LaShyra Nolen empowers Black community with accurate COVID info

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Featured topic and speakers

In today's COVID-19 Update, a discussion with LaShyra “Lash” Nolen, founding executive director of the We Got Us Empowerment Project and president of her medical school class at Harvard Medical School, about how she's empowering Black communities to make decisions about COVID vaccines by providing accurate, culturally sensitive information in unique ways.

Visit We Got Us for more information on the project.

Learn more at the AMA COVID-19 resource center.

Speaker

- LaShyra “Lash” Nolen, founding executive director, We Got Us Empowerment Project

Transcript

**Unger:** Hello, this is the American Medical Association’s COVID-19 Update. Today we're talking with LaShyra or Lash Nolen, founding executive director of the We Got Us Empowerment Project and president of her medical class, medical school class at Harvard Medical School in Cambridge, Massachusetts, about how she’s empowering Black communities to make decisions about COVID vaccines by providing accurate culturally sensitive information in unique ways. I'm Todd Unger, AMA’s chief experience officer in Chicago.

Well, Lash, thanks so much for joining us. You don't have too much going on, do you? I mean, you really do have quite a jam packed schedule. You're a full-time medical student, you founded a nonprofit and now you're spearheading a national campaign, bringing attention to social determinants of health and flaws in our system. And using your voice as an advocate for those who can't speak for


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themselves. So why don't we just start off with a little bit of background about the vaccine rollout itself, obviously not perfect. Moved pretty fast, but from your perspective, can you talk about what elements were missing at the community level?

**Nolen:** Yeah. Well, first Todd, I want to say thank you so much for having me. It's a pleasure to be here with you. And when I think about the rollout of the vaccine, I think what we were really missing is thinking about which folks had access and who didn't. And I think that when we think about access, we have to consider both access to education and we also have to consider access to physically getting the vaccine. So when we think about education, thinking about who has the information that they need to make the best health decisions for themselves. And then also thinking about who's going to be able to physically get to the vaccine—thinking about who are our essential workers, transportation, thinking about getting paid leave from the different side effects might give them the vaccine. And I think that that was part of the conversation that was really missing. And people were jumping straight to this idea of vaccine hesitancy, especially in marginalized communities.

**Unger:** So it's interesting. I mean, you're pointing out two kinds of access. We have like the logistical kind of access, the ability to get to a place where there's a vaccine and then the access to the information that folks need. What kind of conversations in your opinion, really needed to be happening at the community level to make this work better?

**Nolen:** Yeah. Well, I think when I first started to think about this, I read this study by one of my mentors, Dr. Fatima Cody Stanford at NGH. And what it showed is that racial ethnic concordance between patient and physician, especially in the Black community, made a big impact on whether or not that patient decided to seek more information about the vaccine. So when I thought about the paucity of Black physicians in our country because of the Flexner Report and because of just historical instances that have made it challenging to enter a career in medicine, I knew that there was going to be a lack of health messengers who look like the communities who were going to need to get the vaccine. So I think that when we think of which conversations need to be had really, we needed people in community who are from those communities, having conversations with those individuals in a space of love and understanding.

**Unger:** Well, first of all, a big shout out to your mentor, Dr. Stanford, who's been on our show before and is a big supporter. It's great to see that in action. You've talked about how it's not only important to address past harm as part of the conversation but also the current harms that are happening today. Can you tell us, what do you mean by that? And what does it take to get to trust?

**Nolen:** Yeah, I mean, it's a big question. It's a challenging one. I think that when we think about historical instances, it's easy for us to kind of say, "Oh, well that happened in the past. That's no longer the status quo today." But when we look at who has access to health care, and then once people get into the health care setting, the way that implicit bias impacts relationships and health outcomes. And then we think about health outcomes just generally, the very many health disparities...
that we see, especially impacting Black, Latinx, indigenous peoples, that helps us understand that we really can't just look to the historical to understand why people don't trust the medical institution but everyday experiences of racism are impacting the reason why folks want to seek health care and want to trust the advice that we have to give. So I think for us to work toward that, it'll really take number one, a reckoning of our institutions to say, "Hey, we recognize the way that we have harmed and continue to harm, and we're willing to do the work together. And we're going to start by listening to our communities first."

