

A. The bioethics problem to be addressed: Core principles of bioethics include respect for persons, beneficence, and justice that require patient and research participant consent, actions that benefit patients and minimize risks to research subjects, and equitable access to health care, good health outcomes, and research benefits. However, these ethical principles have not been fully specified and implemented in minority communities. The quality of care and health outcomes are worse for minorities in maternal and fetal health, cardiovascular disease, and renal transplantation, even when severity of illness and access to care are taken into account.^{1,2} Research scandals such as the Tuskegee study and the Henrietta Lacks case may discourage individuals from historically disadvantaged populations from participating in research, if they are even asked.^{3,4} As a result, data on how to improve health outcomes for minority populations are often lacking, and promising new approaches such as precision medicine may fail to benefit minority groups. At the end of life, African Americans receive less and lower quality information about palliative care and hospice. Physicians may not appreciate the spiritual and cultural values that ground African Americans' decisions. As a result, such patients may mistrust doctors' recommendations to limit care.⁵⁻⁹ Furthermore, hospital policies that allow physicians to decide unilaterally to forego interventions that are potentially medically inappropriate are disproportionately applied to minority patients.¹⁰

Minority physicians and researchers have carried out successful innovative projects that address these disparities and inequities. For example, health screening and prevention for hypertension, cancer, and HIV infection has been instituted in barbershops,¹¹ beauty salons,¹² and churches and other faith based organizations.¹³⁻¹⁶ Physicians have partnered with churches to facilitate advance care planning.¹⁶ African Americans are participating in a long-term study to understand the genetic and other factors that increase their risk for heart disease.¹⁷⁻¹⁹

However, the underrepresentation of racial and ethnic minorities in medicine, law, medical research, and bioethics makes it harder to address these challenges.²⁰⁻²² This project will develop a model undergraduate bioethics course that: (1) gives minority students a deep understanding of bioethics problems salient in their communities, (2) highlights how minority physicians and researchers are addressing these problems in real-world projects, and (3) supports students' post-graduate goals through mentoring and research opportunities.

Georgia State University's (GSU) highly diverse study body, success in eliminating graduation gaps based on race, ethnicity or low income, and strong bioethics/health law program make it a perfect site to develop, evaluate, and disseminate the course.

B. How the project will promote the Foundation's vision of making bioethics integral to decisions in health care, policy, and research and its mission of expanding bioethics knowledge to improve clinical, biomedical, and public health decision-making, policy, and practice: This proposal will help students from historically disadvantaged groups develop their interest in and familiarity with bioethics by developing a model bioethics course that helps students understand bioethics cases have particular salience to their communities and illustrates examples of positive change. Although few will devote their careers to bioethics, these students will be better able to identify and respond to bioethics problems they encounter

in their careers, whether as physicians, lawyers, public health officials, or business people. Moreover, the course will try to inspire and encourage minority students to pursue graduate education and include bioethics as part of their studies²³ and plug some of the “leaks” in the pipeline of minorities applying to graduate and professional programs.²⁴

C. Specific aim: To engage high-achieving undergraduates from disadvantaged minority backgrounds in the study of bioethics in ways that have particular salience to their communities, while facilitating and supporting post-graduate study. We will achieve this goal by developing a seminar-style course (See Appendix A) that focuses on cases that are salient to students’ lived experiences, offers examples of innovative ways minority researchers are addressing persistent bioethics issues that harm underrepresented minority communities, and highlights the work of minority scholars. We will augment our impact through student mentoring, offering funded summer research experiences, hosting a high-profile public presentation, and soliciting feedback that will inform future directions for courses offered at GSU and elsewhere.

D. Methods:

Development of an innovative bioethics course. Profs. Wolf, Anderson, and Lombardo will develop and lead the course, drawing on their combined expertise and teaching experiences. We hypothesize that overemphasizing autonomy in bioethics discussions may ring false to disadvantaged minority students.^{21,25} The aspiration to shared decision making in health care, for example, may seem secondary to the challenge of gaining access to health care and paying for care. Accordingly, we will develop the course to be salient to the students’ lived experiences while exploring a wide range of bioethics issues and principles.

Our learning objectives for the course are for students to:

1. Identify bioethics issues in real-life cases of particular relevance to disadvantaged minority students
2. Apply bioethics principles and methods to analyze critically these cases and evaluate potential solutions
3. Study innovative examples of resolving bioethics issues in similar cases and identify why these examples were successful.
4. Identify potential career paths to working on such issues and the steps to attain them
5. Reflect on the relevance of bioethics in their own lives and their communities
6. Recognize the applicability of bioethics principles and methods beyond traditional, explicitly bioethics cases

We will start the course with a well-publicized contemporary case, such as Serena Williams’s negative medical experiences surrounding the birth of her daughter that illustrates the disproportionate obstetrical mortality and morbidity African American women face regardless of income.²⁶ Familiarity with the selected case will help students to identify ethical issues and discover the underlying ethical framework, which will lay the foundation for later discussions.

The remainder of the course will explore a variety of bioethics issues over multiple sessions using a mix of classic and contemporary cases to further students' understanding of bioethics principles and approaches. Each issue will be coupled with a discussion of how the bioethics issues and analysis may play out differently in diverse populations and successful examples of bioethics work that seek to remedy those challenges.

We will consult with guest lecturers and colleagues at GSU and other institutions to develop the specific content. In selecting topics, we will prioritize issues that are likely to affect our students lives and, thus, may stay with them regardless of their career choices, but also reflect the full panoply of bioethics issues. The following are examples of potential modules:

Medical bioethics issues:

The doctor-patient relationship.

