

**NATIONAL INSTITUTES OF HEALTH  
NATIONAL LIBRARY OF MEDICINE®**

**ENVIRONMENTAL HEALTH  
INFORMATION PARTNERSHIP**

**Virtual Annual Meeting**  
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PREPARED FOR  
THE OFFICE OF ENGAGEMENT AND TRAINING (OET)  
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PREPARED BY  
HEALTH, ENERGY, AND ENVIRONMENT  
OAK RIDGE ASSOCIATED UNIVERSITIES

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## Introduction

The National Library of Medicine's Environmental Health Information Partnership (EnHIP) is a collaboration between the National Library of Medicine (NLM) and Historically Black Colleges and Universities (HBCUs), a Predominately Black Institution (PBI), Hispanic-Serving Institutions (HSIs), Tribal Colleges and Universities (TCUs), an Alaska Native-Serving Institution, and a community college. EnHIP evolved from the Toxicology Information Outreach Panel (TIOP), which was established in 1991 in response to the pressing issue of toxic waste and the exposure to toxic chemicals in minority communities.

The mission of the EnHIP is to enhance the capacity of minority-serving academic institutions to reduce health disparities through the access, use, and delivery of environmental health information on their campuses and in their communities.

The Environmental Health Information Partnership (EnHIP) arranged to hold its annual meeting virtually due to the ongoing COVID-19 pandemic crisis on August 25, 2020, at 1:00 p.m. The webinar was supported through the Zoom platform to link attendees to the presentations and breakout rooms for topic discussions.

## Presentation Summary

Nichelle Midon, NLM, opened the meeting with an agenda overview of the purpose of the webinar. Amanda Wilson, NLM, welcomed the group with announcing the Office of Engagement and Training (OET) as the new host for the EnHIP group, and spoke of the critical partnership between NLM and EnHIP. Dr. Patricia Matthews-Juarez followed with a thank you to the EnHIP members for joining the new virtual platform for this year's meeting, as well as reminder that the current issues EnHIP faces are coping with COVID-19 and helping, especially those with underlining conditions/diseases, respond to the pandemic. Dr. Rueben Warren finished the welcome with a message of the importance of the EnHIP partnership and building trust in communities.

The purpose of the webinar was to inform and engage the EnHIP member schools on NLM's COVID-19 response and to discuss strategies and approaches for NLM and NIH to better engage with minority-serving academic institutions.

The objectives outlined for the webinar were to facilitate discussion about the NLM efforts to address and respond to COVID-19; increase awareness of new and expanded initiatives being implemented by NLM; engage EnHIP to assist NLM in expanding its support to the COVID-19 response for underserved

populations; and to describe methods and approaches that can enhance NLM efforts in its response efforts to COVID-19. These objectives were addressed through short presentations, polls, discussions, and breakout sessions. The goal was to leave the meeting with plans to develop two deliverables: an outline of plans on how EnHIP can inform, amplify, and engage with NLM's COVID-19 response; and to start compiling strategies that will help NLM improve interactions and collaborations with minority-serving academic institutions.

Amanda Wilson gave a brief summary of EnHIP's new home, OET. OET was created with a consolidation of NLM staff consisting of librarians, social scientists, communications staff and trainers who work in outreach across the library. The authority to organize outreach activities, evaluation standards and guidelines, liaisons to NLM units who do their own specialized outreach, share resources to reduce duplication, coordinate activities of NLM's grantees and partnerships, and increase efficiencies for engagement-related actions. The purpose and promise of OET is to serve as a strategic and effective connector for the library by connecting people to NLM products, services, and resources; and connecting people through partnerships and collaborations.

#### [Rapid Acceleration of Diagnostics \(RADx\)-Underserved Populations \(UP\)](#)

Laura Bartlett spoke on the Rapid Acceleration of Diagnostics (RADx) in Underserved Populations (UP). NIH launched the RADx-UP initiative to speed innovation and the development, commercialization, and implementation of technologies for COVID-19 testing. The rapid spread of COVID-19 has created the need for reliable and readily accessible testing on a massive scale. To support RADx-UP, several scientific programs have been set-up. RADx-UP was created to focus on testing of vulnerable populations and populations disproportionately affected by the COVID-19 pandemic.

As part of the RADx-UP initiative, NIH proposes to develop a series of interlink community-based projects focused on implementation strategies to enhance testing of underserved populations. Researchers will do this work by specifying strategies to address social determinants of health that present barriers to test completion and follow-up; conduct evidence-based outreach and dissemination activities to inform communities about the project and its findings; and create a sustainable infrastructure of future crises.