Unger: Is that why you started We Got Us? How did that idea come about?

Nolen: Yeah. Well, as you were alluding to earlier, I am in my clinical year in medical school. So it's a really busy time but as I kind of sat during Christmas break and I listened to different family members and friends, text me about the vaccine and talk about their concerns. I realize how much of a privileged position I was in because not only am I a Black woman in America who grew up in communities that need access to this information but I'm also a Harvard medical student. So I realized that I was that person that not everyone had access to. For example, there's those 5% of physicians who are Black, not everyone has that person in their family in their network. So We Got Us really came out of really trying to connect Black messengers with Black communities, with information about the vaccine and really approaching it through a conversation perspective. Instead of trying to convince people to get the vaccine, we really want to convey information about the vaccine so that people could then make the best health decision for themselves.

Unger: Well, you mentioned that kind of family gathering and the realization of like how much authority you carry and how important that is to have someone like that in your life around this particular topic. The issue is around scale and to be able to scale that kind of conversational technique that you're talking about, what are some of these creative ways that you're able to have that conversation at scale with a broader community?

Nolen: Yeah, it's awesome because I've actually been able to have some of these conversations with my family, even back in LA, even though I'm here in Boston. And the main way that we've been able to have these conversations is through having these community gatherings called empowerment sessions and basically community members and groups can go to our website, at wegotusproject.org and request for our education team to do a holistic presentation on the history of medical racism, how the vaccines were developed, the vaccines that we take normally to keep us safe and then answer any frequently asked questions or questions that that particular group has. So what it allows us to do is really have a conversation that's rooted in understanding that yes, medical racism exists. It has impacted us terribly and it continues to but this is still why we believe that this vaccine is safe.

And I think that by having those conversations with organizations across the country, we've really been able to take a conversation that will usually happen at a barbershop or at a grocery store in the community level, to a more expansive level that folks all over can have. I think that earlier on in the
pandemic, there was much more demand. So we were doing up to five empowerment sessions a week but I think that now that folks have gotten a bit more access to the vaccine and have more of their questions answered, we haven't been getting as many requests for empowerment sessions, particularly here in Boston. But I hope that folks watching this can go to our website. And if you think that your communities in need or would like this, please let us know.

And we also created an educational video that's animated. It's about six minutes long that talks about the history of medical racism, and also talks about the vaccine development and the different side effects that we might see come up over the next couple of months. And I think that that's also a resource that folks can use if they're looking for something to disseminate freely and widely, especially when their first starting to have conversations with people.

Unger: Lash, what's that website in case somebody wants to go right now?

Nolen: Yes. That's wegotusproject.org. Please check us out and you'll find all of our resources there for you to see.

Unger: So I'm interested too because you've gotten very creative about the messaging and about how you're conveying the information. Talk a little bit about some of the unconventional ways that you're doing that and why it works?

Nolen: Yeah. I think the first thing is that we come out the gate and we say medical racism exists. And I think that where a lot of organizations can go wrong is they jump straight into, here's why you should get the vaccine without recognizing the trauma of the past and the present, and the fears of trauma in the future that a lot of communities have.

So I think when we come in and we say, "Look, let's address the elephant in the room because it's a pretty big elephant and it's not going anywhere unless we address it." And then after that, "It's okay. What are your concerns? What are the things that are on your mind and how can we support you in some of those policy related challenges that you're having? Are you worried about the eviction moratorium not being extended? Are you worried about not being able to get paid leave if you do get the vaccine and you have a fever or a cough?" I think that those are some of the things that we're really trying to have conversations with people about so that they understand that we care about them as a person, not just to get them to get vaccinated. So we can just get things back to growing.

Unger: And we kind of alluded to what you said. I think the typical thing is somebody expresses either skepticism or uncertainty about this. And you kind of immediately want to jump in there to convince that person to do it with facts or whatever it is. You said the greater need is to "convey". What do you mean by that?