- This module will explore the foundational topic of physicians' ethical obligations to patients (e.g., obligation to act in the patient's best interests and professional norms of fidelity, integrity, and justice) and the power differential in that relationship.
- We will draw on students' (and their families') experiences, as well as the well-documented evidence of differential access and treatment based on race and ethnicity, to explore the remaining bioethics challenges in this context. We will also explore the history behind distrust of the medical profession.
- We will study examples of efforts to remedy these disparities, such as:
 - Monica Peek's South Side [Chicago] Diabetes Project that mobilizes physicians, patients, and community partners (including businesses) to "improve health outcomes and reduce disparities among residents in the largely working-class African American communities that comprise Chicago's South Side."²⁷⁻³² Dr. Peek is a Greenwall Faculty Scholar in Bioethics.
 - Provision of healthcare screening and education in community settings, such as blood pressure screenings in barbershops,¹¹ breast cancer screening education in beauty salons,¹² and screenings and education on various topics in churches and other faith based organizations.¹³⁻¹⁶
 - Alicia Fernandez's research showing positive health outcomes when patients with limited English proficiency have doctors that speak their language.³³⁻³⁵

End of life decision-making.

- This module will use classic cases to explore the concepts of informed consent, right to refuse life-sustaining treatment and advance care planning, as well as the underlying ethical principle of respect for persons and its application via personal autonomy.
- We will ask students to reflect on personal experiences with end of life decision-making as we explore the racial and ethnic differences in advance care planning and care preferences in the context of the differential access and treatment based on race and ethnicity, and how distrust of the medical profession contributes to those differences.³⁶
- We will present examples of research that seek to address these differences in end of life decision-making and evaluate their impact and the challenges to undertaking such research, such as Kimberly Johnson's work partnering with African American churches to

develop culturally appropriate and acceptable models for facilitating advance care planning³⁷ and to improve access to hospice and palliative care.^{5,7-9,38}

Research ethics issues

Underrepresentation in biomedical research

- We will use the Tuskegee Syphilis study to explore how it violates the principles of respect for persons, beneficence, and justice, and how it prompted, along with other research scandals, the ethical and regulatory structure governing research.³⁹
- We will consider the legacy of the Tuskegee Syphilis study on research participation and trust in researchers and medical professionals and how underrepresentation weakens the evidence about the effectiveness and safety of treatments within these populations.
- We will present examples of successful research projects addressing conditions that disproportionately affect minority populations, as well as successful efforts to increase minority enrollment in such research, such as:
 - The work of SisterLove, Inc., an Atlanta community-based organization, to develop an evidence-based HIV prevention intervention “designed by and for black women” in collaboration with the CDC.⁴⁰⁻⁴³ (Profs. Anderson and Wolf both have existing relationships with SisterLove, Inc.)
 - The Jackson Heart Study’s success in building partnerships and trust to recruit and retain African Americans for a large, longitudinal research to study what puts them at disproportionate risk.¹⁷⁻¹⁹ The study includes genomic testing.

Genomic research

- We will explore how the Henrietta Lacks and Havasupai cases, as well as the legacy of eugenics in this country,^{44,45} impact the willingness of minority populations to participate in genomics research and how that may undermine the opportunity to receive the potential benefits of precision medicine.⁴⁶⁻⁴⁸
- We will present successful examples of encouraging diverse representation in genomics research, such as Consuelo Wilkins’s work with the Vanderbilt-Meharry Alliance supporting community-engaged research and partnerships to facilitate research to benefit minority population, including in precision medicine initiatives.⁴⁹⁻⁵⁶

Public health ethics issues

Housing issues

- We will use the Kennedy-Krieger lead paint abatement case to explore ethical issues that arise in the context of housing and environmental hazards and their disproportionate impact on minority communities.^{57,58}
- Courtney Anderson will present examples of how community lawyering,⁵⁹ which marries legal services and community organizing in underserved communities, can positively impact the health of those communities.⁵⁹ Examples from her classes include helping elementary students stay in school by addressing housing stability and quality, working with neighborhood planning units to remove health threats from abandoned tires, and renovating blighted homes while training ex-criminal offenders in construction. This interdisciplinary approach also builds on community members’ expertise.
- We will also discuss the value of medical-legal partnerships, like GSU’s Health Law Partnership, in which doctors and lawyers work together to address underlying social

determinants of poor patient health.⁶⁰⁻⁶² For example, legal services can help to get a child away from mold that triggers her asthma, requires repeated emergency care, and keeps her out of school.

Eugenics and reproductive rights

- We will explore the American experience with eugenics, which also informs minority response to public health work generally, since research in eugenics was often characterized by population-level screening programs and purportedly hierarchical racial taxonomies that were used to classify both patients and research participants.⁶³
- We will review recently revealed instances of discrimination in the provision of reproductive health services, from differential access to specific modes of birth control, to exclusion from assisted reproductive technologies, to coercive sterilization of women in California prisons less than a decade ago.⁶⁴
- We will explore positive examples, such as the work of Cynthia Gómez to empower Latinx youth on issues relating to pregnancy, parenting, and education.^{65,66}

We will invite guest lecturers (See Appendix B for potential candidates) to highlight positive advances within bioethics, provide successful role models, and showcase the work of minority scholars.²¹ The course leaders have used online guest lectures in other courses. We will draw on our contacts nationwide to identify and secure guest lecturers. We can record the guest lectures to use them multiple times and create online modules to increase the potential for dissemination to a much larger audience.