NIH anticipates significant changes in the landscape of testing and diagnostic approaches, as well as shifts in the pandemic itself. The program will occur in two phases. The first phase will focus on communities with established research infrastructures and partnerships, to understand current COVID-19 testing patterns and strategies, and rapidly increase reach, access, acceptance of FDA authorized diagnostics among vulnerable populations. Included in this is the Collaborative Clinical Research Network that includes research centers and consortia to work closely with communities to develop and implement

interventions, serve as a resource for more routine testing once vaccine trials accelerate, and to apply scientific and technological advancements. The Social, Ethical, and Behavioral Implications (SEBI) Program will understand the range of issues associated with testing technologies and data collection and sharing. The Coordination and Data Collection Center (CDCC) will provide leadership and project management; facilitate connections across the initiative; data harmonization, storage, and management; and coordinate guidance. Phase one awards application are due September 8<sup>th</sup>. Phase two will apply scientific and technological advancements about the virus pandemic and will be released at a later date.

A survey poll was taken to determine if any participating institutions have applied for a RADx-UP award. Please see the Appendix on page 15 for results of the survey.

### [NCBI COVID/SARS-CoV-2 Resources](#)

The National Center for Biotechnology Information (NCBI) provides access to biomedical literature, biological data, and free tools to assist in the process of pre- and post-award journey, and was created to accumulate and provide access to biotechnology resources, or bioinformatics. Presenter Dr. Rana Morris provided an update on NLM's NCBI COVID-19 resources. In January 2020, NCBI received the first SARS-CoV-2 sequencing data from China and realized the potential enormity of the outbreak; NCBI then created a research page. Researchers used this information to understand how the virus works and how it impacts the body, how it is evolving throughout the pandemic, and to develop the diagnostics for vaccine trials. In July 2020, NCBI updated its webpage (<https://www.ncbi.nlm.nih.gov/sars-cov-2>) for a more streamline approach to search records and resources for all COVID-19 data. The updated page allows easy searching from PubMed and PubMed Central literature, including the evidence base for telehealth, masks for prevention of COVID-19, racial disparities associated with COVID-19 mortality, emerging SARS-CoV-2 mutations, and treatment with convalescent plasma. In the new clinically-focused resources, NCBI has made available the genetic testing information in the Genetic Testing Registry (GTR), including RT-PCR testing, and antibody detection tests. ClinicalTrials.gov now has information on COVID-19 convalescent plasma transfusions as well as studies to evaluate efficacy, safety, and immunogenicity of a vaccine in adults to prevent COVID-19.

NCBI also created data sets for researchers to data mine. These include full text publications, tests on viral sequences, and experimental studies and their raw data for researchers to employ bioinformatics and data science methods in order to understand how viral infection occurs and human response mechanisms to that infection; and drug design information help researchers uncover possible anti-viral therapeutics.

NCBI collaborated with and shared data from many international partners, but much of the information shared during the webinar was generated from federally funded local labs and programs at universities, colleges, and institutions.

Sherri Holland Bailey spoke on federal grant opportunities and NCBI tools that can help in the granting process. NIH offers many grant opportunities, contract funding, research training, career development, low repayment, and opportunities to participate in diversity programs. There are specific granting opportunities available that impact communities. Another place for government funding is the National Science Foundation (NSF). The research areas range from biological sciences, environmental research and education, and social behavioral and economic sciences to name a few. The connection between NCBI and NSF grant funding opportunities is through My NCBI. My NCBI is a free tool that has special features to assist people interested in NIH and NSF grants and funding. It can curate publications that can be used in creating biographical sketches, which are required for federal grant proposals. NIH grant awardees are required to use My Bibliography through My NCBI for compliance. The tools within My NCBI leverage stored data to easily create bio sketches into the correct format.

A survey poll was taken to determine if the participating institutions are using shared resource data tools to respond to COVID-19, and if the participating institutions are using shared data applications to educate local communities about COVID-19. Please see the Appendix on page 15 for results of the survey.

[Overview of the NIH Community Engagement Alliance Against COVID-19 Disparities](#)  
NLM supports NIH in the COVID-19 response initiative, and works closely with the Trans-NIH ACTIV Community Engagement Team. This collaboration created the NIH Community Engagement Alliance Against COVID-19 Disparities (CEAL) group on which Dr. Lenora Johnson presented information. The Alliance overarching goals are to address issues of COVID-19 related misinformation and information gaps within communities of color; to build an understanding of and trust in science and the scientific process; and to accelerate the uptake of public health prevention practices, beneficial treatments, and preventative strategies that reduce the burden of COVID-19 in these communities.

