

# CBMHR

CENTER FOR BIOMEDICAL & MINORITY HEALTH RESEARCH  
COMMUNITY ENGAGEMENT CORE

## COMMUNITY IMPACT MAGAZINE

COVID-19,  
RACE &  
CRIMINAL  
INJUSTICE

COVID-19  
VACCINES:  
HOW DO THE  
VACCINES  
DIFFER?

PROSTATE  
CANCER  
THERAPIES

QUESTIONS YOU  
SHOULD ASK BEFORE  
PARTICIPATING IN A  
CLINICAL TRIAL

RADIANT  
STUDY: A  
CLOSER LOOK  
AT DIABETES

MAY 2021: INAUGURAL ISSUE



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# TEXAS SOUTHERN UNIVERSITY

3100 CLEBURNE AVENUE • HOUSTON, TEXAS 77004

(713) 313-7011



OFFICE OF THE  
PROVOST AND VICE PRESIDENT  
FOR ACADEMIC AFFAIRS  
AND RESEARCH  
(713) 313-1133

May 12, 2021

Greetings:

It is with great pleasure that the Office of the Provost welcomes the inaugural publication of the Community Impact Magazine of the Community Engagement Core (CEC) of National Institutes of Health funded Center for Biomedical & Minority Health (CBMHR) here at Texas Southern University (TSU). Our academic research achievements are a result of a successful partnership between talented faculty, excellent staff, a supportive administration, committed students, and the community. This is exemplified through the community-driven achievements documented in this publication.

Texas Southern University is proud to be classified by the Carnegie Commission on Higher Education as a “High Research Activity” Doctoral University, with anticipation of growth in various areas of research across the campus. The University is proud to have been afforded an immense network of stellar faculty, staff and student researchers who collectively enhance the environment necessary to elevate research to the next level for TSU and the community at large.

I extend my appreciation to the leadership, administration, faculty, staff, students, community partners and supporters of the Community Engagement Core and CBMHR. Their contributions have afforded outstanding community-driven academic and professional growth and opportunity that are essential to our designation as an urban serving institution. It is our aim to continue our community-driven research trajectory to provide significant impact in health-related research of underrepresented minorities in our immediate community, our country, and globally.

The work of the CBMHR’s CEC is an indication of TSU’s strides in having an influential role in community-driven national research aimed at identifying and addressing the health-related needs of the greater Houston Area.

Indeed, the progress that the research community at TSU is making demonstrates that from the ranks of our students, faculty, and staff; “Greatness is being produced from within.”

Sincerely,

*Kendall T. Harris*

Kendall Harris Ph.D., P.E.  
Provost and Vice President for Academic Affairs and Research



## Message from Community Engagement Core Director

Dr. Veronica Ajewole

Greetings:

It has been a true pleasure to serve as the CBMHR CEC Team Director alongside the incredible and amazing CEC Team. I remember writing this proposal March 2020 and envisioning the great impact that we could have in addressing health disparities and building trust among ethnic minorities in the Greater Houston Community. The implementation of the CBMHR CEC was remarkably successful due to the diverse and multidisciplinary team of faculty and staff from various academic areas at TSU—which include: the School of Communication, the School of Social Work, the College of Pharmacy and Health Sciences. Another vital component to this endeavor was the integration of our robust steering committee members, network of partners (Community-based organizations, Faith-based organizations, professional/academic organizations, Federally Qualified Health Centers, and Healthcare system), and most importantly—community members from the Greater Houston Area.

Many thanks to the Principal Investigators and Program Director of the CBMHR grant (Dr. Olaleye, Dr. Xie, and Dr. Liang) for their leadership and support. Thank you to National Institute on Minority Health & Health Disparities, Texas Southern University's Leadership and administration, as well as the College for Pharmacy & Health Sciences for their support.

The CEC successfully hosted monthly health education seminars that addressed various health disparity topics since December 2020. The CEC also hosted the first Clinical Research & Engagement Conference in April 2021. Thank you to all attendees, guest speakers, and partnering organizations for your dedication to the CEC's mission to build trust and enhance clinical research awareness, participation, and retention through health education to underrepresented minorities in the Greater Houston Area.

As we conclude year one of our grant, I am proud of the work accomplished so far and I am optimistic about the impact the CEC will have in addressing health disparities over the course the next four years and beyond. This inaugural issue of the Community Impact Magazine contains highlights of our past and upcoming events. We hope you stay engaged with us on all of our social media platforms @CECTxSouthernU.

Together we can make decisions that will lead to the much-needed positive trends in health disparities. So “be the change, be the advocate, and be the hero.”

I am looking forward to closing health disparity gaps alongside each of you!

With gratitude,



Veronica B. Ajewole, PharmD, BCOP  
Assistant Professor of Pharmacy Practice  
Clinical Pharmacist Specialist-Oncology  
Director, Community Engagement Core, CBMHR





## What is CBMHR?

Texas Southern University (TSU), one of the nation's largest Historically Black Colleges and Universities (HBCUs), recently received an \$8.63 million award from the National Institute of Health's National Institution on Minority Health and Health Disparities. This grant was awarded to the Center for Biomedical and Minority Health Research (CBMHR). The CBMHR consists of four major components involving TSU faculty from various disciplines: Research Infrastructure Core, Community Engagement Core and Investigator Development Core.

The CBMHR enhances research infrastructures and fosters scientific advances for early stage investigators. The unique and collective strengths of CBMHR components, innovative research projects, excellent resources and structured career enhancement program make it a novel synergistic and first-of-its-kind resource at TSU and in the Texas Medical Center. The CBMHR provides comprehensive, integrated and centralized infrastructure and high quality capabilities for advanced biomedical research innovation.



# Meet the CBMHR Leadership



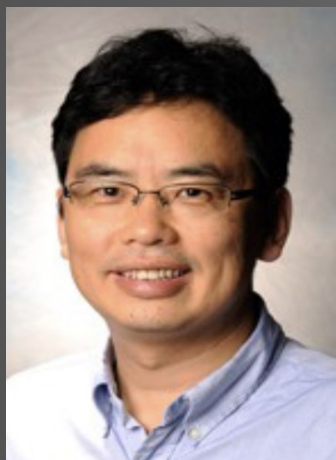
Omonike Olaleye, Ph.D., MPH  
*Contact Principal Investigator*



Huan Xie, Ph.D.  
*Principal Investigator*



Dong Liang, Ph.D.  
*Program Director*



Song Gao, Ph.D.  
*Director*  
*Research Infrastructure Core*



Veronica Ajewole, Pharm. D., BCOP  
*Director*  
*Community Engagement Core*



Ivy Poon, Pharm. D.  
*Director*  
*Investigator Development Core*



## What is the Community Engagement Core?

The Community Engagement Core (CEC) is one of the major components of the CBMHR.

The CEC is responsible for leveraging TSU's many longstanding partnerships and collaborations with healthcare systems, Federally Qualified Health Centers (FQHCs), community-based organizations (CBO), and faith-based organizations (FBO) as well as its unique relationship with the underrepresented minority (URM) in the Greater Houston community (GHC).

The CEC's unique charge includes the following:

- Developing innovative programs that integrate existing yet siloed community engagement efforts across TSU.
- Identifying the health-related concerns of GHC URMs through surveys conducted by our healthcare systems, FQHC, FBO and CBO partners as well as community individuals and CBO partners' feedback.
- Addressing health concerns through health education seminars.
- Providing guidance for navigating the vast healthcare infrastructure.
- Implementing clinical research education forums aimed at building trust and reducing barriers to participation in clinical trials among GHC URMs.
- Hosting research outcomes conferences to promote the outcomes of TSU's biomedical research endeavors to facilitate the awareness of research findings among the GHC URMs.
- Utilizing various forms of media to build relationships with the GHC URMs and to share important messages concerning research, special events, and the latest information related to minority health and health disparities.