We will also invite one prominent minority scholar working in bioethics to give a high-profile public presentation on campus to engage a larger audience on a bioethics topic than we can with our course alone. We will seek to partner on the selection of the speaker and planning of the event with other institutions in Metro Atlanta, particularly the three HBCUs, Morehouse College, Spelman College, and Clark Atlanta University, to reach a broader audience. We anticipate that professors in Metro Atlanta will take advantage of such an opportunity for their classes, as they have with the Health is a Human Right exhibit, housed at GSU Law (See Section E). During the visit, the visiting scholar will also present his or her research to the class and engage with the students informally (e.g., over lunch) about career issues. We will ask students to take responsibility for advertising the public presentation to student groups, inviting mentors, and preparing questions for the public presentation to deepen their bioethics experience and develop career-related skills.

Course assignments will deepen student engagement and support post-graduation goals. We will ask students to complete reflection essays throughout the semester that will require them to engage more deeply with the material and to consider its relevance to the students' lived experiences.^{3,21} These assignments serve multiple purposes. First, they provide the students writing and analysis practice. Second, they foster interactions with the professors and opportunities to receive feedback.^{67,68} Finally, they could be adapted for professional and graduate school applications. We will consult with the Honors College Associate Dean, Sarah Cook, and other colleagues to determine how best to craft these assignments to take

advantage of opportunities to present or publish, such as the GSU Undergraduate Research Conference and Honors College journal.

We will also ask students to interview a minority bioethics scholar about her work and career path and report on their interview in class.⁶⁹ This assignment not only connects students with potential role models, but allows them to develop their presentation skills.

Mentoring. Throughout the course and beyond, we will mentor our students. Profs. Wolf, Anderson, and Lombardo, who have a strong history of mentorship, will discuss career aspirations, make connections with appropriate professionals, provide research opportunities, and review applications to graduate and professional school. To provide more race-concordant mentors, we will draw on GSU and GSU Law graduates to mentor these students. For example, our alumna Sheila Salvant Valentine, JD, MD, MJ (health law), MSHA, is a black Haitian who is currently working in the CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.⁷⁰ She has served as a resource for students interested in the CDC, as well as supervised externs. She and other graduates regularly return to campus to share their experiences and serve as formal and informal mentors. GSU and GSU Law alumni work in corporations, government agencies, non-profits, and law firms of all sizes, and can help illustrate to students how bioethics can impact decisions in a wide-range of fields.

Summer research opportunity. We will offer three students a paid summer research opportunity to deepen their understanding of bioethics. It will also strengthen their application for graduate study or employment by providing an experience to talk about, a writing sample, and a reference. Our goal will be to have students work on a discrete project that can result in a presentation or publication. Potential venues include the *AMA Journal of Ethics*, which features student co-authored papers, or a special section of the *Journal of Legal Medicine*, for which Prof. Wolf is Editor-in-Chief. (See biosketches for published articles with students or mentees.)

Assessment. To inform our course development and evaluate the impact of our efforts, we will conduct multiple assessments, in consultation with the Center for Excellence in Teaching & Learning. Our primary assessment will be a pre- and post-course survey of all students to evaluate the impact of participation in the class on their attitudes and understanding regarding bioethics. (See Appendix C for draft question topics). We will also conduct a mid-semester assessment, so that we can respond to student concerns while the course is on-going. Additionally, we will work with the Honors College and Center for Advancement of Students and Alumni to track students post-graduation, including applications to professional and graduate school. We will adjust the course appropriately based on student feedback.

Logistics. Funding will relieve us from law school responsibilities to create an Honors College course that will foster critical thinking across majors.⁷¹ We have elected to start in the Honors College because its students are high-achieving and most likely to consider graduate education. In less than a decade, the Honors College has helped many students earn national scholarships and fellowships (see Appendix D) and enter prestigious graduate and professional programs.

Although we strive for significant minority student enrollment, we seek to foster deeper student understanding of bioethics regardless of background. As law school teachers, the course leaders are all experienced in encouraging respectful discussion on sensitive topics and getting students to probe their own assumptions and biases. To achieve the diversity we seek, we will advertise the course with student organizations, such as the National Black Law Students Association, and ask professors to encourage students to register. The Honors College Associate Dean is also willing to consider opening it to cross-enrollment from Atlanta HBCUs.

Best practices and network building. We will engage with educators at other institutions who are working on broader pipeline programs to learn and adapt their best practices for this program and to build our networks. Our colleagues in the Center for the Advancement of Students and Alumni know many such educators. We will meet with representatives of these programs in person (e.g., in conjunction with other travel) or through videoconference.

E. Why Georgia State?

This project will build on GSU's success in undergraduate achievement. GSU is a national leader in enrolling and graduating disadvantaged students. Its 51,000 students are highly diverse; 67% are non-white, 58% are Pell-eligible, and a majority are first-generation college-bound. GSU has eliminated disparities in graduation rates based on race, ethnicity, and socio-economic status.^{72,73} Graduation rates for African Americans (64.6%) and Hispanics (64.4%) are well above similar national averages (38% and 45.8%, respectively); Pell-eligible students graduate at similar rates as non-Pell students compared to 39% nationally. Over the last five years, GSU conferred more bachelor's degrees to African-Americans than any U.S. nonprofit university.⁷³ It has achieved this success by using predictive analytics to identify all educationally or financially at risk students, regardless of background, coupled with early, intensive student support, tutoring, and mentoring (partly funded by the Kresge and ECMC Foundations).⁷⁴

GSU is now using these same techniques to increase the number of minority students who successfully enter and complete PhD, MD, or JD programs to develop "a diverse population of leaders in academic and professional positions"⁷⁵ through its new Center for the Advancement of Students and Alumni (CASA). While few GSU graduates apply to such programs at all, minority graduates do so at lower rates.⁷⁶ The CASA program is working to overcome these barriers by identifying students, giving them the confidence to proceed, and supporting them through the application process. Importantly, CASA recognizes it must not rely solely on traditional quantitative measures to identify high potential students, given the work, family, and other demands GSU students face. It also funds assistantships to enable lower income students to engage in scholarly activities that will enhance their likelihood of success.

