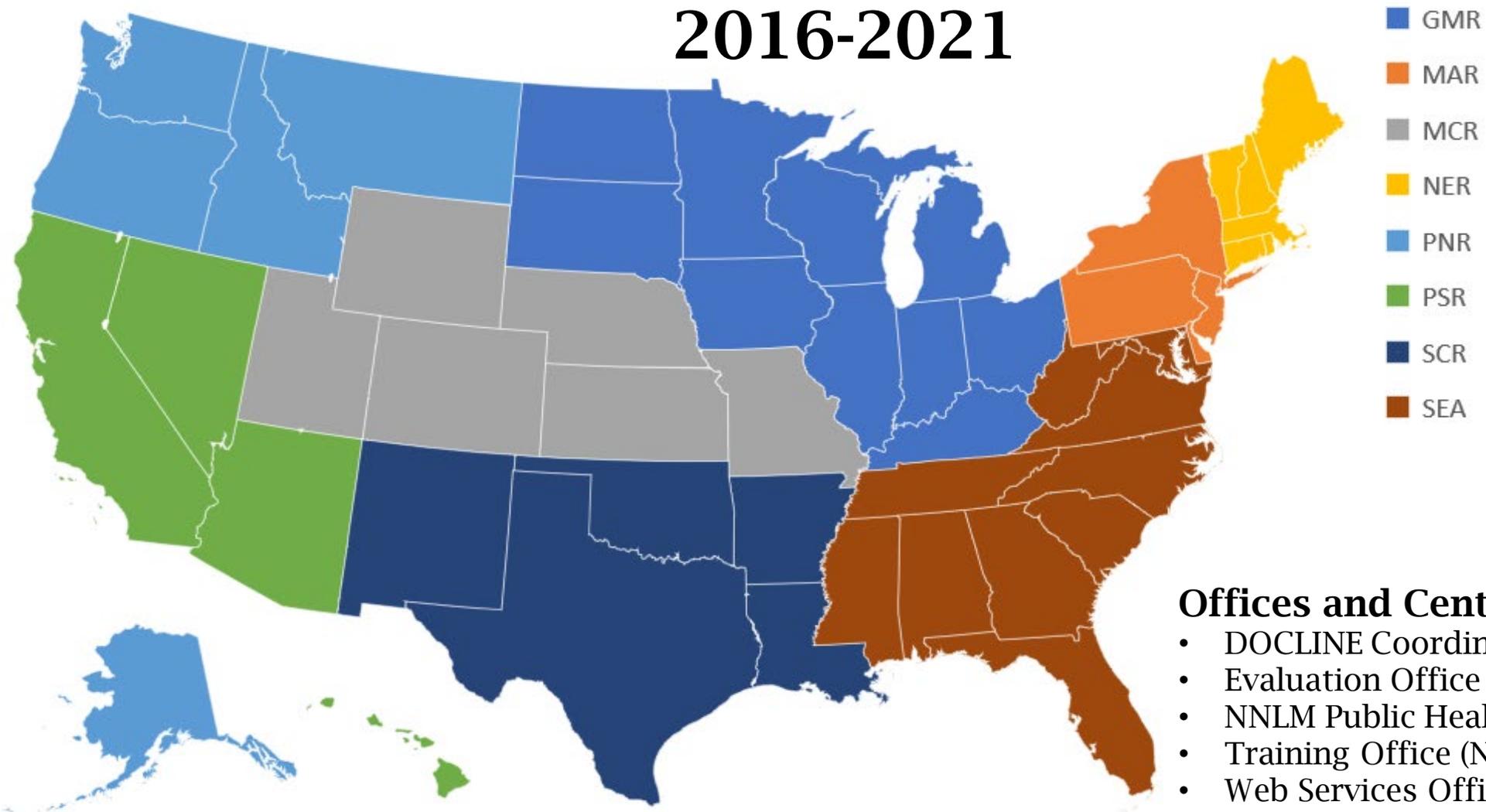


Martha Meacham
martha.meacham@nih.gov



National Library of Medicine

2016-2021



Offices and Centers

- DOCLINE Coordination Office (NDCO)
- Evaluation Office (NEO)
- NNLM Public Health Coordination Office (NPHCO)
- Training Office (NTO)
- Web Services Office (NWSO)
- AoU Training Engagement Center (TEC)
- AoU Community Engagement Network (CEN)
- HIV/AIDS Coordination Center's (NACC)



