



Photo Robert Lisak

Reverend Dr. Leroy O. Perry, St. Stephens AME Zion Church, Branford and Reverend Elvin Clayton, Walters Memorial AME Zion Church, Bridgeport

## LAUNCHING THE AMBASSADORS

In Fall 2010, it was my good fortune to be invited to a conversation by the late Presiding Elder Reverend Timothy Howard and Tesheia Johnson, deputy director and chief operating officer of the Yale Center for Clinical Investigation (YCCI), to a meeting with other AME Zion pastors and community leaders from Junta to discuss the need for diversity in clinical research. As a pastor, I must admit that I was unaware of how underrepresented minorities are in these studies, and how this disparity affects positive health outcomes in our communities. Why the under-representation in clinical research? The answer was staring me in the face and I did not recognize it. I passed it every day on my way to work. The abandoned houses I saw were telltale signs that things are not right. The overcrowded emergency rooms; the parking lot at Home Depot filled with men seeking work to feed the empty bellies of those at home who often went to bed hungry. The answer is poverty. An obvious conclusion, because access to health care can be expensive, especially if your income is limited or if you have no income. The concept of noblesse oblige translates as 'nobility obligates,' and denotes that having rank or power extends beyond mere entitlements. It implies that those persons or institutions of privilege have an obligation and responsibility to meet social needs. It was clear that the medical community engaged in clinical research, which we typically hear as "clinical trials," had until now fallen short of its mission. I would be remiss not to mention that the role of the minority communities has been intentionally small for some obvious and not-so-obvious reasons.

*continued on next page*

AME ZION EDITION  
SUMMER | 2019

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## INAUGURAL ISSUE

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This publication was made possible by CTSA Grant Number UL1 TR001863 from the National Center for Advancing Translational Science (NCATS), a component of the National Institutes of Health (NIH). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of NIH.

## LAUNCHING THE AMBASSADORS

*continued from cover*

Medical malfeasance, and such shameful, ugly scars left in history as that of Henrietta Lacks or the Tuskegee study, and hundreds of other stories recorded in *Medical Apartheid*, which explores the dark history of medical experimentation on Black Americans from colonial times to the present, raises the question of why African Americans should ever trust the medical community. The idea of participating in clinical trials carries with it the stigma of being a guinea pig. In our meeting at Yale, we examined the why and the why not. It became clear to pastors from the AME Zion Church that we need to change the trajectory. As leaders within our community, we recognized the need to reach out and address the disparities that adversely affect our community. We spent many months in dialogue, discussion, and eventually in training to formulate a mission and arrive at a goal. By the winter of 2010, a true partnership began between the community and the Yale School of Medicine: the Yale Cultural Ambassadors program. As partners, we would assist in the development of protocols for specific trials as well as in translational services for informed consent. We would also assist in development of and recruitment for trials that would specifically affect the minority community. As Ambassadors who completed an enormous amount of training and engaged in bilateral collaboration with YCCI, we have already demonstrated that we can make a significant difference in clinical research. Much of this success can be attributed to

the trust that the black community places in its clergy, and the work in getting the message to the people who most need to hear it.

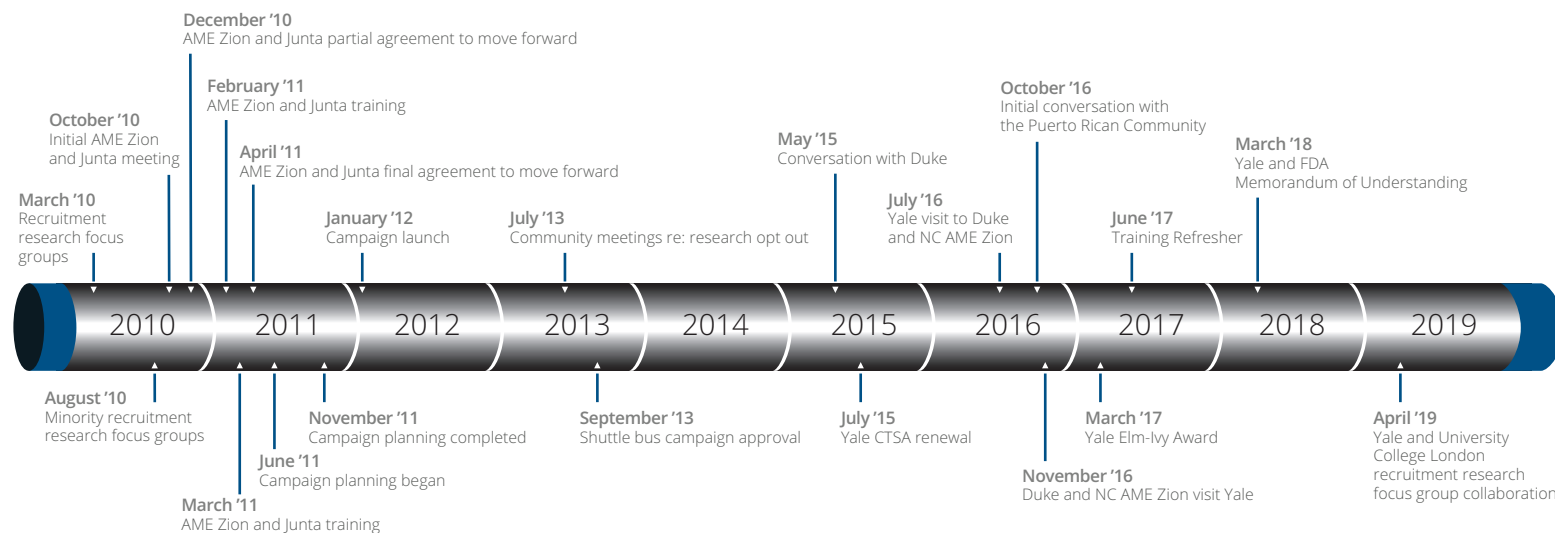
I look forward to sharing our stories of success with you in this newsletter and in future issues.