We will leverage this university commitment to support minority students entering graduate programs to facilitate our own goal of encouraging more minorities to consider bioethics in their graduate education and future work. For instance, our summer bioethics research opportunities and mentoring by the core faculty complement CASA's activities. As a research intensive institution⁷⁷ with robust graduate programs, but affordable tuition, GSU also provides

access to near-peer mentors, role models, and events that can further encourage students to consider graduate or professional education.

This project takes advantage of GSU's strength in health law and bioethics. GSU's Center for Law Health & Society's health law program is currently ranked 2nd in the nation⁷⁸ and boasts a dozen full-time faculty members, plus faculty affiliates, fellows, and adjunct professors.⁷⁹ Within this faculty, there is significant expertise in bioethics. Leslie Wolf currently serves on the Secretary's Advisory Committee on Human Research Protections, which provides expert advice and recommendations to the Secretary of Health and Human Services on issues pertaining to the protection of human subjects in research. Paul Lombardo served as a senior advisor to the Presidential Commission for the Study of Bioethical Issues. Furthermore, Courtney Anderson, a recently tenured African-American law professor, has developed an innovative program in health law and equity. (See biosketches and Section F for more detailed information.)

The Center has robust public programming. In the last 2 years, over 1,700 visitors have visited our center to view the exhibit, Health Is A Human Right, originally curated by the David J. Sencer CDC Museum. It examines challenges of the past 120 years in achieving health equity. The Center regularly hosts lunchtime events that highlight important bioethics issues, and our faculty present in the popular annual "Bioethics at the Movies" series.⁷⁹

Other GSU resources. The new GSU public health school focuses on the public health challenges in urban settings and global populations and has a diverse student body (67% minority). We have numerous relationships with the school, including Prof. Wolf's joint faculty appoint. Public health school faculty could participate in our course and encourage students to consider public health careers as a way to address bioethics dilemmas.

The team's existing partnerships will facilitate dissemination of our course and advancing the overall goal of this project. Morehouse School of Medicine students can take a 4-week pediatric clinical rotation with our Health Law Partnership (HeLP) Legal Services Clinic. The medical and law students take classes together at Morehouse and work side-by-side to serve the legal needs of low-income patients of the Children's Healthcare of Atlanta to improve their health outcomes. In addition, GSU graduate Megan Douglas is Director of Health Policy, National Center for Primary Care and Assistant Professor in the Department of Community Health and Preventive Medicine at Morehouse, and formerly was Interim Director of the Satcher Health Leadership Institute.⁸⁰ She currently serves on HeLP's Advisory Board. Dr. Camara Jones, a Senior Fellow at the Satcher Health Leadership institute and Adjunct Associate Professor at Morehouse School of Medicine, has spoken at Georgia State Law multiple times, including the keynote address when we hosted the Health Law Professors conference.⁸¹ Profs. Wolf and Lombardo previously participated in an NSF-funded grant with Morehouse researchers.

Prof. Anderson has developed deep connections with numerous community organizations through her health equity course to improve health by positively impacting housing and the surrounding environment. Partners include the Ebenezer Baptist Church, the Proctor Creek

Committee, Westside Atlanta Land Trust, the Beltline; and various citizen-run Neighborhood Planning Units. (See biosketch for more detail.)

Beyond the team's personal connections, we can take advantage of existing GSU partnerships. For example, GSU is a member of the Atlanta Regional Council for Higher Education, which allows students at 19 institutions in Metro Atlanta, including the HBCUs Morehouse College, Spelman College, and Clark Atlanta University, to register for courses offered at any member institution.⁸² In addition, CASA director Kyle Frantz headed a Neuroscience Education and Training program for undergraduates from groups currently underrepresented in the sciences in partnership with Spelman College, Agnes Scott College, and Emory University.⁸³

F. Dissemination plans. We will publish our experiences broadly in bioethics journals, as well as journals that reach a broad audience of educators. These include the *Journal of Law, Medicine & Ethics*, the *Hastings Center Report*, the *American Journal of Bioethics*, and the *Chronicle of Higher Education*. We envision articles that discuss course design and curriculum, as well as the responses of the students and other results. We also will present at professional meetings, such as the American Society of Bioethics and Humanities (ASBH) and the American Society of Law, Medicine & Ethics' annual Health Law Professors conference (meetings we attend annually), and the American Public Health Associate annual meeting, which has separate streams for law and ethics. Recently, the ASLME conference has attracted an increasing number of non-lawyers, including those working in public health and in government. We will also ask colleagues in the Honors College and the CASA for appropriate venues for publication and presentation to reach undergraduate educators.

We will collaborate with individuals at other institutions to learn from them, discuss our experiences and, if requested, share our model. GSU and the project leaders each have a history of such collaboration. GSU leaders have been broadly sharing the techniques they used to improve graduation rates.⁸⁴ Profs. Anderson and Wolf shared our approaches to experiential learning in law school.⁸⁵ In addition, GSU faculty associated with our award-winning Health Law Partnership (HeLP) and HeLP Legal Services Clinic have consulted with numerous institutions around the country about establishing medical-legal partnerships. Prof. Lombardo worked with the staff of the President's Commission for the Study of Bioethical Issues to complete an extensive study guide on the Guatemala research scandal, including study questions, related reading assignments and primary source material. We will actively pursue opportunities to engage with other Metro Atlanta institutions, to discuss our curriculum and experiences, receive their input, and explore interest in adapting the model to their needs.