National Library of Medicine

Amanda L. Roberts, Ph.D

Epidemiologist Specialist,

Intake Team Lead and Trainer

Tarrant County Public Health in Fort Worth, Texas



Effect of Covid-19 Pandemic on Underrepresented Mentees, a mentee's perspective

January 28, 2021

Covid-19 Pandemic has altered the lives of underrepresented students

SERVICES



COMMUNITY



FACILITIES



PERSONAL
GROWTH



CAMPUS
CULTURE





Limited Scientific Research Progress

Limited to no access to research facilities



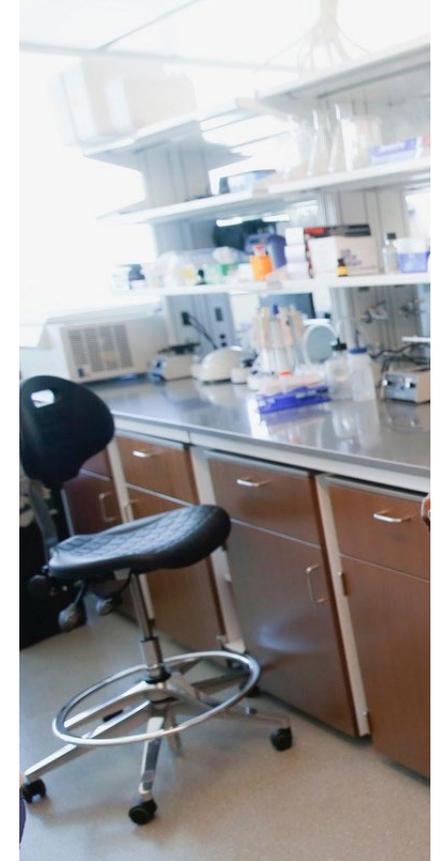
Cancel or indefinitely postpone research projects



Postpone graduation date



No scientific publications





Increase in Personal Responsibilities

- Difficult to be productive when you are worried about the health and well-being of your family and yourself
- Returning home can increase risk of exposing your family to sickness
- Becoming (informal) caregivers to relatives
- Become the provider for the family



Limited Access to Student Services

- Technological divide in access to:
 - laptops and digital software programs
 - internet/wifi
 - online school resources
- Student healthcare and mental health limited
- Limited one-on-one and group tutoring for courses
- Limited to no career guidance

Decline in Campus Community

CAMPUS
CULTURE



- No organizations and clubs gatherings
 - Help students develop communication, leadership, and networking skills
- Canceled scientific conferences, journal clubs, seminars, workshops
- Limited in-person classes (lectures & laboratories)
 - Limited engagement in classroom discussions
 - Lack of hands-on laboratory experience

How can the University help?

- Create virtual workshops and seminars
 - Help students refocus and meet student where they are
- Meet basic safety and psychological needs for the students
- Address students' mental well-being
- Provide free tutoring, mentoring, and counseling
- Provide resources for students to obtain free food and water, housing assistance, utility bill assistance, and other necessities
- Assist students in finding a job
- Develop arrangements to accommodate students without access to a computer and technology software



Tips for College Students

- Self-advocate
- Read, write, and listen to positive affirmations
- Made full use of virtual network platforms
 - NIH National Research Mentoring Network (NRMN)
 - Virtual science conferences and workshops
- Organize virtual meetings with family and friends
- Take care of your mental, emotional, spiritual, and physical well-being

You are amazing! I am proud of you!

Amanda L. Roberts, Ph.D.