**Reverend Dr. Leroy O. Perry**

*“Our mission became clear: we would become ambassadors for recruitment and empowerment for an underserved community to change the trajectory of the disenfranchised.”*

Reverend Dr. Leroy O. Perry

## THE LEGACY CONTINUES: YALE COMMUNITY PARTNERSHIPS, NINE YEARS IN THE MAKING



## REMEMBERING REVEREND HOWARD

In Spring 2017, Presiding Elder Reverend Timothy Howard was presented posthumously with the Elm Award, an award given by Yale University as part of the Yale University Seton Elm-Ivy Awards to members of the broader New Haven community who support the collaboration between the university and its hometown. Reverend Howard was instrumental in initiating the Yale Cultural Ambassadors program in 2010, and in sustaining it for the next seven years until his death. “He was so committed to the program and its growth that even as his own health deteriorated, he traveled with YCCI team members to North Carolina to attend early meetings with local AME Zion leaders and Duke clinical science and translational award (CTSA) representatives,” said YCCI deputy director and chief operating officer Tesheia Johnson. “His spirit and dedication will be deeply missed among us at YCCI, but his spirit continues to inspire us.” Reverend Howard’s voice was crucial in carrying forward the program’s mission of breaking down barriers between Yale researchers and the communities they seek to help with their discoveries. With his guidance and support, the Cultural Ambassadors program has achieved numerous successes. The Cultural Ambassadors program as a whole received the joint Elm-Ivy Award because the latter half, the Ivy Award, honors individuals from the university who reach out to Yale’s surrounding community. Under Reverend Howard’s leadership, the Cultural Ambassadors program—with members from both the university and the city—has done much to unite the two in a common purpose. The Cultural Ambassadors program was nominated for the Elm-Ivy award by Robert Alpern, MD, dean of the Yale School of Medicine (see page 4 for more on the Elm-Ivy award). Yale President Peter Salovey and New Haven Board of Alders President Tyisha Walker-Myers presented the awards at a luncheon at Yale’s Schwarzman Center in April 2017. “We are forever indebted to Reverend Howard and his pioneering efforts to launch this partnership. As the program continues to grow and flourish, it does so keeping in mind the Reverend’s spirit of inclusion and service to a diverse community, not only in New Haven but in other communities that share this vision,” said Alpern.