G. Team expertise and experience:

Profs. Wolf, Anderson, and Lombardo bring rich, complementary expertise and experience to this project (See biosketches). Profs. Wolf and Lombardo each have decades of experience teaching bioethics (in medical schools, undergraduate programs, graduate school, and law schools), conducting bioethics research, and consulting on myriad bioethics issues. Collectively, they have approximately 200 publications in medical, bioethics, and legal journals. Prof.

Anderson is known for her innovative teaching, including her health equity course in which students explore how law and policy impact the social, economic, and environmental determinants of health, particularly among minority, low-income and vulnerable populations.⁸⁶ Her research focuses on preserving affordable housing and eradicating the disparities in low-income and minority communities that exacerbate health issues. Although she is not trained in bioethics, its principles are evident throughout her work. Prof Anderson has developed strong relationships within Atlanta’s minority neighborhoods and community organizations.

Profs. Wolf, Anderson, and Lombardo have worked collaboratively over the past 7-12 years within the Center for Law, Health & Society. This includes a bioethics course Profs. Wolf and Lombardo developed and co-taught at GSU Law and the chapter on experiential learning Profs. Anderson and Wolf co-authored. All three also have a history of collaboration with the central administration on a variety of projects, including strong relationships with Dr. Sarah Cook, the associate dean of the GSU Honors College. They also have a history of working with faculty in other departments. These existing relationships will facilitate the development and implementation of this project.

G. Timeline and deliverables:

Timeline	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
Solicit internal and external input								
Initial course development								
Course delivery								
Student mentoring								
Summer research and follow-up								
Public event planning & delivery								
Course evaluation, analysis, & revision								
Dissemination								

The main deliverables of this project pertain to the student experiences that may spark their interest in bioethics and help them achieve career goals. These include:

- All students enrolled in the class will complete a personal statement the could be used for graduate or professional school applications
- At least 3 prominent nonwhite academics will give on-line guest lectures in the course in addition to the speaker for the in-person, public event each time the course is offered
- At least half the students placed in summer bioethics research program will be from historically disadvantaged minority populations
- At least 2 students will present or publish their work from the class in appropriate academic or professional publications or conferences.

In addition, we will conduct a formal analysis of what worked and areas for improvement, discussed in Section D. Finally, we will produce at least two manuscripts, coupled with appropriate presentations, as described in the dissemination section above.

References

1. Institute of Medicine. *Unequal Treatment*. Washington, D.C.: National Academies Press; 2003.
2. Institute of Medicine. *How Far Have We Come in Reducing Health Disparities?: Progress Since 2000: Workshop Summary*. Washington, D.C.: National Academies Press; 2012.
3. King PA. Justice, Race, and Racism in Research. In: Kahn JP, Mastroianni AC, Sugarman J, eds. *Beyond Consent: Seeking Justice in Research*. 2nd ed. New York, NY: Oxford University Press; 2018:112-134.
4. Rencher WC, Wolf LE. Redressing past wrongs: changing the common rule to increase minority voices in research. *Am J Public Health*. 2013;103(12):2136-2140 (PMC3828970).
5. Boucher NA, Raghavan M, Smith A, Arnold R, Johnson KS. Palliative Care in the African American Community #204. *J Palliat Med*. 2016;19(2):228-230
6. Johnson KS, Elbert-Avila KI, Tulsy JA. The influence of spiritual beliefs and practices on the treatment preferences of African Americans: a review of the literature. *J Am Geriatr Soc*. 2005;53(4):711-719
7. Johnson KS, Payne R, Kuchibhatla MN. What are Hospice Providers in the Carolinas Doing to Reach African Americans in Their Service Area? *J Palliat Med*. 2016;19(2):183-189 (PMC4753631).
8. Johnson KS, Payne R, Kuchibhatla MN, Tulsy JA. Are Hospice Admission Practices Associated With Hospice Enrollment for Older African Americans and Whites? *J Pain Symptom Manage*. 2016;51(4):697-705 (PMC4833599).
9. Kamal AH, Bull J, Wolf SP, Portman D, Strand J, Johnson KS. Unmet Needs of African Americans and Whites at the Time of Palliative Care Consultation. *Am J Hosp Palliat Care*. 2017;34(5):461-465
10. Bosslet GT, Pope TM, Rubenfeld GD, et al. An Official ATS/AACN/ACCP/ESICM/SCCM Policy Statement: Responding to Requests for Potentially Inappropriate Treatments in Intensive Care Units. *Am J Respir Crit Care Med*. 2015;191(11):1318-1330
11. Victor RG, Lynch K, Li N, et al. A Cluster-Randomized Trial of Blood-Pressure Reduction in Black Barbershops. *N Engl J Med*. 2018;378(14):1291-1301 (PMC6018053).
12. Sadler GR, Ko CM, Wu P, Alisangco J, Castañeda SF, Kelly C. A Cluster Randomized Controlled Trial to Increase Breast Cancer Screening Among African American Women: The Black Cosmetologists Promoting Health Program. *J Natl Med Assoc*. 2011;103(8):735-745
13. Corbie-Smith G, Wiley-Cene C, Bess K, et al. Heart Matters: a study protocol for a community based randomized trial aimed at reducing cardiovascular risk in a rural, African American community. *BMC Public Health*. 2018;18(1):938 (PMC6069773).
14. Corbie-Smith G, Ammerman AS, Katz ML, et al. Trust, Benefit, Satisfaction, and Burden: A Randomized Controlled Trial to Reduce Cancer Risk Through African-American Churches. *J Gen Intern Med*. 2003;18:531-541
15. Wingood GM, Robinson LR, Braxton ND, et al. Comparative Effectiveness of a Faith-Based HIV Intervention for African American Women: Importance of Enhancing Religious Social Capital. *Am J Public Health*. 2013;103(12):2226-2233