The effort to reach these goals has two concurrent parts: to conduct urgent community engagement research and outreach focused on COVID-19 awareness and education to address misinformation and mistrust; and to promote and facilitate inclusion of diverse racial and ethnic populations in clinical trials that are reflective of the populations for which the pandemic has taken a toll. As of the date of the webinar, over 5.7 million people have contracted the virus, and 177, 000 have died from the virus or complications from the virus; however the numbers of those infected are not evenly distributed across the country, but rather there are certain areas where the impact of the virus has been greatest. The Alliances’

focus is on those areas to recognize that the rates have been high, remain high, and continue to increase, and that the morbidity and mortality suffered in those areas is extreme. In that vein, the Alliance wants to focus on those areas around the country where the opportunity to participate in vaccine studies is greatest.

To do this, a structure has to be created that mobilizes all research aspects to reach communities, educate, inform, and promote the inclusion of vaccine trials. What the Alliance provides to communities and community organizations are a number of resources that help in that space of educating, informing, providing tools and shareable resources that can be used across the communities. Public Resource Inventory is a resource for general clinical trials and specifically the importance of minority participation in the trials; general information on vaccines and vaccine research; the impact of COVID-19 in specific communities; and viruses in general. Available online are resources for educating and recruiting; ensuring diversity in clinical trials, factsheet, videos, and articles; and clinical trial education. These online resources can be found at [covid19community.nih.gov](https://covid19community.nih.gov).

One of the areas the Alliance wants to evolve into is accessible tailored content for populations, through taking current content and adapting to the needs of populations that are most greatly impacted. Content is currently being tested, and having EnHIP as a guiding voice for what communities need and what information resonates will be very helpful. Focus will also be put on shareable information that can be downloaded on websites and social media feeds. The team is also engaging with Congress, specifically the Congressional Black Caucus, Hispanic Caucus, Native American Caucus, and Asian Pacific American Caucus to leverage interest in clinical trials and providing them with resources for outreach to their districts, and a toolkit with other shareable information.

CEAL would like to continue working with NLM to create and provide educational webinars such as the Community Champions Educations Series, which would focus on clinical trials, vaccines, and community needs; and the Communication Science Series, which would focus on research findings, misinformation, and skepticism. CEAL is also highlighting a media campaign that will ensure that minorities in communities will have a voice, including radio tours in key locations, media stories, earned and paid media assets, and amplification of vaccine trial media campaigns. Please see the appendix for important links regarding this initiative.

A survey poll was given to determine if the member schools were currently participating in any technologically innovative research that prioritized or speeds the development of treatment or a vaccine. Please see the Appendix on page 15 for results of the survey.

### Discussion and Q&A – EnHIP Member’s COVID-19 Response Efforts

After the presentations, Dr. Matthews-Juarez posed a series of questions to participating EnHIP members with a focus on feedback from participating institutions regards to grant proposals, what the world is like in their communities in regards to COVID-19, and what EnHIP’s response should be. Many participants engaged in this discussion, starting with Dr. Doris Withers who commented that the importance of community response is key because there is a lot of misinformation nationally. One of the steps taken by the governor and mayor of New York was to track the COVID-19 cases by zip code, and found a number of hotspots were in minority communities. With that information, the city sent more resources, testing sites, and outreach to those areas. Dr. Daniel Sarpong stated that we need to provide a community safe space to share what is really going on. The institutions represented by EnHIP have a foothold in the community, so reaching out to people, even virtually, and engaging the community to hear from them is important, because people are very resistant since they do not feel their voices are being heard. He went on to mention that through the Center for Minority Health and Health Disparities at Xavier University of Louisiana they have been able to engage the community in many ways. There is a lot of misinformation surrounding the vaccine, and the community wants it vetted by organizations they trust, because they feel this is a way that could marginalize and disenfranchise people of color. EnHIP members within their communities can help discern correct information and help the communities find accurate resources. Dr. Sandra Harris-Hooker added that resources are very translational, and that her group has gone from talking about what has been done at the laboratory level, to what’s actually being put out in terms of testing and preparing for vaccine trials. It’s the institutions that must take the lead to bring this information to communities. After research and testing has been done, it’s the institutions responsibility to get accurate information to communities in order to get their participation.

Dr. Matthews-Juarez then posed the question, how do we know what resource information is accurate and trustable and how to guarantee that the information we are disseminating meet those criteria. Dr. Robert Copeland answered that the hospital and medical school at Howard University only disseminates information from trusted sources, such as the National Library of Medicine, and use statistical data from Johns Hopkins. However, one of the problems that his institution is seeing around misinformation is minority populations not adhering to simple protocol, such as wearing face masks, keeping a six foot distance, and other recommendations that have shown to create a deflation in COVID-19 cases. Dr. Arlene Montgomery replied that we have to start with organizations that people already trust, such as churches, community organizations, social organizations, and other groups that the community is already familiar with in order to dispel misinformation. The school of nursing at Hampton University partnered with the hospital, health department, and the food bank to organize a community testing drive on Juneteenth. The turnout was fantastic, and the students were able to connect with community members