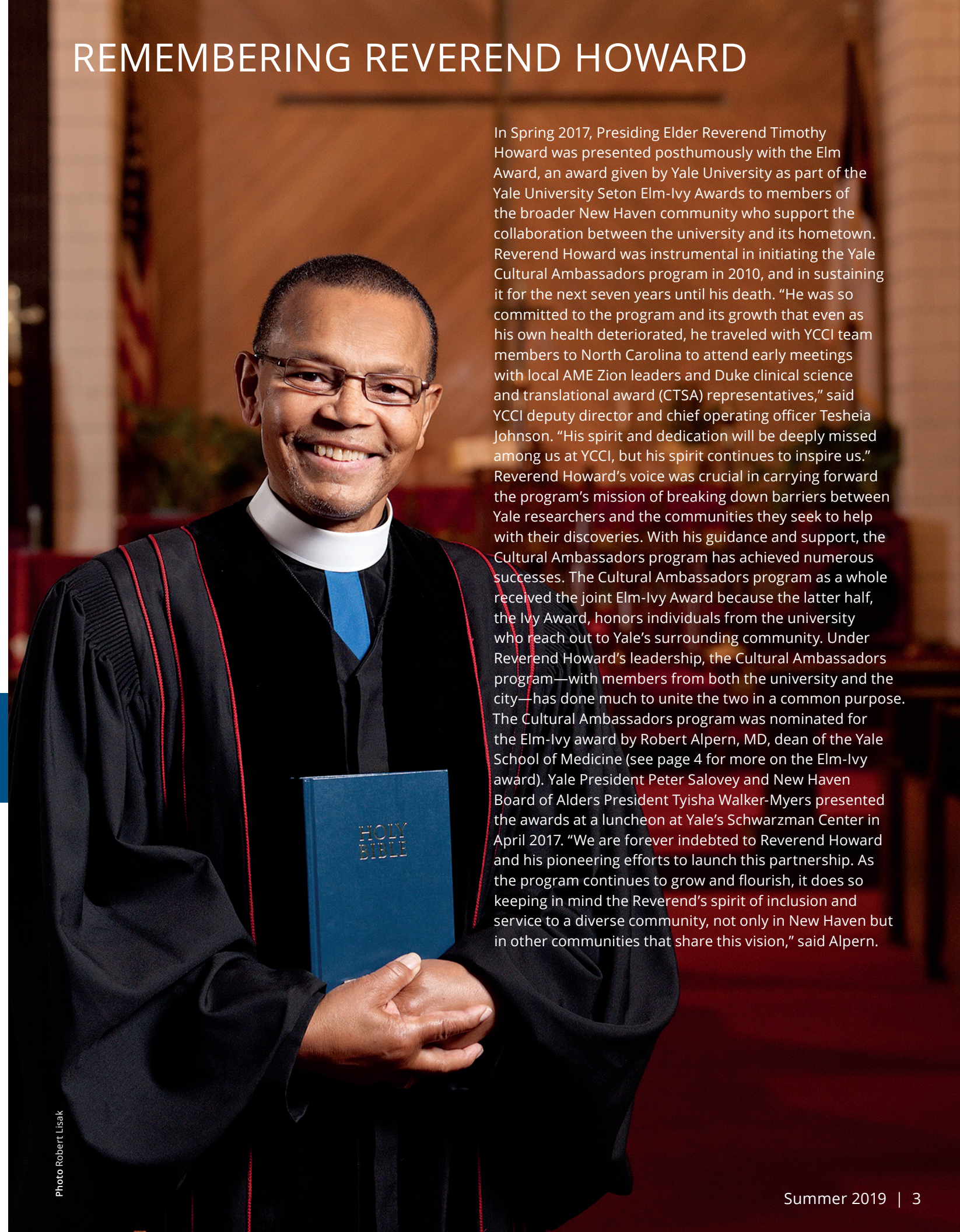


Photo Robert Lisak

# AME ZION WINS THE YALE UNIVERSITY SETON ELM-IVY AWARD

In April 2017, the AME Zion Church was recognized by Yale University as a leader in supporting collaboration between the university and its hometown. With Junta for Progressive Action, AME Zion established the Yale Center for Clinical Investigation (YCCI) Cultural Ambassadors program in 2011. AME Zion has sustained this collaborative partnership since that time, and was honored with the Yale University Seton Elm-Ivy Award in 2017. Each year, the Elm-Ivy Award honors people who have served both Yale University and the City of New Haven with special distinction on a long-term basis. This is the distinguished award that Yale President Peter Salovey bestowed on the Cultural Ambassadors program in 2017. The Cultural Ambassadors program is a collaborative partnership that educates and engages leaders of New Haven's African American and Latino populations by involving them in the study design of clinical trials. These leaders are also involved in the creation and translation of culturally sensitive recruitment materials; in direct recruitment of study participants; and in sharing study results with the public.

The Cultural Ambassadors program is a crucial development for the New Haven area—for both the wider community and Yale. Minority populations suffer from more diseases, worse health outcomes, and lower life expectancies than their white counterparts. And while African Americans represent 12% of the U.S. population, they make up only 5% of the participants in clinical trials. Clearly, more work was needed to both recruit minorities for clinical research and to treat their ailments. Over the past several years, the Cultural Ambassadors have ensured that minority participation in clinical trials for which they have been directly engaged with all others has ranged between 22 and 89%, with just one study at only 12%. Additionally, with the support of the Ambassadors, the Yale School of Medicine achieved last year an all-time high with 30% of the total accrual to clinical trials coming from historically underrepresented minority populations. Part of the success of the Cultural Ambassadors program, and a major reason it won the Elm-Ivy Award, is the trust the Ambassadors have helped foster between community members and researchers. In fact, this program has been such a success that it has been expanded to Duke University (next page).

# CREATING A BLUEPRINT FOR DIVERSITY IN CLINICAL RESEARCH



Photo Robert Lisak

Cultural Ambassadors from Duke University visited Yale to observe firsthand how the program works.

In 2016, AME Zion's YCCI Cultural Ambassadors met twice with leaders from Duke University and AME Zion in Charlotte, North Carolina, to share lessons learned from the Cultural Ambassadors program and to create a blueprint to transfer the program easily to other sites. In July 2016, St. Stephens AME Zion and Yale leaders traveled to Duke to meet with leaders there, and in November 2016, Duke and the NC AME Zion representatives came to Yale.