*The CEC Team during a virtual monthly team meeting.*



*The CEC Steering Committee during a virtual meeting.*



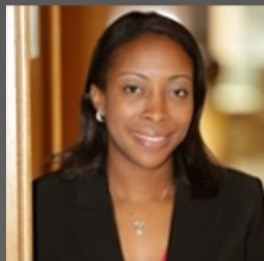
# Meet the CBMHR Community Engagement Core Team



**Dr. Veronica Ajewole**  
Director



**Dr. Grace Loudd**  
Associate Director



**Dr. Uche Ndefo**  
Associate Director



**Ms. Jizyah Injil**  
Program Coordinator



**Dr. Toniesha Taylor**  
Social Media Lead



**Ms. CiErra Liggins**  
Social Media Intern



**Dr. Morgan Kirby**  
Mass Media Lead



**Dr. Maria Mejia**  
Healthcare System Liaison



**Ms. Lena Bean**  
Outreach Coordinator



**Dr. Assata Richards**  
CBPR Consultant



**Dr. Rosalia Guerrero**  
Community Training Consultant

# Summary of CEC Events

The CEC hosted five health education seminars between Dec 2020 and April 2021. Because we are community driven, our seminar topics are determined based on the needs of the community members in the greater Houston area. Below is a list of highly requested and delivered seminars facilitated by the CEC:

**December 2020:** Strategies for Optimizing Your Diabetes Medications

**January 2021:** Self-care & Resources for People Living with Diabetes & Their Caregivers

**February 2021:** Turning the Tides: Preventative Measure in Diabetes

**March 2021:** Managing My Hypertension During The Era of COVID-19

**April 2021:** Self-care & Resources for People Living with Hypertension & Their Caregivers

**May 2021:** May 2021: CEC hosted a Community Health Worker (CHW) Continuing Education Training in partnership with the University of Texas Health Science Center School of Public Health. CEC Healthcare Systems Liaison, Dr. Maria Mejia provided an engaging presentation on Self-Care for CHWs—which was attended by over 100 CHWs from across the state of Texas.

Our seminars have been well attended with community members from Harris, Fort Bend and Brazoria Counties. Recordings of seminars and events are available on our YouTube channel—CECTxSouthernU.

In addition, we hosted the first annual Clinical Research and Engagement Conference in April. We featured speakers and panelist who discussed ethical issues in clinical trials, participation in clinical trials, phases of clinical trials, and the importance of clinical trials. If you missed this informative conference, we've provided a recording of the event on our YouTube channel.



*CEC members facilitating the virtual Clinical Research and Engagement Conference.*



# Community Feedback

# Seminar Survey Report Summary



The CEC hosts monthly health education seminars. Due to COVID-19 restrictions, all seminars were hosted virtually on Zoom. At the end of each event, participants were asked to complete a survey. Here are some of the responses about the CEC seminars.

"I was very enlightened and helped me to better understand my insulin and other meds"

"Webinar was very informative and easy to follow."

"Thank you. This was a great presentation that many patients don't get the chance to hear about"

"All the information was very helpful and reassuring of me already have taken the first and second vaccine."

"Presenter was clear, Video was really good. Best explanation I've seen."

Email us!

[cbmhrcommunity@tsu.edu](mailto:cbmhrcommunity@tsu.edu)

Call us!

713-313-1233

Visit us!

<https://bit.ly/CBMHRCECwebsite>

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@CECTxSouthernU

## Event Feedback

In the past five months, the CEC team received invaluable feedback from members of the greater Houston area—which indicated that there is great interest in Health seminar topics like cancer, exercise weight management, mental health, heart disease and kidney disease.

## Future Events

**May 2021:** Turning the Tides: Preventative Measure in Hypertension

**June -August 2021:** Obesity & Dyslipidemia

**Sept-Nov 2021:** Cancer – Prostate (September), Breast (October), Colon (November)

**Dec 2021-Feb 2022:** Heart Disease & Stroke

# Clinical Research & Engagement Conference

In April 2021, the CEC hosted the first annual Clinical Research and Engagement Conference. The conference featured speakers and panelist who discussed ethical issues in clinical trials, participation in clinical trials, phases of clinical trials, and the importance of clinical trials.

SATURDAY, APRIL 24, 2021

## GUEST SPEAKERS



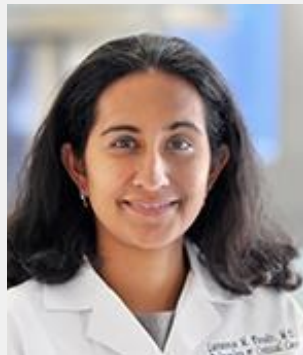
Rayne H. Rouce, MD  
*Should I Participate in  
Clinical Trials?*



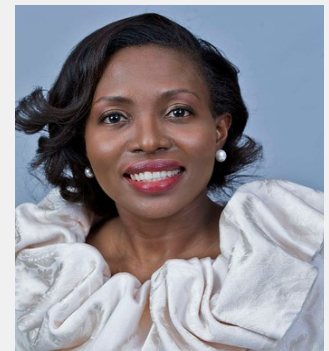
Stephen O. Sodeke, PhD, MA  
*Ethics & Clinical Trials*



Titilope Fasipe, MD, PhD  
*Issues with Children in  
Clinical Research*



Lavannya M. Pandit, MD, MS  
*COVID-19 Treatment, Trials &  
Minority Health*



Omonike A. Olaleye, PhD, MPH  
*Pre-Clinical Trials and the 4  
Phases of Clinical Trials*



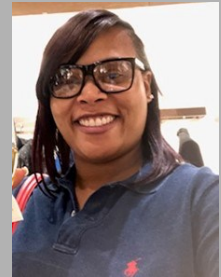
# Clinical Research & Engagement Conference

The Clinical Research & Engagement Conference also featured discussions about clinical research from the perspectives of clinical research investigators, research coordinators, research pharmacists, research program managers, clinical research participants, and an IRB review board member.

## CONFERENCE PANELIST



Courtney Miller-Chism, MD  
Research Investigator  
Baylor College of Medicine



Josalind Randall  
Research Coordinator  
Baylor College of Medicine



Anadulce Hernández-Herrera, PhD  
Research Program Manager  
Baylor College of Medicine



LaQuisa Hill, MD  
Research Investigator  
Baylor College of Medicine



Rayne H. Rouce, MD  
IRB Review Board Member  
Baylor College of Medicine



Celia Fenceroy, PharmD, RPh  
Research Pharmacist  
Harris Health System



Dominique Guinn, PhD  
Research Participant  
Texas Southern University

# Clinical Research & Engagement Conference Community Feedback



We received wonderful feedback about our Clinical Research & Engagement Conference. See what some of our conference attendees had to say!

"I learned so many things from different doctors about clinical research and their individual stand points. They all spoke with so much passion and I felt their hearts for trying to better serve the community."

"Loved the presentations. I did not know much about clinical trials but now I want to participate in one."

"This far exceeded my expectation!"

"Very pleased with how accessible it was to attend the webinar and get this valuable information."

"I learned a lot about clinical trials. I did not know it took 20 years to get a drug in the market."

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For more information about CEC events:

Call us!

713-313-1233

Visit us!

<https://bit.ly/CBMHRCECwebsite>

Email us!

[cbmhrcommunity@tsu.edu](mailto:cbmhrcommunity@tsu.edu)

Follow Us!



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# COMMUNITY RESOURCE GUIDE



The CEC partners with Federally Qualified Health Centers to help provide information about community resources.

## **What are Federally Qualified Health Centers (FQHCs)?**

Federally Qualified Health Centers are community-based health care providers that receive funds from the HRSA Health Center Program to provide underserved areas. This makes health care affordable to you. Visit <https://findahealthcenter.hrsa.gov/> to find a FQHC near you.

## **Greater Houston Community (GHC) Health Related Services by County**

Visit <https://bit.ly/CBMHRCECwebsite> to view the interactive community resource guide to find health related services in your area by county featuring Harris, Austin, Liberty, Montgomery, Fort Bend, Brazoria, Chambers, and Galveston Counties.