#amandascichat

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Facebook: Science with Dr. Amanda Roberts

Twitter: @3AmandaRoberts

Instagram: Science with Amanda Roberts

Website:

<https://robertslamanda.wixsite.com/website>



Thank you

Addressing Attitudes and Science Mistrust During the COVID-19 Pandemic

Thursday, January 28, 2021 from 11:30am - 1:30pm CST

Welcome by



Dr. Jamboor K. Vishwanatha

Principal Investigator of Texas CEAL and NRMN
University of North Texas Health Science Center

Moderated by



Anna Kuchment

Science Reporter for The Dallas Morning News

Speaker



Dr. Torrence Stepteau

Physician and Co-owner of Precision Pain Solutions, a division of APW

Speaker



Dr. Xihong Lin

Professor of Biostatistics
Harvard T. H. Chan School of Public Health

Speaker



Dr. George A. Mensah

Division Director
National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health (NIH)

Speaker



Dr. Patricia Flatley Brennan

Director
National Library of Medicine (NLM)

Speaker



Dr. Alison Gammie

Director, Training, Workforce Development and Diversity NIGMS, National Institutes of Health

Speaker



Dr. Amanda Roberts

National Research Mentoring Network (NRMN) Mentee

Speaker

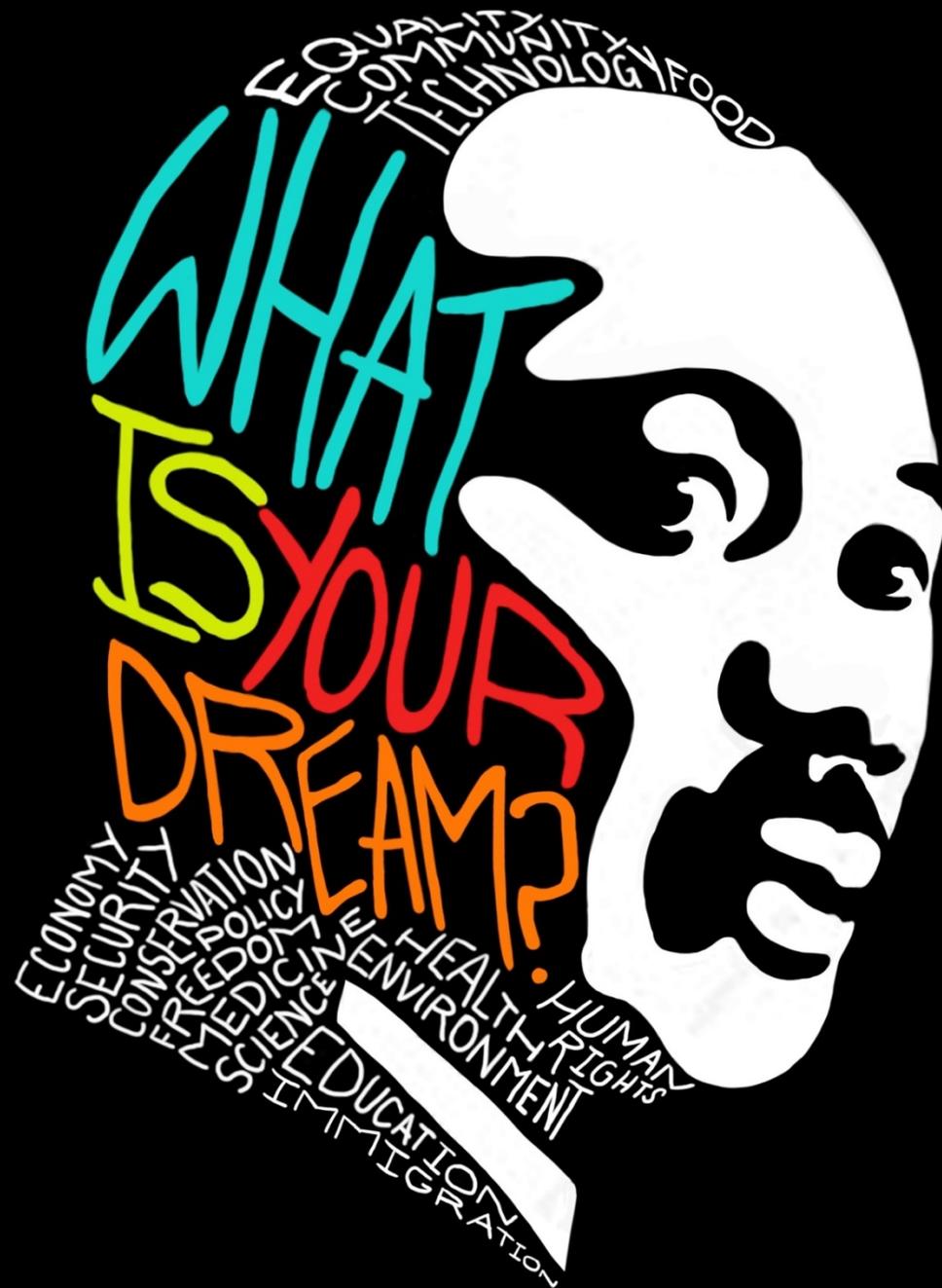


Dr. Stephen Thomas

Director, Maryland Center for Health Equity, University of Maryland, School of Public Health



Register in advance
bit.ly/SciMistrust2021



The Colors of COVID-19: Confronting Health Disparities and Implicit Racial Bias During a Global Pandemic

Stephen B. Thomas, Ph.D.

Professor Health Policy & Management
School of Public Health

Director, Maryland Center for Health Equity
PI, NIH-NIMHD Center of Excellence on Race,
Ethnicity and Health Disparities Research

University of Maryland

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January 28, 2021



“...The people who ran the study at Tuskegee diminished the stature of man by abandoning the most basic ethical precepts. They forgot their pledge to heal and repair. They had the power to heal the survivors and all the others and they did not. Today, all we can do is apologize....”

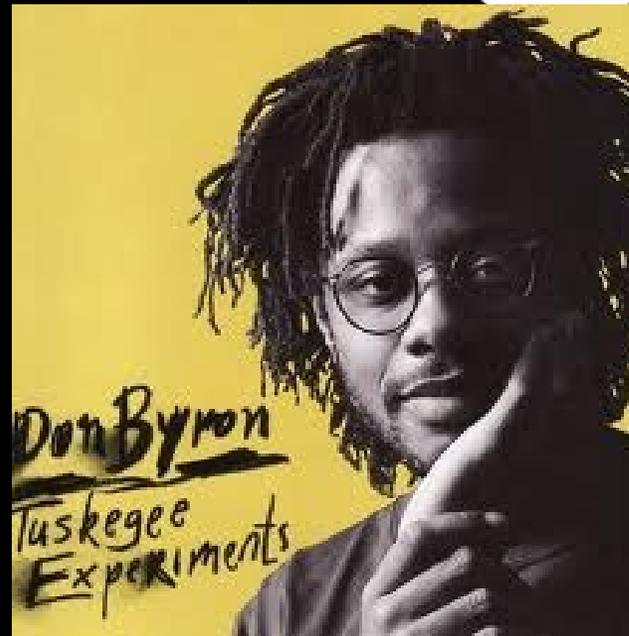
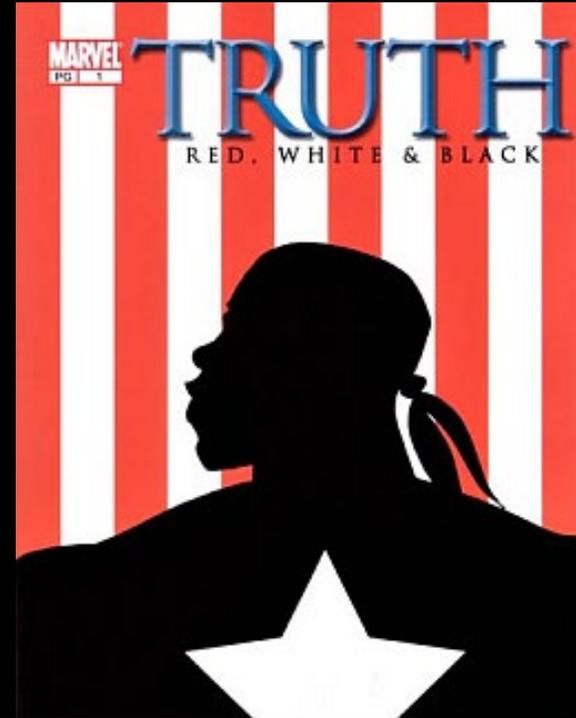
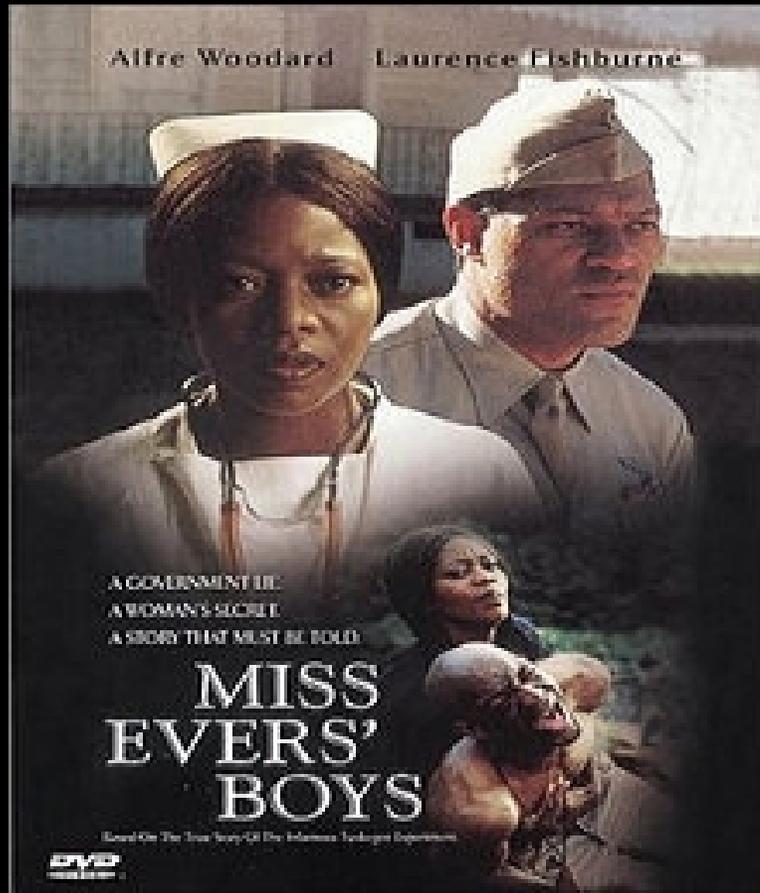
President William Jefferson Clinton