At these visits, leaders from the Yale Cultural Ambassadors program, including Ambassadors here at St. Stephens AME Zion Church, trained AME representatives in North Carolina to play a similar role at Duke University. At Duke, AME Ambassadors will help minority communities better understand clinical trials and the benefits of participating in them. The partnership between Duke and NC AME Zion is ideal, as is the partnership between Yale and St. Stephens AME Zion. Both sets of partners are located very near each other, and both universities (Duke and Yale) are home to Clinical Translational Science Award (CTSA) centers funded by the National Institutes of Health. Because of the meetings between the St. Stephens and North Carolina AME Zion churches, any site in the future, regardless of the types of diseases in the area or types of studies local researchers want to pursue, will have a blueprint for successfully implementing the Cultural Ambassadors program. This blueprint will allow them to build on existing relationships and maintain them for future collaborative studies.

The AME Zion Church in North Carolina is also considering a collaboration with Yale that would include teaching the benefits of clinical research in its curriculum. "AME Zion is a ministry with a special focus on health," says the Reverend Dr. Daran Mitchell of the North Carolina AME Zion Church. "The African American community is plagued by myths and misconceptions about clinical research that impede participation in clinical trials. I am anxious to pare down those barriers so that research more accurately reflects those who may benefit from its findings. There is an opportunity here to embed knowledge and attitudinal shifts within the educational process that has the potential for far-reaching effects." By expanding to Duke and AME Zion in North Carolina, and hopefully beyond, the Cultural Ambassadors program that St. Stephens AME Zion helped establish will build a national framework for recruiting and retaining minority community members in clinical research. Ultimately, both the researchers and the people who participate in the studies will benefit.



Photo Robert Lisak

Eric J. Velazquez, MD, deputy director for clinical trials innovation, addressed Cultural Ambassadors from Yale and Duke on his research on heart failure outcomes in African Americans, because heart failure has a higher prevalence in this population than in other groups.



Photo Michael Marsland



Photo Christopher Beauchamp

Left to right: Shirley Lacks, Henrietta Lacks' daughter-in-law, and Victoria Baptiste, Henrietta Lacks' great-granddaughter, address the Yale Innovation and Diversity Summit.

Family members of Henrietta Lacks, the African American woman whose cancer cells are the source of an immortal cell line known as HeLa, which spurred the discovery of the polio vaccine and many other medical advances, spoke at Yale's Innovation and Diversity Summit on October 5, 2018, in the Harkness Auditorium. The story of the HeLa cells, which were taken from Lacks without consent, exemplifies the treatment that has sown historic mistrust between minority communities and the medical establishment over the past century. The one-day summit, convened by the Yale Center for Clinical Investigation (YCCI), focused on the reasons for this mistrust and on the search for ways to reestablish that trust and foster necessary minority participation in clinical research. "This is about changing the narrative of negative implications of medical research history," said Tesheia Johnson, MBA, MHS, deputy director and chief operating officer of YCCI. Minority participation in clinical trials is essential, said Johnson, in order for these groups to be represented in the understanding of diseases as well as the therapies that arise from research. Henrietta Lacks' cancer cells were taken from her when she died of cervical cancer at Johns Hopkins Hospital in Baltimore in 1951. Speaking at the summit, Lacks' daughter-in-law, Shirley Lacks, said that Lacks' family learned the story of the HeLa cell line only years later during research by author Rebecca Skloot for what became a milestone book, *The Immortal Life of Henrietta Lacks*. That story inspired Victoria Baptiste, Lacks' great-

granddaughter, to become a registered nurse. Baptiste seeks to "advocate for my patients, and make sure they give consent and understand their treatments." Both women in their remarks underlined the importance of consent in reestablishing trust among minorities in medical research. "I believe that had she been asked and informed about the process, she would have been willing to donate her tissue sample to science," said Shirley Lacks. The summit also highlighted a new partnership between the U.S. Food and Drug Administration (FDA) and YCCI that seeks to correct this historic distrust by encouraging minorities to participate in medical research and pursue careers in the health professions. "This partnership with the FDA began with Henrietta Lacks," said Rear Admiral (RADM) Denise Hinton, MS, chief scientist at the FDA. The partnership is focused on raising awareness about the need for minority populations to participate in clinical trials; patient-centered approaches to care and research; and the role technology plays in achieving these goals. To that point, Allen Hsiao, MD, associate professor of pediatrics (emergency medicine) and of emergency medicine, and chief medical information officer for the Yale School of Medicine and Yale New Haven Health, described how electronic health records can be used to engage minority populations in clinical trials in a culturally competent fashion.