## **Learn About Clinical Trials Near You!**

ClinicalTrials.gov is a great resource to find clinical trials. This guide can assist in navigating the ClinicalTrials.gov website and can also be found on the CEC website at <https://bit.ly/CBMHRCECwebsite>.

“Clinical trials are research studies performed in people that are aimed at evaluating a medical, surgical, or behavioral intervention. They are the primary way that researchers find out if a new treatment, like a new drug or diet or medical device (for example, a pacemaker) is safe and effective in people. Often a clinical trial is used to learn if a new treatment is more effective and/or has less harmful side effects than the standard treatment. Other clinical trials test ways to find a disease early, sometimes before there are symptoms. Still others test ways to prevent a health problem. A clinical trial may also look at how to make life better for people living with a life-threatening disease or a chronic health problem. Clinical trials sometimes study the role of caregivers or support groups.” – National Institute of Health (NIH)

## **CBMHR CEC Community Partners**

### **Faith Based Organizations (FBOs)**

Fountain of Praise  
Lilly Grove Baptist Church  
Good Hope Baptist Church  
Houston Canterbury  
Dominion International Center  
St. Luke's Episcopal Church  
Wheeler Avenue Baptist Church  
Holman Street Baptist Church  
Jordan Grove Missionary Baptist Church  
Saint Peter Claver Catholic Church  
Progressive New Hope Church  
Saint Monica's Catholic Church  
Mt. Horeb Missionary Baptist Church  
Loyal Missionary Baptist Church

### **Community Based Organizations (CBOs)**

Shape Community Center  
TSU Aging and Intergenerational Resources  
DAWN Center  
Leukemia & Lymphoma Society  
Third Ward Community Cloth Collaborative  
Baker Ripley  
Care Connection  
5th Ward NRCDC  
KEW Learning Center

### **Federally Qualified Health Centers (FQHCs)**

Avenue 360 Health and Wellness

### **Healthcare Systems**

Baylor College of Medicine  
Houston Methodist Hospital

# The Good News

Poem By Dr. Jordan Simpson

A friend and I share a similar diagnosis  
Somehow, a kinship was forged  
From bearing the weight of prognosis and patience  
All while being patients, but the difference  
That strikes me  
Lucky forces his hand  
By chance

An autoimmune disease rendered my friend both blind  
and paralyzed  
I stand vantage point  
Across the country but only an ER visit and defense  
system dysfunction away  
From the same fate

And the story could end here

***But it doesn't***

*“There is a chance...There is always a chance...”*

He tells me  
He enrolled in clinical that moved him to Ohio  
There he volunteered for a new therapy  
For our condition

After weeks he shows me videos of him both walking  
and seeing again

And I've never been so close

To biblical miracle

He tells me faith in a better tomorrow was the only  
fight

He had in him after all therapy options

Were exhausted

“If you don't try, you'll never know” he says

He was hesitant

Until he was informed

Scared until

He saw there was a team there to ensure his safety

And I wonder

Am I trial away from a miracle myself?

He informs me

That there is good news for those like us

Those who straddle the line

Of cutting-edge medicine

That we no longer bear the burden

Of our disease

But are labeled the newborns

Of a success story

The fighters, front-liners

The evidence of faith

The carriers of courage

And I encourage you now

Promise-holders

To participate in being

The good news

Put yourself in the running

For change

To change the stereotypes of statistics

To very well thread the safety net for yourself

Or others

*“There's a chance...There's always a chance...”*

Take it



# Have You Ever Been Invited to Participate in a Clinical Trial?

**Dr. Ivy Poon**

## **What is a clinical trial?**

A clinical trial is a study to test a new drug, procedure, or intervention in a group of patients. This group of patients are called *participants*. According to the National Institute of Health, a clinical trial may involve participants being *prospectively* (in the future) assigned into one or more *interventions* to find a difference in participants' *outcomes*.

Interventions can be in the form of participants taking a drug, receiving a procedure/ device, trying a new method in receiving services. An *outcome* is a measure, either clinical or behavioral, that researcher used to determine if the intervention is effective. The NIH is one of the largest funding agencies for clinical trials. It maintains a registry of clinical trials for public view at [www.clinicaltrials.gov](http://www.clinicaltrials.gov). A search for clinical trials related to COVID-19 alone in Houston results in 137 federally

funded clinical studies!

## **Why do we participate in a clinical trial?**

The researcher community desperately needs participants to join clinical trials to advance medicine. Researchers cannot conclude the effectiveness of a new drug or therapy unless proven in a well-designed clinical trial. It is also essential for researchers to test the novel intervention in a cohort that resembles the general population to launch the new drug or strategies into actual practice. For example, some subpopulation groups may have a different drug response than the general population. Therefore, if you participate in a clinical trial, you help humankind, including your peers, family, neighbors, to understand how our body reacts to a new intervention to advance medicine. Some participants may participate in a clinical trial because they want to help others, seek a cure from a rare disease, or the incentive.

## What question should I ask if I am considering participating in a clinical trial?

Study investigators should share a document called “informed consent” with you before you sign up to participate in a study. The informed consent states the benefits you may gain from participating in the study and the potential risks resulting from the intervention. The informed consent will say if your personal identification information, such as name and birthdate, will be recorded and who will have access to that information. It is imperative to carefully review the informed consent document and ask questions before signing up for the clinical trial.

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### Here are a few pertinent questions to ask:

- How long is the study?
- What is my commitment as a participant?
- Is there a placebo group in the study?
- What is the potential risk of the intervention, and how will the risk be monitored?
- Can I voluntarily withdraw from the study at any time point?
- Whom should I contact if I have a question?



*Ivy Poon, PharmD, BCPS, is a Professor in Pharmacy Practice at Texas Southern University College of Pharmacy and Health Sciences. Part of her efforts in this work was supported by the National Institute on Minority Health and Health Disparities of the National Institutes of Health under Award Number U54MD007605. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.*



## NIMHD's Conversations with Principal Investigators at Research Centers in Minority Institutions: Meet Dr. Omonike Arike Olaleye

*In February 2021, Dr. Omonike Arike Olaleye was featured in an article published by the National Institute on Minority Health and Health Disparities. Below is an excerpt from Dr. Olaleye's feature story.*



Dr. Olaleye is a professor of pharmacology and Interim Associate Provost and Associate Vice President for Research at Texas Southern University (TSU). She is principal investigator of TSU's funded NIH-NIMHD U54 RCMI Center for Biomedical and

Minority Health Research (CBMHR). In addition, Dr. Olaleye is TSU's program director for the HRSA-funded Maternal and Child Health Student Training Program for Academic Readiness and Success (MCH STARS), and co-director of educational, training and community outreach for the Gulf Coast Consortia Center for Comprehensive Pharmacokinetic/Pharmacodynamic (PK/PD) and Formulation. She has extensive expertise in drug discovery and development research spanning more than 20 years, working in major pharmaceutical companies and academia.

Through Dr. Olaleye's leadership, TSU's drug discovery and development research has experienced tremendous growth including the development of 18 projects and training programs involving over 31 collaborations/partnerships between TSU faculty and investigators at Texas Medical

Center (TMC), pharmaceutical companies, and other research-intensive institutions. Dr. Olaleye's work has led to the discovery and development of novel therapeutic agents for potential treatment of drug-resistant infections, including vancomycin-resistant infections, multi-drug resistant Tuberculosis (MDR-TB), human immunodeficiency virus (HIV) and more recently, Coronavirus Disease 2019 (COVID-19).

Dr. Olaleye's research focuses on the discovery and development of novel therapeutic interventions using advanced biomedical tools. She integrates pharmacoepidemiology with innovative public health strategies to address health inequities and disparities that exist in racial and ethnic minorities, including other underserved and vulnerable populations.