The White House

May 16, 1997

<http://www.cdc.gov/tuskegee/clintonp.htm>

Cultural



KYLE BAKER

Memory



CENTER FOR
HEALTH EQUITY
SCHOOL OF PUBLIC HEALTH

<https://vimeo.com/503924872>



BUILDING TRUST
BETWEEN MINORITIES AND RESEARCHERS

Our Ethical Responsibility

The Aftermath of Historical Injustices in Research

- Collective memory of historical injustices in research can sometimes contribute to racial and ethnic minority communities' distrust in research
- Researchers need to validate cultural memories when they come up and acknowledge concerns and fears.

Belmont Report (1978)

Basic Ethical Principles

1. Respect for Persons
2. Beneficence
3. Justice

Bioethics Principle of Justice

“... Justice in health care is usually defined as a form of fairness, or as Aristotle once said, ‘giving to each that which is his due.’ This implies the fair distribution of goods in society and requires that we look at the role of entitlement....”

Thomas R. McCormick



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INNOVATIVE METHODS

Photo Credit: Sandra Quinn



Health Advocates In-Reach and Research (H.A.I.R.)
National Association of Black Barbershops & Salons for Health





“A barbershop is a gem. It’s only when you get exposed to it that you can realize how amazing it is.”

—Stephen Thomas, director, Maryland Center for Health Equity, University of Maryland

... ✂ ...
THE DOCTOR IS IN
... 🩺 ...

A community-based education program trains barbers as health advocates, reaching underserved, high-risk individuals.

BY TAMMY WORTH
PHOTOGRAPHY BY CADE MARTIN

Stephen Thomas loves barbershops. For him, as for so many African-American men, they are a place of historical and cultural relevance. In the 19th century, some barbershops doubled as abolitionist sites or stops on the Underground Railroad. In other shops, wealthy white men made business deals while slaves cut their hair. Today, with a clientele that is likely to consist of rich and poor, black and white, laborer and boss, the barbershop occupies a singular station in modern society, the communal gathering place where customers not only get groomed but play

FACTS

- ▶ The goal is to improve the health of the barbers and their mostly African-American clientele.
- ▶ One partner in the program is Capital Digestive Care, one of the largest private gastrointestinal practices in the country.
- ▶ On average, black Americans are less likely than white Americans to get screened for colon cancer and more likely to develop colon cancer.

games, talk sports, listen to music, watch TV, share stories, and live their lives.