*"We are always trying to work with those who have achieved success in advancing minority participation in clinical trials."*

Captain (CAPT) Richardae Araojo, PharmD, associate commissioner for minority health and director of the Office of Minority Health, Office of the Chief Scientist, FDA

The partnership will cultivate YCCI's successful Cultural Ambassadors program, which partners with members of minority communities to provide feedback on clinical trial communications and protocols in order to make them more culturally competent. Jovonni Spinner, MPH, senior public health advisor at the FDA Office of Minority Health, moderated a panel discussion that included representatives from AME Zion Church and Junta for Progressive Action who act as Cultural Ambassadors, as well as representatives from industry and academia, including Pfizer and University College London, which are also working on these issues. Quincy Birdsong, EdD, executive director for research administration for the WellStar Research Institute, presented an overview of the history of involuntary participation of minorities in research, reaching back beyond Henrietta Lacks to the Tuskegee syphilis experiment that began in 1932, which is the root of much of the African American community's mistrust of medical research. "Information acquired from a voiceless individual — when we take their voice away, we take away their humanity," he noted.

Changing the narratives of Tuskegee and Henrietta Lacks also means changing the protocols of clinical research. Linda Coleman, director of Yale's Human Research Protection Program, outlined federal regulatory efforts toward optimizing human participation in research, including policies that seek to ensure that women and minorities are adequately represented in research protocols. The summit closed with Eric J. Velazquez, MD, professor of medicine and chief of cardiovascular medicine at Yale, who discussed how pragmatic principles in clinical trials can potentially increase the enrollment of typically underrepresented populations by citing a case study in which he is examining how loop diuretics are used in the treatment of heart failure. He is working toward 40% African American enrollment in the study, and will collaborate with Yale's Cultural Ambassadors to critique and improve the study protocol. "[There has] never been a more exciting time do to this kind of work," said Velazquez.

L to R: bottom row: Jovonni Spinner, senior public health advisor and outreach and communication co-lead, Office of Minority Health, FDA; Victoria Baptiste, Henrietta Lacks' great-granddaughter; Shirley Lacks, Henrietta Lacks' daughter-in-law; RADM Denise Hinton, FDA chief scientist; CAPT Richardae Araojo, associate commissioner for minority health and director of the Office of Minority Health, Office of the Chief Scientist, FDA; Reverend Dr. Leroy O. Perry, St. Stephens AME Zion Church. Top row: Tesheia Johnson, deputy director and chief operating officer of YCCI and associate director for clinical research for Yale School of Medicine; Reverend Elvin Clayton, Walters Memorial AME Zion Church; Ray Anderson, member, St. Stephens AME Zion Church.



Photo Christopher Beauchamp



Photo Robert Lisak

Ray Anderson, member  
St. Stephens AME Zion Church, Branford, CT

I was fortunate to become an AME Zion Cultural Ambassador in the summer of 2018. One of my first learnings was that many diseases affect the minority community at an alarmingly greater rate. These include diabetes, high blood pressure, and such various forms of cancer as stomach, lung and prostate. Uncovering new treatments requires clinical research to see whether they work. But clinical research requires people – volunteers. And while there is a general shortage of volunteers, recruiting minority volunteers presents an even greater challenge. Stated simply, effective clinical trials require the participation of a diverse representation of the population—particularly minorities. This fact means that we must overcome mistrust, which can lead to misconceptions— Will I be a guinea pig? What side effects might there be? How much time will be involved? What will I get out of it? Understandably, there is potential distrust in minority communities. The history of the Tuskegee syphilis experiment and the story of Henrietta Lacks provide chillingly similar examples of the abuse of research. I won't go into greater depth in these stories,

but I encourage you to expand your knowledge of these events by tapping into the wealth of information readily available in books, articles, and movies. The important point is that in both cases, research took place without the participants' knowledge, which clearly violated their trust. Yet, despite these events being highly unethical and inexcusable, we must also consider that much good has actually come from them. Clinical research standards, safeguards, and disclosures have undergone significant improvements. And Henrietta Lacks' cancer cells—the HeLa cell line—have been used in medical research to develop the polio vaccine, gene mapping, and treatments for hemophilia, herpes, influenza, and leukemia, to name a few. One role of any ambassador is that of messenger. So, to address our challenge of getting the best quality participation in clinical trials, we Cultural Ambassadors seek to provide communication in two ways. As intermediaries, we work with the community to clarify any misconceptions, ensure your trust, and answer your questions. We also consult with researchers and clinicians on how best to involve the minority communities. The goal is to raise awareness and improve the value of clinical research. Do you know the unique value of the HeLa cell line? The answer is that it is immortalized—it can reproduce indefinitely. That's why the cells have been used so extensively and why we simply don't know what other treatments they will help researchers uncover. And those treatments hold the possibility to save lives! But we do know that your knowledge of and involvement in clinical trials can help pave the way to better health for you, your family, and your community. I look forward to working together to improve our system of patient care and increase awareness of the diseases affecting our communities.