### Q & A

#### **What is the center's research goal, purpose and aim?**

The overall goal of the Center for Biomedical and Minority Health Research (CBMHR) at Texas Southern University (TSU) is to support basic biomedical research for diseases that disproportionately impact underrepresented minority (URM) populations by enhancing research infrastructure and fostering scientific advances for early stage investigators. The aims of the CBMHR program are to (1) enhance TSU's biomedical research capability through continuous advanced infrastructure building and development;

(2) equip investigators to secure competitive extramural support for biomedical research, particularly on diseases that disproportionately impact URM populations; (3) promote professional development for new and early career investigators; (4) foster an environment conducive to scientific inquiry that promotes new basic science research focused on minority health and addresses health disparities; and (5) provide enhanced mechanisms for the development of collaborations and partnerships with community-based organizations.

### **How is the center advancing the science and health of disparity populations? Are you seeing specific changes in particular communities or groups?**

The CBMHR Community Engagement Core (CEC) directly serves Harris County, the third most populous county in the nation, and the area around Houston, the fourth largest city in the nation. In addition, the greater Houston area is considered one of the most ethnically diverse metropolitan regions in the nation, consisting largely of URMs. TSU plays a strategic role in Harris County and the greater Houston area because of our deep-rooted relationship with our URM community. We have a long history of community engagement outreach efforts addressing health disparities through established partnerships and collaborations with healthcare systems, federally qualified health centers, community-based organizations and partnering academic institutions. We are already leveraging TSU's many long-standing partnerships and collaborations to improve minority health and address health disparities. For example, we recently signed a major collaborative agreement and memorandum of understanding with Baylor College of Medicine to implement a comprehensive strategy to recruit and retain URMs for clinical trials and address inequitable health outcomes affecting URMs. The CEC is led by Dr. Veronica Ajewole and an excellent team of multidisciplinary faculty from TSU and other partnering institutions.

Together, we provide joint health education seminars and research education forums, and disseminate research findings from our institutions through seminars, conferences, mass media, including the KTSU radio station, CBMHR-Community Engagement Core's social media platforms and TSU website. These strategic activities address health concerns of the community and increase research participation among URMs that have been underserved. The collective strengths of the CBMHR cores, innovative research projects, structured career enhancement program and integrated community engagement makes the Center a synergistic, first-of-its-kind resource at TSU and Texas Medical Center (TMC), the largest medical complex in the world. We are starting to see increased engagement of our communities with CBMHR outreach opportunities and improved access to resources at TMC.

### **What do you envision as the future of minority health and health disparities research?**

With the emergence of precision and population health, I envision a nation where URMs have increased access to affordable health care, improved targeted therapies, and novel interventions for minority health are rapidly deployed and advanced. I foresee an acceleration in the closing of major gaps in health disparities research. I envision a future with more URMs in the educational pipeline, scientific genealogy and health professions workforce addressing diseases that disproportionately impact URMs. Ultimately, a collaborative, multidisciplinary and systemic approach addressing the underlying causative mechanisms of health inequities will transform the educational, translational and social economics continuum, to significantly improve minority health care. \*

*To read this article in its entirety, please [visit www.nimhd.nih.gov](http://www.nimhd.nih.gov)*



# Prostate Cancer Therapies

By Dr. Huan Xie

Prostate Cancer (PCa) is the most commonly diagnosed malignancy among men in the USA and the second leading cause of cancer mortality in that group. Furthermore, there is an obvious disparity for PCa  $\frac{3}{4}$  African American/Black males have higher PCa incidence and mortality rate compared to those in other races. Specifically in the greater Houston Community (GHC), where Texas Southern University is located, most recent data shows PCa mortality rate of 34.9% which is 15.5% higher among African American males compared to white, Hispanics or Asian/pacific Islander. The need to address the health-related concern for GHC is an indicator of the relevance of this project in the RCMI program at TSU.

## PCa Therapies

Early-stage PCa can be cured by surgery or radiation therapy, while for advanced-stage PCa, normal treatment has been androgen deprivation. Medical castration leads to decreased production of testosterone and dihydrotestosterone by the testes, but adrenal glands and even PCa tissue continue to produce androgens, which eventually leads to continued PCa growth despite castrate level of androgens. This stage is known as castrate-resistant prostate cancer

(CRPC). Patients with this aggressive disease have had poor survival rates and therapeutic options for CRPC are limited. Currently the first-line treatment option is docetaxel, which was the first chemotherapy to improve survival in CRPC approved by FDA in 2004. It is a taxane that blocks microtubule activity during cell division leading to apoptosis. However, the golden standard treatment of docetaxel plus prednisone demonstrates an increase in survival of only 3 to 4 months with considerable associated morbidity. In recent years, the new generation androgen pathway targeting drugs, have been approved by the U. S. Food and Drug Administration (FDA) for the treatment of CRPC.

Androgen receptor (AR)-regulated genes contribute to the initiation and progression of PCa. Current CRPC hormone therapy is reached through two mechanisms: a) removal of androgens or b) blocking androgens action by preventing their binding to the AR. Drugs utilizing the latter mechanism are known as anti-androgens. They act by competing with androgens for binding to the AR; they bind to the AR in the same pocket where androgens bind. But unlike androgens, they cause the AR to adopt a conformation that is inactive.

PCa is successfully treated with these anti-androgen drugs, such as abiraterone, bicalutamide and enzalutamide. However, after an initial response to treatment with such drugs, most PCa become resistant to this treatment and the prostate specific antigen levels rise and disease prognosis turns negative. Therefore, there is a great need to develop alternative therapeutic strategies that target well-established molecular mechanisms and regulatory proteins involved in AR activation in PCa. The 52 kDa FK506 binding protein (FKBP52) and the developmental regulator  $\beta$ -catenin are two such promising therapeutic candidates.

We have been working on preclinical development of a series of novel drug molecules that target FKBP52, and found they showed exciting anti-

tumor effects in CRPC xenograft mouse model: tumors shrank significantly compared to control and no obvious side effect or toxicity was observed. We are continuing working on novel nano-drug-delivery-systems on these molecules and hope they will be available for patients to use in the near future.



*Dr. Huan Xie is a Professor of Pharmaceutics in the College of Pharmacy and Health Sciences. She is also the Director of the Graduate Program of Pharmaceutical Sciences, PI of the RCMI Center for Biomedical and Minority Health Research (CBMHR), and Co-Director of CPRIT GCC Center for Comprehensive PK/PD & Formulation (CCPF).*



# Cancer Disparities and Black American Representation in Clinical Trials Leading to the Approval of Oral Chemotherapy Drugs in the United States Between 2009 and 2019 (*excerpt*)

This article was published in the *Journal of Clinical Oncology*.

**Authors:** Veronica B. Ajewole, PharmD, BCOP; Oyinkansola Akindele, PharmD Candidate; Uzoamaka Abajue, PharmD Candidate; Okwuoma Ndulue, PharmD Candidate; Jazzmin J. Marshall, PharmD Candidate; and Yhenew T. Mossi, PharmD Candidate

**QUESTION ASKED:** How extensive is the reporting and inclusion of Black Americans (BAs) in clinical trials that lead to the approval of oral chemotherapy medications?

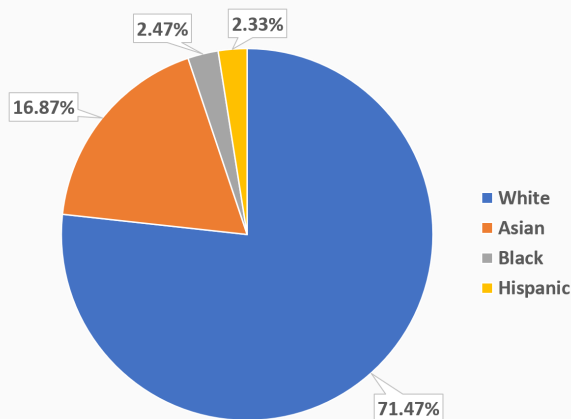
**SUMMARY ANSWER:** One hundred forty-two clinical trials led to US Food and Drug Administration (FDA) approval of 81 oral chemotherapy agents between 2009 and 2019, among which 74 (52%) reported on at least one race and were included in our analysis. Thirty-five thousand nine hundred thirty-three participants were enrolled in these 74 clinical trials, among which were 25,684 (71.47%) White, 6,061 (16.87%) Asian, 889 (2.47%) Black, and 826 (2.30%) Hispanic people.