“You can have a judge seated next to a guy who works on a loading dock at Safeway who has a homeless man seated on his other side,” says Thomas, the director of the Maryland Center for Health Equity at the University of Maryland’s School of Public Health. “There is no other venue where you have such a ranging socioeconomic spectrum. A barbershop is a gem. It’s only when you get exposed to it that you can realize how amazing it is.”

MAY 2020 LEADERS EDGE 41



Barbershop Interviews

**The Colors of COVID-19:
Addressing Health Disparities During a Global Pandemic**



“The news that it was 95 percent effective sold me,” Mr. Brown said. “The side effects sound like what you get after a bad night of drinking and you hurt the next day. Well, I’ve had many of those and I can deal with that to get rid of the face masks.”

Still, he says, **many customers remain skeptical**. He tells them:

“**What questions do you have that you’re leery about?** Just do your investigation and follow the science! Because if you’re just talking about what you won’t do, you’re becoming part of the problem.”

Early Vaccine Doubters Now Show a Willingness to Roll Up Their Sleeves

Polls show that pervasive skepticism is melting, partly because of the high efficacy rates in trials and the images of real people getting the shot.

The New York Times

December 27, 2020

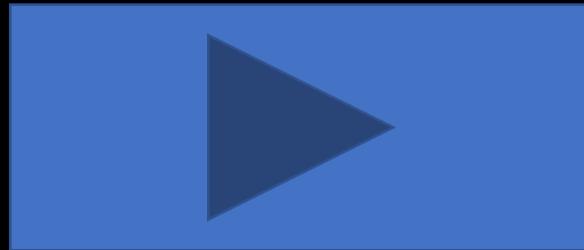
PEOPLE COME TO CLINICS ONCE IN A WHILE... the REST OF THEIR LIFE TAKES PLACE IN the COMMUNITY

LIKE AT BLACK BARBER SHOPS!




H.A.I.R.

Health Advocates
In-Reach & Research



VOICES FROM THE BARBERSHOP



STEPHEN THOMAS

BARBER INITIATIVE
H.A.I.R.

IT'S COMMUNITY
IT'S RELATIONSHIP
IT'S TRUST

- WE STARTED a 501C3 TO CONTINUE PAST OUR GRANT
IT'S SUSTAINABLE
- WE BRING EVIDENCE BASED INFO and INFO ON CLINICAL TRIALS INTO BARBER SHOPS
- WE GOT SALONS + BARBER SHOPS TO THINK ABOUT the TOXICITY of PRODUCTS
IT'S EMPOWERING
- THE COMMUNITY HAS a SENSE of OWNERSHIP of BARBER SHOPS
- They're locations that remain untouched even in riots
- WE USED "IN-REACH" WHERE PEOPLE HAD TO COME TO US TO BE ABLE TO BECOME PART OF A HAIR INITIATIVE

The DOCTOR IS IN!
DIAGNOSTICS DON'T HAVE TO BE TIED TO HOSPITALS

and IT FEELS GOOD to GIVE to the COMMUNITY

Where are MY DRAGONS?



I NEED MORE DRAGONS!



Pictured left to right, Fred Spry, Master Barber & CEO of The Shop, Stephen Thomas, and Mike Brown, General Manager of The Shop

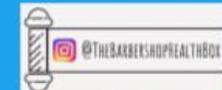
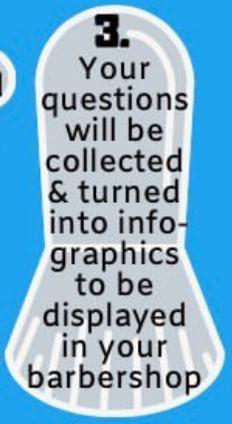
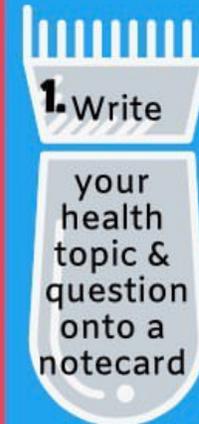
Fred Spry, Dr. T and Mike Brown