16. Hendricks Sloan D, Peters T, Johnson KS, Bowie JV, Ting Y, Aslakson R. Church-Based Health Promotion Focused on Advance Care Planning and End-of-Life Care at Black Baptist Churches: A Cross-Sectional Survey. *J Palliat Med.* 2016;19(2):190-194
17. Beech BM, Bruce MA, Crump ME, Hamilton GE. The Jackson Heart KIDS Pilot Study: Theory-Informed Recruitment in an African American Population. *J Racial Ethn Health Disparities.* 2017;4(2):288-296 (PMC5086316).
18. Fuqua SR, Wyatt SB, Andrew ME, et al. Recruiting African-American research participation in the Jackson Heart Study: methods, response rates, and sample description. *Ethn Dis.* 2005;15(4 Suppl 6):S6-18-29
19. Wyatt SB, Diekelmann N, Henderson F, et al. A community-driven model of research participation: the Jackson Heart Study Participant Recruitment and Retention Study. *Ethn Dis.* 2003;13(4):438-455
20. Data.USA: Bioethics & Medical Ethics. <https://datausa.io/profile/cip/513201/>. Accessed December 19, 2018.
21. Danis M, Wilson Y, White A. Bioethicists Can and Should Contribute to Addressing Racism. *Am J Bioeth.* 2016;16(4):3-12 (PMC5477988).
22. Solberg LB, Freund Taylor C. Teaching Bioethics at Historically Black Colleges and Universities (HBCUs). *J Health Care Poor Underserved.* 2015;26(2):328-334
23. Sierra-Mercado D, Lazaro-Munoz G. Enhance Diversity Among Researchers to Promote Participant Trust in Precision Medicine Research. *Am J Bioeth.* 2018;18(4):44-46 (PMC6053906).
24. James R, Starks H, Segrest VA, Burke W. From Leaky Pipeline to Irrigation System: Minority Education Through the Lens of Community-Based Participatory Research. *Progress in Community Health Partnerships: Research, Education, and Action.* 2012;6(4):471-479
25. Rattani A. The Role of Historically Black Medical Schools in Expanding the Purview of Bioethics. *Am J Bioeth.* 2016;16(4):33-35
26. Villarosa L. Why America's Black Mothers and Babies Are in a Life-or-Death Crisis. *New York Times.* April 11, 2018.
27. Peek ME, Ferguson MJ, Roberson TP, Chin MH. Putting theory into practice: a case study of diabetes-related behavioral change interventions on Chicago's South Side. *Health Promot Pract.* 2014;15(2 Suppl):40S-50S (PMC4217132).
28. Chin MH, Goddu AP, Ferguson MJ, Peek ME. Expanding and sustaining integrated health care-community efforts to reduce diabetes disparities. *Health Promot Pract.* 2014;15(2 Suppl):29S-39S (PMC4415354).
29. Noriea AH, Redmond N, Weil RA, Curry WA, Peek ME, Willett LL. Development of a Multifaceted Health Disparities Curriculum for Medical Residents. *Fam Med.* 2017;49(10):796-802
30. Peek ME, Wilkes AE, Roberson TS, et al. Early lessons from an initiative on Chicago's South Side to reduce disparities in diabetes care and outcomes. *Health Aff (Millwood).* 2012;31(1):177-186 (PMC3697906).
31. Raffel KE, Goddu AP, Peek ME. "I Kept Coming for the Love": Enhancing the Retention of Urban African Americans in Diabetes Education. *Diabetes Educ.* 2014;40(3):351-360 (PMC4401578).