**WHAT WE DID:** A retrospective review of all FDA-approved oral chemotherapy drugs from 2009 to 2019 was obtained using the FDA's Hematology/Oncology Approvals & Safety Notifications website. We identified the four major races based on US census categories: White, Asian, Black, and Hispanic. Race reporting was obtained from the National Institutes of Health clinical trials registry, [clinicaltrials.gov](http://clinicaltrials.gov), and reconciled with the published primary literature for each drug. The data from clinical trials registry and published primary literature were also reviewed to identify if the

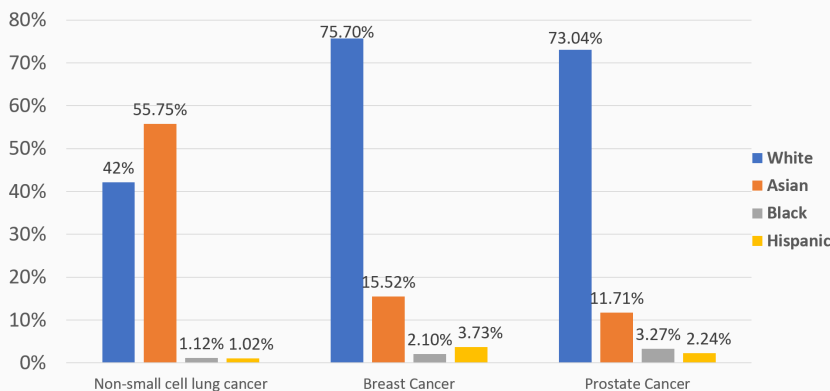
clinical trials enrolled patients predominantly in the United States, International countries including the United States, or Non-US-based countries. Based on available literature, we identified trials where there is a known racial subset that would be expected to be over-represented because of increased disease prevalence among BAs and other racial-ethnic populations. Additionally, information about industry-sponsored versus cooperative group trials was collected.

**WHAT WE FOUND:** BAs are under-represented in oral chemotherapy oncology clinical trials despite efforts made to increase minority participation in clinical trials. Considering the higher mortality rate found in this population in certain cancer types (breast, prostate, and non-small-cell lung cancer), there should be more BAs in cancer clinical trials to increase the generalizability of the results, improve outcomes, and eventually close the health disparity gap among this patient population.

**BIAS, CONFOUNDING FACTOR(S), AND REAL-LIFE IMPLICATIONS:** Several factors that affect BA participation in cancer-related clinical trials have been identified. For example, BAs are most likely to complain of mistrust of research and medical system as a barrier to participation in cancer-related clinical trials. Understanding these factors is critical for rectifying the disparities shown in our analysis. Lack of diversity in clinical trials decreases opportunities for identifying effects that could be particularly important to ethnic minority populations, thus leading to inappropriate distribution of benefits and risks of clinical trial participation. Increasing BA participation in clinical trials will lead to results that are generalizable to patients treated with the approved agents and higher quality of care for all patients. Representation of BAs was consistently low relative to the cancer burden among this population. There was low representation of BAs regardless of enrollment locations and industry-sponsored versus cooperative group clinical trials. Asian people were more reasonably represented in clinical trials for tumors with epidermal growth factor receptor-activating mutations that can be more prevalent in locations with larger Asian populations. Regardless of enrollment locations, clinical trial sponsorship, or inclusion of trial participants with diverse racial and ethnic backgrounds, these oral chemotherapy medications are now FDA approved in the United States for use in the general population including BAs. This finding calls for more efforts to be made for reporting of racial representation in clinical trials as this will lead to better generalizability of study findings.



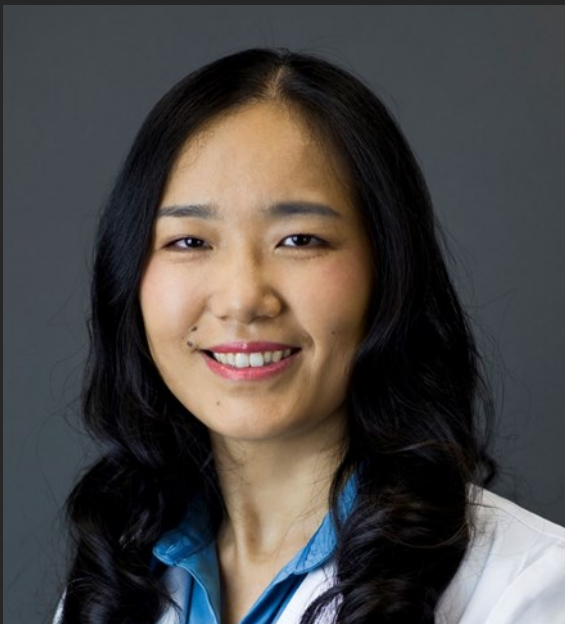
*This figure illustrates Black American representation in oral chemotherapy clinical trials, 2009-2019*



*This figure illustrates Black American inclusion in oral chemotherapy clinical trials involving disparity-related cancers among Black American populations 2009-2019.*

Article Citation: DOI: 10.1200/OP.20.01108 JCO Oncology Practice 17, no. 5 (May 01, 2021) e623-e628. Published online May 11, 2021. PMID: 33974825





*Hongmei Wang, PharmD, PhD, BCPS is an Assistant Professor of Pharmacy Practice at Texas Southern University. She is also an Infectious Disease Clinical Pharmacy Specialist at Houston Methodist Texas Medical Center.*

# Overview of COVID-19 Vaccine

By Dr. Hongmei Wang

COVID-19 is a viral infection causing respiratory illness. People with COVID-19 commonly experience fever, dry cough, and tiredness. Still, symptoms may vary depending on the person. Additional symptoms include shortness of breath, difficulty breathing, muscle aches, loss of taste or smell, and even death. The virus is easily contagious; therefore, everyone needs to protect themselves from getting the virus. It is recommended to get the vaccination for your own safety and protection against COVID-19. There are three authorized vaccines in the U.S, which are Pfizer-BioNTech, Moderna, Janssen COVID-19 Vaccines.

Vaccines help bolster our bodies' response by producing antibodies against the virus that causes COVID-19 without us having to get the illness. Antibodies are proteins your body make to keep us from being infected. The vaccines can take a couple of weeks to develop the antibodies in the body; therefore, people can still be infected with SARS-CoV-2 postvaccine before producing enough antibodies. However, it is crucial to understand that your immune system needs time to build the protection against COVID-19 after vaccine.

## Pfizer-BioNTech, Moderna & Janssen

**Pfizer-BioNTech** vaccine is an mRNA type – a small molecule-based technology. This vaccine is a two-dose series separated by 21 days administered via intramuscular injection into the deltoid muscle – one of the shoulder muscles. Side effects from the vaccine include pain at the injection site, redness, swelling, tiredness, headache, muscle pain, chills, fever, and nausea. These side effects may manifest a few minutes to hours after the vaccine is administered and are more pronounced after the second dose of the vaccine. Study trial has shown that the Pfizer-BioNTech vaccine is 95% effective in preventing COVID-19.

**Moderna** vaccine is another mRNA type. Like Pfizer, this vaccine is an intramuscular injection in the deltoid muscle as a 2-dose series separated by 28 days from the first dose. You can

expect side effects similar to Pfizer's. Similar side effects are expected to this vaccine. Study trial has shown that the Moderna vaccine is 94.1% effective in preventing COVID-19.

**Janssen** vaccine is the newly approved vaccine, which is a viral vector type vaccine. Unlike the other two vaccines, this vaccine is given a single dose intramuscular injection into the deltoid muscle. This vaccine is very convenient compared to the other two vaccines. However, the study trial has shown it to be 72% effective in preventing COVID-19. Similar side effects are expected to this vaccine.

In the U.S, since there are more than 15% of the population are vaccinated, COVID-19 patients are steadily decreasing. Vaccinations are saving you and your family.