BARBER BOX HEALTH



A safe place for all of your health-related questions

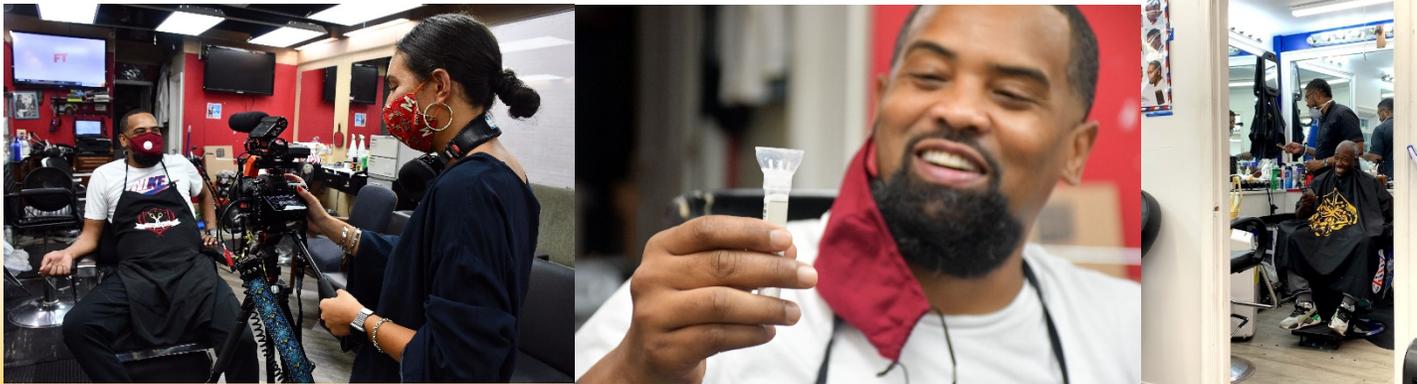




How Might Black and Latinx Barbers & Stylists Become Role Models for COVID-19 Testing

AND

BUILD TRUST FOR FLU & COVID-19 VACCINES !





The Health Advocates In-Reach and Research (HAIR) Campaign



The primary aim of **HAIR** is to create an **infrastructure** to engage barbershops and beauty salons in as culturally relevant portals for health education and **delivery** of public health and medical services in the community, including information on biomedical clinical trials research.

Dr. Stephen B. Thomas and a team of researchers from the Maryland Center for Health Equity at the University of Maryland's School of Public Health in College Park have developed a community-based intervention, **The Health Advocates In-Reach and Research (HAIR) Campaign**.