**Ray Anderson**  
Member, St. Stephens AME Zion Church

With a 30% chance of success, one man survived cancer with the help of a clinical trial. I am a living witness and I wanted to share this story as a beacon of hope to so many others who face this challenge. Hidden beneath the research and the statistics are the stories of real flesh and blood, people whose stories often go untold. I would like to share with you one such story. It is untold because there is no fanfare, no public notice printed on the front page of a newspaper, no entry on Facebook or Snapchat post. It is untold because it is personal and private, and the hero of the story wants time to catch his breath and pinch himself to see whether what he had been told is really real.

Ten months ago, a coworker, "George" (not his real name), told me that he had stage 4 cancer with less than a 30% chance of survival. He shared with me the personal agony he and his family were going through. He enrolled in a clinical trial at Smilow Cancer Hospital in New Haven. Over the coming months I was able to see the physical and psychological toll resulting from his treatment. George suffered mood swings, depression, loss of appetite, hair loss, and the unspoken concern of family members who summoned up a smile of encouragement at every visit.

Even though George was a late candidate to be admitted to this study, 5 months ago he happily reported that the cancer was in remission. In the weeks following, he underwent a successful bone marrow transplant. I see George more frequently now that he is back in the office. His hair has grown back, his complexion is once again rosy, and more importantly he is cancer-free. There is a smile on his face that tells me personally his private story.

The faith community would consider this a modern-day miracle, while the Yale School of Medicine would view this outcome of clinical research as bringing us one step closer to finding a cure that would save the lives of many. They are both right. More of these stories should be shared; I often

wonder why that is not the case. Perhaps it is the stigma that goes with the sickness and you are not ready to reveal that diagnosis to a stranger. Or perhaps one needs some private time to reflect on what it means to be a survivor.

George told me that while at Smilow, his visits to the children's ward opened his eyes to the evils of cancer, and somehow the importance of his own personal fight with cancer diminished as he told stories, played games, and interacted with the children.

Upon his release George sponsored a trip to the movies for the children at Smilow Cancer Hospital. George's kindness reminded me of a book by Henri Nouwen titled *The Wounded Healer*, which speaks of a man who sat by the gate binding the wounds of others while also treating his own wounds. George told me that the children so enjoyed just getting out on the bus and seeing people on the street that it brought him laughter and joy. I plan to revisit this idea of doing something for the children at the cancer center at our next Cultural Ambassadors meeting at YCCI. Helping somebody is the true mission of what we are about as Cultural Ambassadors at YCCI. Stay tuned for more to come.

**Reverend Dr. Leroy O. Perry**



Photo Robert Lisak

## REAL PEOPLE WHO ARE HELPING US DISCOVER



Barbara Foster, 78, received a flyer about an Alzheimer's disease prevention study, and remembered all too well caring for her mother, aunt, and uncle and the challenges they faced when they had dementia. "I don't want it to be like that for me and I want to know if it's going to happen," she said. Dorothy Hughes, 82, heard about the same study, and because she was experiencing minor memory issues, decided to find out whether she could participate. Both women ultimately enrolled in the study, which is the first effort in history to try to prevent Alzheimer's symptoms before they appear.

Barbara and Dorothy enrolled in the Anti-Amyloid in Asymptomatic Alzheimer's (A4) study. This is the first effort in history to try to prevent Alzheimer's symptoms before they appear.

Dorothy had never participated in a research study before, but she hopes that the results will help doctors learn more about how Alzheimer's affects the brain and how it progresses. "I feel like I am getting information and can prepare myself, or even prevent or slow down Alzheimer's," said Barbara. She believes people should participate in clinical research not just to possibly help themselves but also for the potential benefits to others. To read more stories like this, visit [yalestudies.org](http://yalestudies.org) and find out how you can be a Help Us Discover Hero too.

# HELP US DISCOVER | Be Part of Clinical Research at Yale.

Yale has hundreds of clinical studies under way for a wide variety of conditions. None of them would be possible without volunteers who were willing to take part in clinical studies. Volunteers like you are the only way for medical breakthroughs to reach the public. Please consider participating in a clinical study and helping Yale continue its tradition of advancing medical knowledge.

## Diabetes and Obesity Research Studies

### We need your help.

You can play an important role in research by volunteering for *free and confidential* Diabetes Research Studies.



If you are **between the ages of 18 to 85**, and have **type 1 or type 2 diabetes, obesity, or struggle with your weight**, you may be eligible to participate in a variety of research studies. **Compensation up to \$800.**

*Healthy volunteers are also welcomed.*

To learn more or see if you are eligible to participate, please call (203) 737-4777 or email [diabetes.research@yale.edu](mailto:diabetes.research@yale.edu).