# El Cuidado De Nuestra Salud No Puede Esperar

By Dr. Maria Carmenza Mejia

Una encuesta reciente revelo que casi la mitad de las personas en los Estados Unidos han retrasado su atención médica debido a preocupaciones sobre COVID-19. Esto indica que mucha gente no está recibiendo la atención necesaria para sus condiciones médicas, aún en emergencias como infarto de miocardio, accidente cerebrovascular y crisis hiperglucémica. La preocupación de ponerse a ellos mismos o a sus familias en riesgo de contraer COVID-19 al ir al hospital ha causado reducciones fuertes en la atención preventiva (como colonoscopias, mamografías y vacunación). Estos retrasos en el cuidado preventivo podrían tener efectos a largo plazo en la salud pública como el control de enfermedades infecciosas, cáncer y el tratamiento de enfermedades crónicas, así como en la salud dental y mental. Si bien es importante quedarse en casa y seguir las recomendaciones de distanciamiento social, es fundamental saber siempre cuándo buscar atención urgente y preventiva (como

la detección del cáncer).

Las consecuencias de la atención tardía pueden variar, dependiendo de factores como la salud subyacente de la persona y qué tipo de atención se evita. Sin embargo, el retraso prolongado de la atención primaria y especializada podría, aumentar la probabilidad de exacerbaciones o complicaciones agudas, y retrasar el diagnóstico de nuevas condiciones especialmente entre los grupos de personas vulnerables (como niños y ancianos).

Queremos motivar a las personas a acceder a la atención preventiva, ya que esto permite la detección temprana de muchos tipos de enfermedades (como el cáncer, diabetes, etc.) en lugar de en una etapa más avanzada, lo que podría limitar las opciones de tratamiento o resultar en un pronóstico más pobre.

También es importante que las familias no retrasen las visitas pediátricas.



Esto podría causar que los niños no reciban importante medidas de atención de la salud como las vacunas infantiles y chequeos físicos y de salud mental rutinarios (que son cruciales para detectar y controlar afecciones como asma, problemas cardíacos y trastornos de conducta). Si las tasas de vacunación continúan rezagadas, podría aumentar el riesgo de brotes de enfermedades prevenibles, especialmente a medida que las escuelas se reabren al aprendizaje en persona.

En resumen, instamos a las personas a que busquen atención cuando sea necesario e intenten crear una amplia conciencia sobre los peligros del retraso de la atención médica. Es comprensible la

angustia por buscar atención médica fuera de sus hogares durante una pandemia, razón por la cual las organizaciones de proveedores de atención médica están instituyendo proactivamente medidas para garantizar la seguridad de la atención en persona, así como el aumento de las visitas remotas (telesalud).



*Maria C. Mejia, MD, MPH  
Profesor Asociado  
Departamento de Medicina  
Familiar  
Baylor College of Medicine*



## **RADIANT—A Closer Look at Diabetes**

**By Nupur Kikani, MD**

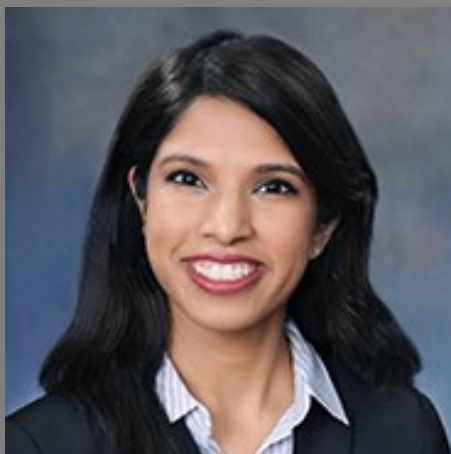
Diabetes has long been described as having two forms: “type 1 diabetes”, in which the body makes no insulin, and “type 2 diabetes”, in which the body does not respond properly to insulin circulating in the blood. Insulin shots are considered necessary to treat type 1 diabetes, whereas there are many drugs in addition to diet changes and physical activity that can be used to treat type 2 diabetes. It has become more and more evident over the last couple of decades that there are many other forms of diabetes that do not fit neatly into the categories of “type 1” or “type 2 diabetes”. These “atypical” forms of diabetes have not been well understood and it is likely that many of them may be more prevalent in persons belonging to underrepresented minority groups in the US, such as African Americans and Hispanic Americans.



Identifying persons with atypical forms of diabetes and identifying their characteristics may help us better understand what causes these of diabetes, and which treatments might be most appropriate for them. In other words, the information may help us recommend specific treatments for patients with different forms of diabetes, instead of using a “one-size fits all” approach that we currently use for people with type 1 or type 2 diabetes. Earlier diagnosis of diabetes or for genetic causes, screening of appropriate family members and genetic counseling for the condition may be possible.

The National Institutes of Health (NIH) has launched a national study, called RADIANT (Rare and Atypical Diabetes Network) to identify persons with atypical diabetes and use the latest scientific methods to understand the causes and characteristics. All persons (ages 0 – 85 years) are welcome to apply. For those who are selected and provide informed consent, the investigations are performed at no cost to the participant.

*For more information, please visit the **RADIANT** website: [www.atypicaldiabetesnetwork.org](http://www.atypicaldiabetesnetwork.org), or contact Dr. Ashok Balasubramanyam, Baylor College of Medicine, at [ashokb@bcm.edu](mailto:ashokb@bcm.edu).*



Nupur Kikani, MD is a Clinical Postdoctoral Fellow, PGY-5 in the Department of Endocrinology, Diabetes, and Metabolism at Baylor College of Medicine.



# Faculty Spotlight: Dr. Howard Henderson

COVID-19, Race, and Criminal Injustice

By Dr. Howard Henderson



*Howard Henderson, Ph.D. is a Professor and the Founding Director of the Center for Justice in the Barbara Jordan—Mickey Leland School of Public Affairs at Texas Southern University.*

In many ways, the COVID-19 pandemic is devastating the Black community at alarming rates. Across the country, majority Black counties are reporting three times the rate of infections and almost six times the rate of deaths as majority-white counties. Black people are more likely than any other racial group to have preexisting conditions, resulting from a historical legacy of socio-political inequities. In addition, the looming economic ramifications of this pandemic are also falling most heavily on Black communities. Coupled with the over-representation of Black people in the criminal legal system and underrepresentation in access to quality healthcare, these frightening statistics paint a very troubling picture for Black America.

Despite this reality for Black communities, the response to the COVID-19 pandemic

within the criminal legal system has failed to center on race. As a professor at Texas Southern University and the founding director of the Center for Justice Research I would like to take this opportunity to explicitly address the impact of COVID-19 on incarcerated people, and the larger Black community, from the perspective of culturally-responsive researchers.

I will briefly establish the need to target COVID-19 resources and strategies to and for the Black community and for people being released to COVID-19 hot spots. These steps are crucial to ensure that racial disparities do not increase during this crisis. Ultimately, the Center for Justice Research implores policymakers, advocates, and other criminal legal system stakeholders to center COVID-19 responses on race and collaborate with experts who identify with the communities most impacted.

## **The Public Health Crisis**

Each year, approximately 10 million people are processed in and out of local jails, where they spend an estimated 25 days until being released back to their communities. Characterized by close quarters, transient populations, and high prevalence of chronic and infectious diseases, jails and prisons pose a significant public health risk during this pandemic. Despite canceling visits during the pandemic, jails and prisons remain a hot spot for COVID-19 infections. There are 446 more positive COVID-19 cases per 100,000 people in correctional facilities than in the general U.S. population. And, the prevalence of chronic medical illnesses and infectious diseases remains four to 17 times higher in correctional facilities.