Nolen: Yeah, I think the reason why "convey" not "convince" was one of our main pillars and
continues to be is because what we've realized is that when you come in and you have a clear agenda, "I want you to get vaccinated," you're not really listening. You're not really building trust because immediately you come in and you already know the decisions you want that individual to make. But when you convey information and you say, I know that you are educated and self-empowered enough to make the best decision for yourself but you maybe haven't had the best access to accurate information. So let me give you this accurate information. Let me address your questions and concerns.

And even though you might not decide to get vaccinated today, at least I planted a seed and given you the resources and information that you need so that when it comes time for you to make that decision, you have all the tools in your toolkit to make the best decision for yourself. And now you can convey that accurate information to the next person that asks you about the vaccine. So I think that that's really why we've really used that as our core pillar, because I think that when you go straight into convincing, you're already shutting your ears off to listening to what people have to say and the concerns that they have.

Unger: Have you found, you're making adjustments? Let's say we are kind of where we are right now, where there's a smaller population of folks out there who have not been vaccinated and maybe kind of hardening in their resistance to it. Have you had to adjust what you're conveying?

Nolen: Yeah. And I think that we haven't changed what we're conveying necessarily but I think that we're doing a lot more listening. Because I think that you get a lot of good information and data from the community when you just really just sit and listen to them and you say, "Hey, look, I'm not here to try to impose anything on you. I just want to hear where you're getting this information from, what that information is." And then from there we can do the unpacking because I think that at this point, you're right, there are a good amount of people who are hardened in their ideas. But I think unfortunately it's because that they didn't have access to that accurate information earlier on. So now they're kind of like in this echo chamber with individuals who all believe these things and it's really hard for them to let that go. So I think that we're still doing the conveying work but we're doing even more listening when we're out.

Unger: Lash in closing, what final thoughts or messages do you have for physicians and students who might be out there watching or listening and want to get involved and might even want to replicate your approach in their own communities?

Nolen: Yeah. I would say, number one, please reach out to us at info@wegotusproject.org. We would love to think about ways we can work together and implement like a We Got Us chapter or project in your own community. And I would say to any folks out there who are leaders and thinking about what's next after this pandemic, a lot of communities feel like for the first time they're being prioritized. We're putting vaccination clinics in communities. We're offering free rides to vaccination appointments. But there are people who maybe two years ago didn't have any access to health care
in their community or they couldn't afford any transportation to their appointment.

So I think what we need to show them is that this isn't just a temporary fix, but that we're really going to invest in these communities because that's how real trust is going to be earned. Because if we just say, "Hey, we're going to do this just for this period. We're going to get you vaccinated, but we don't care about your longitudinal and in doing that health care afterwards," I think that's when we're going to lose that trust. We have a really big opportunity to do sustainable work. And I hope that that's something that we really put our minds to.

**Unger:** That's so interesting because just as you were starting to talk, I was wondering if this is something that you envision kind of beyond the pandemic. We know that the pandemic has just exacerbated so many problems around equity that existed before but now just have been made even worse. You think you're going to keep doing this for the longterm?

**Nolen:** Absolutely. We're actually in the process of kind of thinking about We Got Us 2.0 and thinking about various topics that we can think about as far as doing an empowerment session, whether that's birthing folks and thinking about making sure that they feel empowered when they go through their prenatal period, thinking about obesity, diabetes, all those different challenges that we can really help our community through. But then also like trying to find ways to provide services that'll make sure that people can get to their appointments. Kind of like all of these wraparound services we've seen be developed during the pandemic, how do we make that sustainable and provide that support for our community? So absolutely we're going to continue doing the work and I hope that everyone else does too.

**Unger:** So much to learn from and so much to leverage. Lash, it's been amazing talking to you. Thanks so much for all the work you're doing. That's it for today's COVID 19 Update and we'll be back with another segment soon. In the meantime for resources on COVID-19, visit ama-assn.org/COVID-19. And again, if you want more information on We Got Us, go to wegotusproject.org and check that out. Thanks again. Take care.

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