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Title: Improved Outreach to Minority Communities Regarding the COVID-19 and Other Vaccines

Introduced by: Alangoya Tezel, for the Medical Student Section

Original Author: Sarosh Irani, Hannah Kimmel, Kayla Meyer, and Eric Rosen

Referred To: Reference Committee D

House Action: **APPROVED AS AMENDED**

Whereas, numerous historic bioethical violations of trust have been enacted upon minority communities by medical institutions in human subjects research, and

Whereas, such violations of trust include the U.S. Public Health Service Syphilis Study at Tuskegee, gynecological experimentation without anesthesia by J. Marion Sims, MD, and the HeLa cell line borne from cells unknowingly and non-consensually taken from Henrietta Lacks by researchers at Johns Hopkins Hospital, which particularly harm the relationship between the African-American/Black community and medical institutions, and

Whereas, these violations are the backdrop to present-day racial discrimination, false racial beliefs, and inequitable medical care allocation, access, and quality of care received by minority communities, furthering the need for medical and governmental institutions to earn the trust of Black and Latinx patients, and

Whereas, data has shown that COVID-19 hospitalization rates have been at least 2.5 times higher in minority populations, and

Whereas, minority population tend to be overrepresented in occupations that are considered "frontline," and therefore at higher risk of contracting COVID-19, and

Whereas, this discrepancy is rooted in years of inequality in housing, transportation, and health care, and

Whereas, a September 2020 study by the NAACP and the COVID Collaborative that two of three in the Black community believe "the government can rarely/never be trusted to look after their interests" and that knowledge of the Tuskegee Syphilis Study is a negative predictor of vaccine uptake, and

Whereas, this same study found that only 14 percent of Black Americans and 34 percent of Latinx Americans "mostly or completely trust that a vaccine will be safe," and

Whereas, a December 2020 survey found that while 58 percent of white Michigan voters plan to get the vaccine, only 33 percent of Black respondents intend to get the vaccine, with 26.1 percent saying "it depends," and

50 Whereas, the Minnesota Immunization Networking Initiative (MINI) successfully reached
51 vulnerable communities to administer influenza vaccines through building relationships with
52 community leaders, especially in faith communities, and holding clinics in these community-based
53 settings, and

54
55 Whereas, similar strategies were implemented in the vaccine development stage to actively
56 recruit and involve populations most affected by COVID-19, specifically racial and ethnic minorities,
57 and

58 Whereas, the Michigan COVID-19 Vaccination Plan has already addressed key partners for
59 critical populations to engage, including school-based health centers, faith-based leaders, and
60 other services where minority populations in Michigan reside and gather; therefore be it

61
62 RESOLVED: That MSMS will encourage evidence-based, community-driven interventions to
63 build trust between minority populations and health care institutions with increased urgency, given
64 the COVID-19 pandemic underscoring the disproportionate impact of longstanding historical
65 violations of trust; and be it further

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67 RESOLVED: That MSMS will support the implementation of proven community-centered
68 strategies, such as collaboration with faith and school-based leaders, for education and
69 dissemination of information, specifically as it pertains to promotion of COVID-19 vaccination
70 uptake and vaccine education to minority populations; and be it further

71
72 RESOLVED: That MSMS supports community-centered strategies for annual vaccination
73 efforts, including influenza and childhood vaccine outreach.

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76 WAYS AND MEANS COMMITTEE FISCAL NOTE: Resolutions only requesting new or revised MSMS
77 or AMA policy - \$500

Relevant MSMS Policy:

MSMS Task Force on Implicit Bias and Health Disparities

Problem Statement: As leaders of change, physicians must be introspective and examine their own unconscious biases, including how those biases may inadvertently influence care decisions, as well as the systemic barriers to health equity within their places of employment and the system as a whole. Collective action is necessary to address institutional factors and social determinants that are roadblocks to achieving true health equity.

Goal: To eliminate health disparities by pursuing health equity throughout society by direct engagement with policymakers, medical schools, health care leaders, members, and other stakeholders to advance policies that lead to a more diverse physician workforce, greater cultural awareness, mitigation of social determinants of health, and transparent and equitable organizational structures.

Relevant AMA Policy:

None

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