As COVID-19 infection rates in prisons and jails increase, incarcerated people, their loved ones, and the health of surrounding communities are increasingly at risk. Incarcerated people are in daily contact with correctional officers and staff, defense attorneys, and other members of the community. Staff enter and exit correctional facilities each day – spreading the virus between their families, communities, and incarcerated people. In addition, more than 95% of all people who are incarcerated are eventually released. All this adds up to a serious problem. The public health crisis in prisons and jails despite the fact that the COVID-19 infection rate is higher among incarcerated people than the general population, COVID-19 testing availability remains severely limited in correctional facilities. Approximately 2% of federal prisoners have been tested for COVID-19, and 70% of those tested were positive. This positive test rate has been consistent with the numbers found in local

jails around the country. For example, as of April 19, 2021, approximately 23% of the Texas Department of Criminal Justice population has tested positive for COVID-19 cases in comparison to 8.4% of the Texas population – which means that the COVID-19 infection rate is higher in Texas prisons than in Texas's general population.

Due to a lack of testing, and the fact that approximately 40% percent of incarcerated people have a chronic health condition (e.g. cancer, high blood pressure, or diabetes), these numbers are expected to continue to rise – ultimately impacting the community as a whole. Combined with the devastation the COVID-19 pandemic is already causing to the Black community, this stark reality has created a health crisis within the criminal legal system that's become a matter of life or death for Black people.

## **Final Thoughts**

As reflected in the infection and death rates from the COVID-19 pandemic, Black communities are the most vulnerable to a crisis of this proportion because of routine disadvantages and institutional racism. The COVID-19 crisis is also unfolding within the context of mass incarceration, which creates additional risks for Black people in prisons and jails, and the communities to which they return. Collaboration between public health institutions and the criminal legal system is particularly important in this moment. The COVID-19 responses within the criminal legal system must be centered on race and include input from Black professionals who have unique perspectives as system actors and members of a community that has been impacted the most severely by this pandemic. Policymakers can no longer turn a blind eye to the racial injustices embedded in both the criminal legal system and public health system.

# The Loss, The Learning and The Strength

By Leslie Clark

Caring for someone you love is not an easy journey; do not ever allow anyone to tell you anything different. Finding that balance that works for you and your loved one needing care is a complicated undertaking. This journey has miraculously been a spiritual journey for me nonetheless. I know I must take care of myself as well or I will not be able to care for anyone else.

Functions most of us take for granted become extremely unmanageable for someone who has experienced sudden health issues during a Pandemic. Not only is my ex-husband frustrated, and confused many times, but I am too. Initially, I was extremely frustrated experiencing an enormous amount of anxiety. To accomplish comfort for him is difficult because he has great difficulty communicating when he is hurting or uncomfortable. In other words, I hurt for him at the same time because I struggle with the balance to make the things go smoothly. Let it be known, the unexpected always occurs.

When something unexpected happens, your mind and body automatically go into survival and help mode. Having numerous health issues myself only further complicates my ability to provide care for my loved one. I felt invisible and hesitant being alone with him. I was afraid I would do something wrong. Countless scenarios were running through my head of the possibilities of accidents.

I took the responsibility-you see, it is not about me, it is not about the loved one-it is about the purpose of God's Will. The selfish part of me said: "This is not your responsibility; you have your life and you have accomplishments you are trying to achieve...This is going to be a problem."

This is a crucial time because it is a matter of life, quality of life and a comfortable transition. In a pandemic seeking assistance is not easy, hospitals have regulations, doctors are communicating with patients via electronic medical visits, everything is so impersonal.



Initially, I did not actually understand the changes in his personality, the tasks he could not perform with ease any longer, the changes in eating habits, the slow cautious awkward movements, or the loss of body functions. There are days he speaks very clearly and expresses himself articulately and there are days I cannot understand a thing he says. This is heart-breaking.

My ex-husband is a very accomplished man. Educated, talented, creative, funny, caring, stubborn and generous in spirit. He has never been a quitter and when I see signs of him giving up, I am literally at a loss. What do I do? How can I lift his spirit? I just cherish every opportunity to gain lessons from caring for him. There are no vacations when it comes to self-care and his care. I am not saying there is not a level of perfection for self-care. I am saying one must develop the balance for themselves to prevent becoming overwhelmed and stressed out. Only “you” know what will prevent you from becoming overwhelmed. Adversity builds strength.

*Leslie Clark received her graduate degree from Texas Southern University in 2020. Her concentration was Organizational Communication.*



# COVID: The Mental Fortitude Fight

By Kortney Carmouche

Understanding how to improve our mental health amidst a world-wide pandemic is important. We are experiencing stressful times as we continue to navigate our daily lives with COVID-19 being the new normal. In addition to heightened anxiety, stress, depression, and fear amongst many—we are also losing family members and friends. Life is hard enough without the added stress of a pandemic and the pressure it brings.

How does one exude mental fortitude despite the negative things going on in the world today? I will share ideas that I have implemented in my daily routine to keep myself productive and positive. For many reasons, it is important to practice self-care and mindfulness to take charge of your life.

I've provided a few tips that have helped improve my mental and physical health during the pandemic.

**1. Stick to a Routine:** Find a routine that works for you. Establishing a routine creates structure and sets the tone for your day. An organized person, like myself, enjoys the structure a routine provides because I am more productive throughout the day and able to focus on my responsibilities and not my negative feelings.

**2. Exercise:** Staying active can reduce the level of stress or anxiety a person feels, which improves overall mental health. Find what type of physical activity works for you and get moving!

**3. Relax / Meditate:** Our bodies need to recharge. Set aside time for relaxation and reflection during the day. One way to unwind and reflect is through meditation. Meditation helps reduce anxious feelings and replaces it with gratitude. This practice helped me because what I think, say, and believe ultimately shapes how I perceive myself and the world around me. This allows me to address any stress.

The emotions that I and many others experience are normal reactors to our current state of affairs. Managing your mental health (especially during a pandemic) can seem like a fleeting task at times. However, it does not have to be if you seek positive coping mechanisms when feeling overwhelmed. It is ok to seek additional support during these times. Make your mental health a priority every day.

The main idea is to pay attention to how we feel and react positively to situations. Self-care strategies affect your mental and physical health, and in return it gives you control over your life and emotions. COVID does not have to negatively change the way you think, feel, and behave. Instead, we can use this time as an opportunity to improve ourselves mentally and physically.



*Kortney Carmouche is a graduate student in the School of Communication. Her concentration is Organizational Communication.*



# Mind Over Matter

By Temika Atkins

Mental health is a real issue that haunts many people. One particular demographic that is consistently overlooked is African Americans/Black people. Many members of the Black community have created a culture where you keep your thoughts and feelings to yourself. If you need help, then talk to your pastor or “pray about it” or “get over it”, because we do not talk about thoughts or feelings.

According to Census Bureau, 41% of the Black community experienced depression and anxiety more than any other racial or ethnic group. Black Americans were already struggling with historic levels of mental health problems amid the coronavirus pandemic. Then adding the countless videos of the violence against Black bodies, such as the video of Mr. George Floyd, added to the angst and anxiety that was already brewing from dealing with an international health crisis.

Black communities in America have been disproportionately affected by the number of coronavirus cases and

deaths. Also dealing with the coverage of the injustice of innocent Black people who were killed has rioted global attention. For years Black communities have been faced with stressors that impact them on limited and shared resources and compromised coping levels. Health disparities between Black communities, like less disposable income and generational wealth, reduce the number of resources that are accessible to these communities—especially as relates to health.

The National Alliance of Mental Illness stated there is a significant increase in Black communities seeking therapy. Telehealth, or health services from either computer or laptop has increased rapidly since quarantine. There are a lot of free and low-cost services being offered. Furthermore, there are organizations and groups that are providing these free services such as, Google and National Alliance of Mental Illness. There has also been an increase of individuals in communities of color using spiritual practices to help combat mental issues during COVID-19.

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I myself, experienced several mental breakdowns during quarantine, and was on the verge of committing suicide, twice. Being unemployed for 10 months took a toll on my mental health. After a family member committed suicide, I finally took the initiative to make my mental health a priority and choose me. I took advantage of free local services in Houston. One service was an organization called The Source, a full-service women's health clinic that empowers women to find agency by using their choices. They offer free professional counseling with trained and licensed LPC, LPC-i, and LCSW counselors.