HIC #'s: 2000022476, 2000022407, 2000021046, 2000020059, 2000020041, 1602017151, 1503015469, 1408014461, 1208010648, 0108012609

## GENEX – Lung Disease Study

### Do you have asthma?

If you are **18 years of age or older** and have **asthma or COPD**, you can help us learn more about lung diseases. This will entail a single, 2 to 3 hour study visit that may involve a medical history review, lung function testing, sputum induction, and blood draw. **Compensation of \$60 for completed visit.**



*Healthy volunteers are also needed.*

To learn more or see if you are eligible to participate, please call or text (203) 500-3808 or email [asthma@yale.edu](mailto:asthma@yale.edu).

HIC #0102012268

## Sarcoidosis or Granuloma Annulare Study

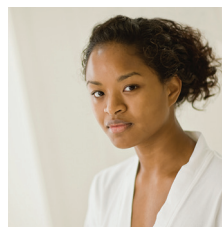
### Have you been diagnosed with Sarcoidosis or Granuloma Annulare?

If you are **18 years of age or older** and have been **diagnosed with cutaneous sarcoidosis or granuloma annulare (GA)**, you may be eligible to participate in a *free and confidential* study that may help the clearance of skin lesions and improve the way you feel.

**Compensation up to \$500.**

To learn more or to see if you are eligible to participate, please contact Yvette Strong at (203) 737-2506 or email [yvette.strong@yale.edu](mailto:yvette.strong@yale.edu).

HIC #2000023910



## Mood Disorders Study

### Do you suffer from Bipolar Disorder or PTSD?

If you are **between the ages of 18 to 65 years old** and **suffer from major depression, bipolar disorder, or PTSD**, you may be eligible to participate in a *free and confidential* study that will help us better understand the neurological causes of mood disorders. The study will entail a screening session that includes a physical and blood work, and a PET scan and MRI.

**Compensation of \$365 or more.**

To learn more or see if you are eligible to participate, please call (203) 737-6484 or take our online survey at [www.tbip.yale.edu](http://www.tbip.yale.edu).

HIC #1101007933



## Binge Eating and Exercise Program

### Interested in a free program for binge eating and weight loss?

If you are **concerned about binge eating and weight** and **want to take part in an exercise program**, and are **18 to 65 years old**, you may be eligible to participate in a *free and confidential* study that will provide behavioral therapy.

**Compensation up to \$50.**

To learn more or see if you are eligible to participate, please call the Yale Program for Obesity, Weight, and Eating Research at (203) 785-7210 or fill out an interest form online at [power.yale.edu](http://power.yale.edu).

HIC #2000023412



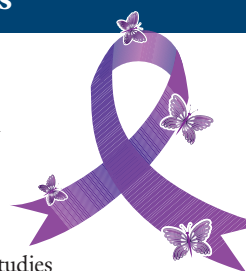
## Lupus Studies

### Do you have active Lupus?

If you are **18 years of age or older** and have been **diagnosed with Lupus**, you may be eligible to participate in a treatment study. There are very few treatment options available to patients with Lupus. Dr. Koumpouras at Yale University is currently conducting several clinical research studies that examine investigational new treatments for Lupus symptoms.

**Compensation is offered, but varies by study.**

To learn more about our clinical trials program and see if you are eligible, please contact Allison Ready, Study Coordinator at (203) 785-6631 or email [allison.ready@yale.edu](mailto:allison.ready@yale.edu).



## Stress Reduction Study for Partners with Early Dementia

### Does your partner have early stage dementia?

If you are **married or in a committed relationship**, are **at least 60 years old**, and **you live with a partner who has early stage dementia**, you may be eligible to participate in a study geared towards lowering daily stress and supporting you in your relationship. Participation involves three short home visits. During the visits, we will teach you a stress reduction technique and ask you and your partner to complete a brief survey. **Compensation up to \$200 per couple.**



To learn more or see if you are eligible to participate, please contact Joan Monin (203) 785-2895 or email her at [joan.monin@yale.edu](mailto:joan.monin@yale.edu).

HSC #2000021852

## Cardiovascular and Lupus Research

### We need your help.

*Healthy volunteers needed.*

If you are a **healthy adult with no history of cardiovascular disease** and **do not take cardiovascular medication**, you may be eligible to participate in studies that further cardiovascular and lupus research. All that is required is a blood draw and urine sample.

**Participants will receive a \$20 gift card. Parking is free.**

To learn more or see if you are eligible to participate, call 1-877-978-8343 or visit [helpusdiscover@yale.edu](mailto:helpusdiscover@yale.edu).



## Aging Brain Study

### Learn more about how the brain changes as you get older.

If you are **healthy** and are **between the ages of 18 to 35 or 65 and older**, you may be eligible to participate in a *free and confidential* study that looks at the effects of normal aging on the brain.

The study involves screening for diabetes, an assessment of body composition, and an MRI scan of your brain. **Compensation up to \$300.**

To learn more or to see if you are eligible to participate, please contact (203) 737-4777 or email [diabetes.research@yale.edu](mailto:diabetes.research@yale.edu). Or visit [bit.ly/YaleDiabetes](http://bit.ly/YaleDiabetes).