32. Tung EL, Peek ME. Linking community resources in diabetes care: a role for technology? *Curr Diab Rep.* 2015;15(7):45 (PMC4492450).
33. Fernández A, Quan J, Moffet H, Parker MM, Schillinger D, Karter AJ. Adherence to Newly Prescribed Diabetes Medications Among Insured Latino and White Patients With Diabetes. *JAMA Internal Medicine.* 2017;177(3)
34. Garcia ME, Ochoa-Frongia L, Moise N, Aguilera A, Fernandez A. Collaborative Care for Depression among Patients with Limited English Proficiency: a Systematic Review. *J Gen Intern Med.* 2018;33(3):347-357 (PMC5834967).
35. Ngai KM, Grudzen CR, Lee R, Tong VY, Richardson LD, Fernandez A. The Association Between Limited English Proficiency and Unplanned Emergency Department Revisit Within 72 Hours. *Ann Emerg Med.* 2016;68(2):213-221 (PMC4958500).
36. Holloway KF. *Passed on: African American Mourning Stories: A Memorial.* Durham, NC: Duke University Press Books; 2003.
37. Sanders JJ, Johnson KS, Cannady K, et al. From Barriers to Assets: Rethinking factors impacting advance care planning for African Americans. *Palliat Support Care.* 2018:1-8
38. Greenwall Foundation Making a Difference in Real-World Bioethics Dilemmas Current & Former Awards. Toward Policies that Accommodate the Concerns of African Americans In Resolving Disputes about the Use of Life-Sustaining Technology, Kimberly S. Johnson, MD (Duke University). <http://greenwall.org/current-and-former-awards.php>. Accessed March 18, 2019.
39. Presidential Commission for the Study of Bioethical Issues. *"Ethically Impossible" STD Research in Guatemala from 1946 to 1948.* Washington, D.C.2011.
40. Diallo DD, Moore TW, Ngalame PM, White LD, Herbst JH, Painter TM. Efficacy of a single-session HIV prevention intervention for black women: a group randomized controlled trial. *AIDS Behav.* 2010;14(3):518-529
41. Frew PM, Archibald M, Schamel J, et al. An Integrated Service Delivery Model to Identify Persons Living with HIV and to Provide Linkage to HIV Treatment and Care in Prioritized Neighborhoods: A Geotargeted, Program Outcome Study. *JMIR Public Health Surveill.* 2015;1(2):e16 (PMC4869208).
42. Painter TM, Herbst JH, Diallo DD, White LD. Community-based program to prevent HIV/STD infection among heterosexual black women. *MMWR Suppl.* 2014;63(1):15-20
43. U.S. Department of Health & Human Services Agency for Healthcare Research and Quality. SisterLove, Inc. <https://www.ahrq.gov/workingforquality/priorities-in-action/sisterlove.html>. Accessed March 4, 2019.
44. Lombardo PA. *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell.* Baltimore, MD: Johns Hopkins University Press; 2010.
45. Dehlendorf C, Holt K. The Dangerous Rise of the IUD as Poverty Cure. *The New York Times.* January 2, 2019;Opinion.
46. Mello MM, Wolf LE. The Havasupai Indian tribe case--lessons for research involving stored biologic samples. *N Engl J Med.* 2010;363(3):204-207
47. Wolf LE, Fuse Brown E, Kerr R, et al. The Web of Legal Protections for Participants in Genomic Research. *Health Matrix.* forthcoming 2019
48. Popejoy AB, Fullerton SM. Genomics is failing on diversity. *Nature.* 2016;538(7624):161-164 (PMC5089703).

49. Boyer AP, Fair AM, Joosten YA, et al. A Multilevel Approach to Stakeholder Engagement in the Formulation of a Clinical Data Research Network. *Med Care*. 2018;56:S22-S26
50. Erves JC, Mayo-Gamble TL, Malin-Fair A, et al. Needs, Priorities, and Recommendations for Engaging Underrepresented Populations in Clinical Research: A Community Perspective. *J Community Health*. 2017;42(3):472-480 (PMC5408035).
51. Heerman WJ, Jackson N, Roumie CL, et al. Recruitment methods for survey research: Findings from the Mid-South Clinical Data Research Network. *Contemp Clin Trials*. 2017;62:50-55
52. Johnson DA, Joosten YA, Wilkins CH, Shibao CA. Case Study: Community Engagement and Clinical Trial Success: Outreach to African American Women. *Clinical and Translational Science*. 2015;8(4):388-390
53. Joosten YA, Israel TL, Head A, et al. Enhancing translational researchers' ability to collaborate with community stakeholders: Lessons from the Community Engagement Studio. *Journal of Clinical and Translational Science*. 2018;2(4):201-207
54. Kripalani S, Heerman WJ, Patel NJ, et al. Association of Health Literacy and Numeracy with Interest in Research Participation. *J Gen Intern Med*. 2019
55. Pulley JM, Jerome RN, Bernard GR, et al. Connecting the public with clinical trial options: The ResearchMatch Trials Today tool. *Journal of Clinical and Translational Science*. 2018;2(4):253-257
56. Meharry-Vanderbilt Alliance: Consuelo H. Wilkins, MD, MSCI. <https://www.vumc.org/meharry-vanderbilt/consuelo-h-wilkins-md-msci>. Accessed March 15, 2019.
57. *Grimes v. Kennedy Krieger Institute, Inc.*, 782 A.2s 807 (2001).
58. Institute of Medicine. *Ethical Considerations for Research on Housing-Related Health Hazards Involving Children*. Washington, D.C.: National Academies Press; 2005.
59. Villazor RC. Community Lawyering: An Approach to Addressing Inequalities in Access to Health Care for Poor, of Color, and Immigrant Communities. *NYU J Legis & Pub Pol'y*. 2004;8:35-62
60. Pettignano R, Bliss LR, Caley SB, McLaren S. Can access to a medical-legal partnership benefit patients with asthma who live in an urban community? *J Health Care Poor Underserved*. 2013;24(2):706-717
61. Pettignano R, Caley SB, Bliss LR. Medical-legal partnership: impact on patients with sickle cell disease. *Pediatrics*. 2011;128(6):e1482-1488
62. Matthew DB. *The Law as Healer: How Paying for Medical-Legal Partnerships Saves Lives and Money*. Washington, D.C.: Center for Health Policy, Brookings Institute; 2017.
63. Lombardo PA. Eugenics and Public Health: Historical Connections and Ethical Implications. In: Mastroianni AC, Kahn JP, Kass NE, eds. *The Oxford Handbook of Public Health Ethics*. Oxford, England, UK: Oxford University Press; 2019.
64. Daar J. *The New Eugenics: Selective Breeding in an Era of Reproductive Technologies*. New Haven, Ct: Yale University Press; 2017.
65. Gómez CA, Villaseñor E, Mann ES, et al. The New Majority: How Will Latino Youth Succeed in the Context of Low Educational Expectations and Assumptions of Sexual Irresponsibility? *Sexuality Research and Social Policy*. 2014;11(4):348-362