You cannot wish away anxiety, depression, post-traumatic stress disorder, or suicidal thoughts. Help is available. If you or anyone you know is suffering silently, be an ally and urge them to seek help and re-assure them they are not alone. Remember you are never alone.



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*Temika Atkins is a graduate student in the Texas Southern University School of Communication. Her concentration is Professional Communication and Digital Media.*

# Loving Our New Normal

By CiErra Liggins

The rising access to COVID-19 vaccinations has many of our fingers crossed and hoping the world will be re-opening soon. If you were like me, quarantining with a cabinet full of food meant binging in your pjs in front of HBO day and night—while watching the numbers on your bathroom scales increase. The mirror might also be reflecting a new person. So how do we adapt to a changing world while getting used to our changing bodies? Our first step is to acknowledge the ways in which our society marginalizes body types that do not fit into the narrow image of what a body should look like.

While I have lived my pre-COVID existence in the privilege space of a western accepted body frame, gaining 40 pounds in the last year has forced me to reckon with the social conditioning that taught me negative body image language, behaviors, and fears. We believe that we are woke until we are

faced with

our own biases. However problematic that may be, the reality is that I am, as much as the world, a participant of prejudice against larger bodies.

The intersections of race, gender, class, and body shaming must also be centered in this discussion for it is black larger women who are most harmed by this type of hostility. The foundation of body image is inherently a part of the anti-black and anti-poor agenda. Author Sabrina Strings traces body image back to the slave trade in her book “Fearing the Black Body: The Radical Origins of Fat Phobia.” Strings states “[t]he discourse of “fatness” as “coarse,” “immoral,” and “black” worked to denigrate Black women, and it concomitantly became the impetus for the promulgation of slender figures as the proper form of embodiment for elite white Christian women.”



Yet is the desire to lose unintended weight gain anti-larger bodies? There are many benefits associated with exercising including mood boosting effects, and life longevity. Fitness culture can use body negative language, ask infamous fitness guru Jullian Michaels who was in trouble last year for questioning a Black Larger Woman artist, Lizzo's praise.



.@JillianMichaels on Lizzo: "Why are we celebrating her body? Why does it matter? Why aren't we celebrating her music? 'Cause it isn't gonna be awesome if she gets diabetes."

Is it appropriate to acknowledge that such a drastic change in one's appearance yield a triggering response? Yes, however it is just as important to check ourselves in how we are aggressively police our own bodies and who we are harming in the process. As we begin vacationing, going to bars, and dating again, we should also be taking with us an understanding of body terrorism. Body terrorism is a term that author Sonya Rane Taylor calls "the historical and contemporary violence associated with body hatred..." We need to be critical of how we are addressing our vessels that have survived a global pandemic and remember to be kind and gentle to each other and ourselves.

*CiErra Liggins is a graduate student in the Texas Southern School of Communication. Her concentration is Professional Communication and Digital Media.*



# Exercising Our Way Through COVID-19

**By Asihia Glover**

For a little over a year, COVID-19 has left many people across the world with a feeling that is prompting them to make necessary life adjustments. Many people have viewed our time isolated in quarantine as a means for the world and its citizens to ‘pause’ or ‘reset’, and attempt to exit quarantine with a better mindset and a healthier body and soul.

Dequann Ruffin, a native of New Orleans and former collegiate and professional athlete, made the transition from working out to maintain an abled body for his respective sport, to exercising and working out as a beneficial way to support his mental and physical well-being.

“After the professional stage of my career, I decided to take my workouts a little more seriously. I realized that working out was not only beneficial to my

body physically, but I also recognized that it became beneficial to my mental health,” said Ruffin.

Ruffin saw improvements in his mind and body, and with the support of his very first client as a personal trainer, he decided to open his own gym in Houston, Texas, Overtime Fitness.

As COVID-19 continues to leave its mark on the world, many have resorted to various forms of self-reflection in regarding their mental health. Across various social media platforms we can view many ‘before and after’ images of users who used the quarantine period, and COVID-19 in general, as a way to improve their mental and physical health.

Since the opening of his gym, just as COVID-19 made headway, Ruffin has seen a spike in his clients’ mental and physical well-being.

“You can tell a big difference in my clients from the start of this pandemic to now,” says Ruffin. “From their energy, to how they carry themselves, you can really see my clients start to shine throughout their journey.”

While many have gotten a head start on a healthier lifestyle change, some used this pandemic as a push to start their journey. “I think that COVID -19 is really giving people the push that they need to start this lifestyle change,” Ruffin stated. “Not only is there now a push to have healthier habits, but often without knowing, there is now a push to improve their mental health.”

Ruffin indicates that his clients may enter his training program wanting to reap the physical benefits, but as they continue, they reach unimaginable goals.

“With working out I think that my clients have found a

sense of release,” says Ruffin.

“My clients are coming into the program for the physical benefits, but they are really exposing themselves to a whole new uncharted level of their mental capacity”.

As the world continues to navigate through these unknown times, what it is known for sure is that many people are choosing a healthier lifestyle for themselves and reaping the benefits of prioritizing their mental health.

While this pandemic has its difficulties, there are moments like these that allow us to hold on to the glimmer of hope that there is better to come.



*Asihia Glover is a graduate student in the School of Communication at Texas Southern University. Her concentration is Health Communication.*



# Mask Up & Get Active!

By Deja Miller

Our lives will forever be altered by COVID-19, including the way we take care of our bodies. More than usual, people are out trying to become active in the midst of a pandemic. At the beginning of the pandemic, families were stocking their pantries and freezers and cabinets with snacks, toilet paper, and sanitation products. Now people are rushing to get in the gyms and Zumba classes outside.

Many people found comfort in eating and relaxing during our time in isolation. After indulging in comfort foods, delectable desserts, and snacks—people are starting to feel those honey buns sticking to their buns. Arianna Ogbor, 23-year-old recent college graduate of Clark Atlanta University said, “Outside will open back up soon enough and when it does, I need to be ready.” Arianna is one of many who is

trying to return to their routine of working out so they can look and feel their best.

Whether you are working out at the park or in front of your house taking a stroll—get active and still practice the COVID-19 regulations and please maintain a safe distance from others.

Working out and getting active outside or even within your quarantine bubble, has the potential to become a huge stress reliever. Many people lost their jobs or transitioned to working from home. Many parents are experiencing the complexities of virtual learning with their children. The amount of stress a person can be going through during this pandemic is indescribable for many. Increasing physical activity has been a sense of therapy for many facing tumultuous times.

Although people seem to be going through unbridled experiences during this time, some people are still able to create and maintain habits that promote physical fitness. One of Arianna's friend groups creates fitness challenges that rewards the person who loses the most weight. As psychology suggests, positive reinforcements tend to motivate a person. Many use this concept to make sure they are staying fit. Fitness challenges and running challenges with monetary rewards are one of the many ways people are finding the fun in staying fit.

Working out can give people a break from their quarantine bubble.

Working out can provide some time for a person to debrief from a long day of sitting in front of a computer, Zoom meetings, and all of the other activities that have increased the mundane aspects of our new realities. Everyone's life has been changed in some aspect due to COVID-19 and creating healthy habits is more important than ever. Other diseases such as diabetes and high blood pressure are still very real and very present within communities of color. It is so important that we use this time to highlight our physical and mental health—not neglect it.

*Deja Miller is a graduate student in the Texas Southern University School of Communication. Her concentration is Health Communication.*





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The logo for the Center for Biomedical & Minority Health Research (CBMHR) features the acronym "CBMHR" in large, bold, grey letters. To the left of the "C" is a stylized icon of a red and white pill with a grey orbital ring. To the right of the "R" is a small red flask icon. Below the acronym, the full name "CENTER FOR BIOMEDICAL & MINORITY HEALTH RESEARCH" and "COMMUNITY ENGAGEMENT CORE" are written in a smaller, dark red, sans-serif font.

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**Email:** [cbmhrcommunity@tsu.edu](mailto:cbmhrcommunity@tsu.edu)

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**Phone:** 713-313-1233



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