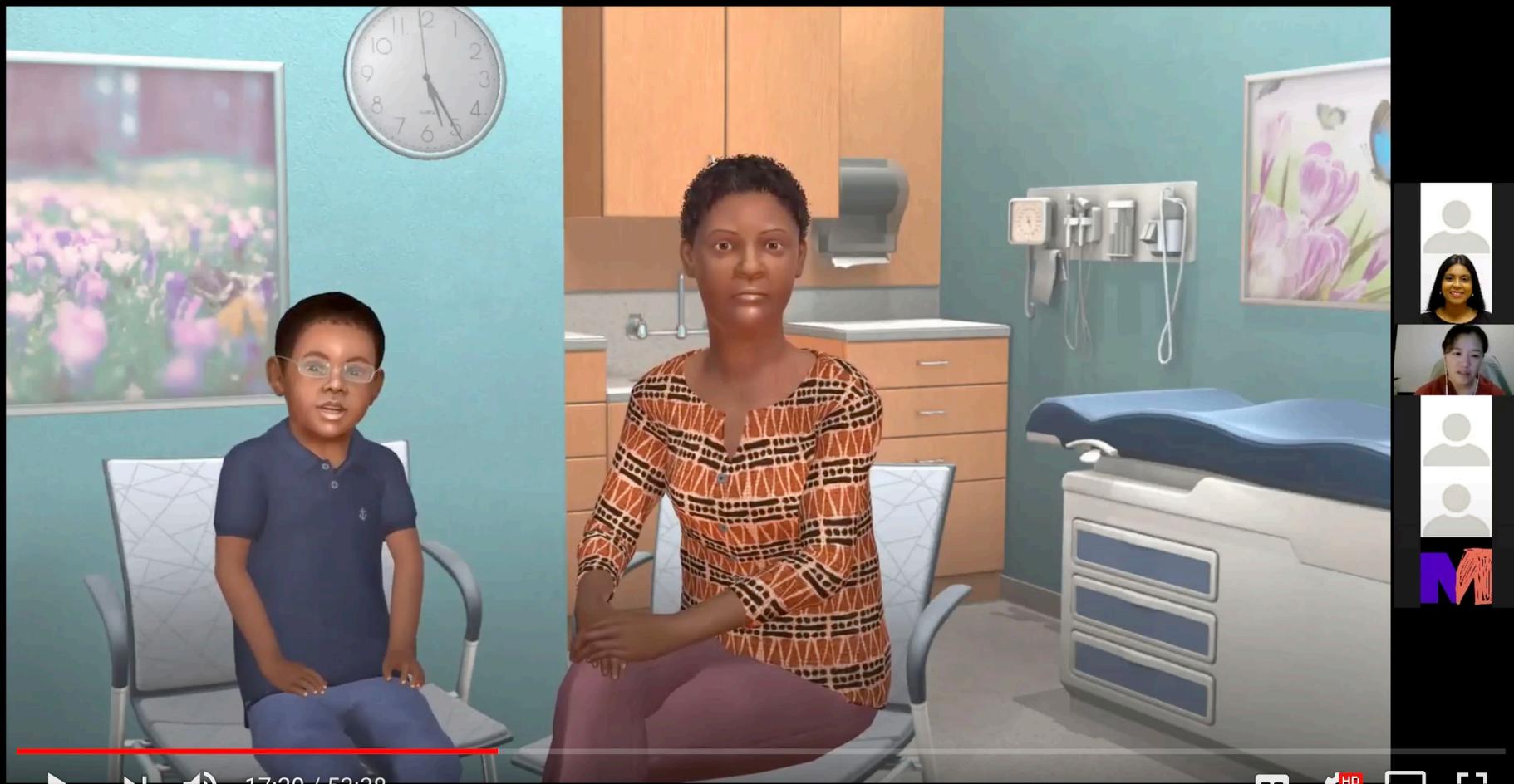


Human Centered Design and Virtual Reality Simulations



We propose **Urban Immersion**: Live, interactive avatar simulations for practice and mastery of a set of competencies related to difficult conversations around COVID-19 vaccine trials with Black and Latinx communities. This strategy is expected to result in faster and more precise acquisition of competencies around difficult conversations, leading to outcomes for ensuring protection of Black and Latinx communities from COVID-19 infection and provide an opportunity for individuals to contribute to science.





▶ | 🔊 17:20 / 53:38 CC HD 📺 🗨️

Researchers will be immersed into scenarios in a virtual environment from their desktop computers using Mursion, Inc's virtual simulations. They will interact with **“digital human patients”** driven by a mix of artificial intelligence and a live human operator; the software is lightweight and does not requires 3D headsets or other specialized equipment, only a laptop with a webcam connected to the internet.



DANGER AND OPPORTUNITY

Photo Credit: Sandra Quinn

The danger is to assume that:

1. racism is **not** relevant in the scientific pursuit of solutions for the elimination of health disparities;
2. that some populations will always suffer premature illness and death by virtue of their **culture bound lifestyle choices**; and thus,
3. that the elimination of disparities is impossible and health equity **unachievable** in a free market society.

Thomas, S. B., S. C. Quinn, Butler, J., Fryer, C..S., Garza, M.A. (2011). "Toward a Fourth Generation of Disparities Research to Achieve Health Equity." Annual Review of Public Health 32(1): 399-416



The opportunity is to recognize health disparities as **an issue of justice** because specific groups were subjected to systematic racial discrimination and denied the basic benefits of society, a violation of the social contract.

Boucher, David and Paul Kelly, eds. 1994. *The Social Contract from Hobbes to Rawls*, New York: Routledge