HIC #2000021046



## Yale ♥ Moms Study

### Healthy Women Needed for a Research Study at Yale New Haven Children's Hospital.

We are recruiting women between the ages of **18-45** who had a baby within the past **12 months** to play an important role in research by volunteering for this study.

Your participation in this research study involves drawing blood in order to better understand how some pregnancy complications can affect long-term health. The research will involve two 40-60 minute visits and blood pressure monitoring.

**Compensation of up to \$50 for participation** and you will also receive a *personal evaluation of your blood sugar, blood pressure, and cholesterol and learn skills on how to get (and/or stay) healthy after having a baby.*

To learn more or see if you are eligible to participate, contact Lauren at (203) 500-3995 or email [yaleheartsmoms@yale.edu](mailto:yaleheartsmoms@yale.edu).

HIC #2000021647



## Primary Biliary Cholangitis Study

### Have you been diagnosed with primary biliary cholangitis?

If you are **18 to 75 years old**, have **primary biliary cholangitis with moderate to severe fatigue**, and **on stable therapy for at least 6 months**, you may be eligible to participate in a *free and confidential* study. This will entail completing an 8-week mindfulness-based intervention program (2.5 hours once weekly; and one weekend day retreat) in a group setting at the Yale Stress Center, as well as blood tests, symptom questionnaires, and wearing an activity monitor as needed.

To learn more or see if you are eligible to participate, please contact Laura Cusack at (203) 737-6839 or email [autoimmuneliver@yale.edu](mailto:autoimmuneliver@yale.edu).

HIC #2000022299



## Stop Smoking Study

### Do you want to quit smoking?

If you are **18 to 60 years old** and **would like to quit smoking**, you may be eligible to participate in a *free and confidential* study that will look at how treatment can affect a person's ability to regulate cravings for cigarettes.

**Participants will be compensated \$20 per hour, up to \$850.**

To learn more or to see if you are eligible to participate, please call (203) 641-9417.

HIC #1210010970



To find out more about trials at Yale, visit our website, [www.yalestudies.org](http://www.yalestudies.org). Or call 1-877-y-studies for more information.

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# WHY SHOULD I PARTICIPATE IN CLINICAL RESEARCH?

## MINORITIES HAVE HIGHER RATES OF CERTAIN DISEASES.

It is an unfortunate fact that minorities suffer disproportionately from such diseases as cancer, diabetes, cardiovascular disease, and HIV. The fastest and safest way to determine whether new treatments work for these and other diseases is through clinical research. Yet it's often difficult to find volunteers—especially minorities—willing to participate in clinical trials. There is a shortage of participants in clinical research—and minority participation is even lower than that of the general population.

## IT'S IMPORTANT TO INCLUDE ALL TYPES OF PEOPLE IN CLINICAL STUDIES.

Human beings are very much alike. Only 0.01% of our genes varies from one person to the next. But even with these tiny differences, there are still people with different appearances and different health conditions. Illnesses affect each of us differently—as individuals, as families, as racial and ethnic groups, and as communities. Because of these differences, it's important to study different groups of people in order to understand which treatments work best for them. The best way to know that a particular medicine is right for someone is to test it in similar people.

Many diseases affect African Americans more often than

people from other groups. For example:

- African Americans are more likely to have stomach cancer than other groups. Men have higher rates of lung and prostate cancer. Breast cancer is more common in African American women under 45, and they are more likely than other women to die from this disease.
- African Americans are twice as likely as non-Hispanic white adults to be diagnosed with diabetes. They are also more likely to have kidney disease, to be hospitalized, and to die from diabetes.
- African Americans have higher rates of high blood pressure. Men are more likely to die from heart disease. Women are more likely to be obese.
- African American infants are almost four times as likely to die from causes related to low birth weight compared to non-Hispanic white infants.
- African Americans are more likely than white adults to have a stroke. Men are 60% more likely to die from it. Survivors are more likely to become disabled and have difficulty with daily activities.

Courtesy of US Department of Health and Human Services Office of Minority Health.

## REAL PEOPLE WHO ARE HELPING US DISCOVER *continued from page 9*



Photo Robert Lisak

## Three Ways to Sign Up for Clinical Research

Talk to an Ambassador — Contact your pastor, before or after service to discuss your questions about participating in clinical research at Yale.  
Email YCCI — Send an email to [helpusdiscover@yale.edu](mailto:helpusdiscover@yale.edu) indicating your interest in participating in clinical research.  
Make a quick phone call — Call 1-877-978-8343 to inquire about opportunities for participation in clinical research.

Reverend Dr. Leroy O. Perry, St. Stephens AME Zion Church, Branford;  
Reverend Elvin Clayton, Walters Memorial AME Zion Church, Bridgeport;  
Reverend Kelcy Steele, Varick Memorial Church, New Haven.