66. Villaseñor E, Alacalá M, Valladares ES, Torres MA, Mercado V, Gómez C. Empower Latino Youth (ELAYO): Leveraging Youth Voice to Inform the Public Debate on Pregnancy, Parenting and Education. *Community Literacy Journal*. 2013;8(1):21-39
67. Lunsford LG, Crisp G, Dolan EL, Wuetherick B. Mentoring in Higher Education. In: Clutterbuck DA, Kochan F, Lunsford LG, Dominguez N, Haddock-Miller J, eds. *The SAGE Handbook of Mentoring*. Los Angeles: SAGE Publications; 2017:316-334.
68. Komarraju M, Musulkin S, Bhattacharya G. Role of Student–Faculty Interactions in Developing College Students’ Academic Self-Concept, Motivation, and Achievement. *Journal of College Student Development*. 2010;51(3):332-342
69. Schwartz MH, Sparrow SM, Hess GF. *Teaching Law by Design: Engaging Students from the Syllabus to the Final Exam*. 2d ed. Durham, NC: Carolina Academic Press; 2016.
70. Profile in Public Health Law: Sheila Salvant Valentine, JD, MD. *Public Health Law News* 2018; <https://www.cdc.gov/phlp/news/current.html>. Accessed December 29, 2018.
71. Georgia State Honors College: Academics: Honors Colloquia. 2018; <https://honors.gsu.edu/students/academics/>. Accessed December 29, 2018.
72. Fausset R. Georgia State, Leading U.S. in Black Graduates, Is Engine of Social Mobility. *New York Times*. May 15, 2018.
73. Georgia State University. *2018 Status Report, Complete College Georgia*. 2018.
74. Hensley E. GSU gets \$1.2 million in grants to expand freshman transition program. *Atlanta Business Chronicle*. December 17, 2015.
75. Georgia State University Center for the Advancement of Students and Alumni. About the Center. <https://graduate.gsu.edu/casa/about/>. Accessed March 5, 2019.
76. Personal communication, Kyle Franz, Ph.D, Director, Georgia State University Center for Advancement of Students and Alumni.
77. Georgia State University. About: One of the Nation’s Leading Major Research Universities. <https://research.gsu.edu/about/>. Accessed March 10, 2019.
78. Best Health Care Law Programs. In. *U.S. News & World Report* 2019.
79. Georgia State Center for Law, Health & Society. <https://clhs.law.gsu.edu/>. Accessed March 16, 2019.
80. Morehouse School of Medicine. Megan Douglas, JD. https://www.msm.edu/about_us/FacultyDirectory/CommunityHealthPreventiveMedicine/MeganDouglas/index.php. Accessed March 4, 2019.
81. Georgia State University Center for Law Health & Society. Racism Has ‘Profound Impacts on the Health and Well-Being of the Nation’. *Center Briefings* 2017; <https://law.gsu.edu/2017/06/19/racism-profound-impacts-health-well-nation/>. Accessed December 29, 2018.
82. Atlanta Regional Council for Higher Education. Cross registration. <http://www.atlantahighered.org/collaboration/cross-registration/>. Accessed March 10, 2019.
83. Frantz KJ, Goode CT, Larimore JL, et al. BP-ENDURE Atlanta: Engaging undergraduates in neuroscience research. <http://www.cbn-atl.org/downloads/BRAIN-Quantitative.pdf>.
84. Georgia State University. Student Success Programs. <https://success.gsu.edu/>. Accessed March 6, 2019.

85. Anderson C, Gabel Cino J, Iannarone N, Wolf LE. Incorporating Experiential Learning in Every Class: Required Courses, Seminars and Live-Client Representation. In: Grant E, Simpson S, Terry K, eds. *Experiential Education in the Law School Curriculum*. Durham, NC: Carolina Academic Press; 2017.
86. Building a Foundation of Awareness. 2017;
<https://clhs.law.gsu.edu/2017/10/19/building-a-foundation-of-awareness/>. Accessed December 29, 2018.
87. SisterLove Inc. Our Founder. <https://www.sisterlove.org/board-of-directors>. Accessed March 4, 2019.
88. The Center for Health and Community: Alicia Fernandez. 2018;
<https://chc.ucsf.edu/people/alicia-fernandez-md>. Accessed December 29, 2018.
89. Health Equity Institute: Cynthia A. Gómez. 2018;
<https://healthequity.sfsu.edu/who/cynthia-gomez>. Accessed December 29, 2018.
90. Satcher Institute. <http://satcherinstitute.org/staff-directory/>. Accessed March 4, 2019.
91. Duke University School of Medicine Department of Medicine: Kimberly Sherell Johnson, MD. <https://medicine.duke.edu/faculty/kimberly-sherell-johnson-md>. Accessed March 17, 2019.
92. REACH Equity Center Leadership Duke Center for Research to Advance Health Equity.
<https://sites.duke.edu/reachequity/leadership/>. Accessed March 17, 2017.
93. Faculty: Dayna Bowen Matthew. 2018;
<https://www.law.virginia.edu/faculty/profile/dm5e/1188391>. Accessed December 29, 2018.
94. Profiles Research Networking Software: Monica Peake. 2018;
<https://profiles.uchicago.edu/profiles/display/38934>. Accessed December 29, 2018.
95. Meharry-Vanderbilt Alliance: Consuelo H. Wilkins, MD, MSCI.
<https://www.vumc.org/meharry-vanderbilt/consuelo-h-wilkins-md-msci>. Accessed March 17, 2017.