and answer questions, and test results were returned within 48 hours. The health community students are completing a certificate program from Johns Hopkins on how to become contact tracers, so within their community health course, they can work with the health department. Dr. Rueben Warren added that trustworthiness is more important than trust and has to be earned. Several institutions have earned trustworthiness and can utilize this trust to be influential. EnHIP needs to focus on the three trust gatekeeping institutions: health professions and schools, faith centers, and civic societies to disseminate resources in order to combat misinformation. Constance Hendricks stated that she is using the previous partnerships to gather current vaccine and treatment information to share with the nursing students at Tuskegee University. Dr. Paul Tchounwou said that community engagement is critical and that COVID-19 protection measures have been implemented at Jackson State University and surrounding communities by taking information from the health department and notices from the CDC. Dr. João Ferreira-Pinto highlighted that one of the problems he's witnessed is that most community organizations work from grant funding, and that it can take 2-3 months to receive the money from that grant which means organizations are losing much needed time getting resources out to the community. Determining faster approaches to getting more resources into the communities is critical.

#### Remarks from the NLM Director

At the close of the meeting, Dr. Patricia Brennan spoke to the members and reiterated that EnHIP is a very important asset that NLM values. EnHIP helps NLM connect to communities around the country and allows the Library to stay informed on priorities and ways it can assist in not only redressing previous ills and environmental impacts, but to be prepared to address new strategies in community engagement. She thanked the members and the chair for their participation and input in reaching that goal. She further stated that this is a period of time in our country where we are facing unprecedented social awareness, physical health challenges, and complex strategies to reach into the very personal lives of individuals. NLM recognizes that we cannot do this alone, and we cannot do this reflective of our own individual viewpoints in the world, but rather have to look for ways to actively engage with communities in ways that are most meaningful to those communities. The active partnerships have been critical in ensuring rapid development of diagnostics, therapeutics, and vaccines that we hope will end this very serious pandemic. However, it cannot be ended in a way that produces a dominate viewpoint driven only by science, but must produce responses that are congruent with needs of the community. NLM recognizes that these partnerships formed by community engagement activities are the key to making sure 'health for all' becomes a reality.

Dr. Brennan also noted that NLM remains committed to serving the public as a source of trusted health knowledge. However, being a trusted source of health knowledge on the internet is not enough. NLM

recognizes that groups such as EnHIP give a connection to minority-serving academic institutions that have a community presence. This helps NLM understand how, and which of, our services are of greatest value, where we can make contributions, and how we balance our very critical electronic resources with the human network of the Network of the National Library of Medicine (NNLM). The direction of NNLM is to be able to enter the lives of people that may not be able to reach the resources through traditional fashions and may have barriers to reaching trusted health information. NLM remains a source and a beacon of trusted health information, recognizing we cannot simply give information, but help people use information. NLM's commitment is to ensure our information is useful. NLM is currently doing four things: conducting research, making sure literature resources are accessible and available to the public; providing health information to specifically address COVID-19; and providing information and information ambassadors to provide guidance to other parts of NIH as they engage with communities to find individuals that will participate in studies and help us understand the experience.

Another step NLM has taken is that NCBI will outreach directly to STEM-intensive minority-serving institutions and leveraging the telework progress that is currently being engaged to allow young people to work in their own communities, through electronics, so as to open up new job pathways to communities that didn't have them before. This is an initiative that has to do with remote work, and to bringing opportunities from NLM to the communities to recruit students to federal work more broadly.

She closed by thanking EnHIP for all the work to help NLM maintain its commitment to the public, as EnHIP is a trusted name and trusted partner to NLM.

### [Announcements](#)

Nichelle will send out the questions and responses from the breakout sessions, evaluations, and next steps to EnHIP members.

### [Closing Remarks](#)

Dr. Matthews-Juarez thanked the members for the rich discussion and the presenters for their time to address NLM action needs. Amanda Wilson closed with a thank you to members in helping NLM reach their goal of laying groundwork for conversations and goals. She stated that NLM was able to secure EnHIP funding through fiscal year 2021 and looks forward to the projects designed for COVID-19 information and response.

## Breakout Sessions

Breakout sessions were held at the end of the presentations, and attendees were split into two discussion groups. Amanda Wilson facilitated the first session, Recommended Strategies and Best Practices for Working with HBCUs and MSIs in Reaching Underserved Populations; and Nichelle Midón facilitated the second session, How EnHIP can help NLM in its response to COVID-19.

For the first session, Amanda Wilson placed emphasis on seeking input for the development of guidelines and best practices for working with HBCUs and MSIs in reaching Underserved Populations. To start the discussion, she stated that for NCBI, the audiences are primarily clinical/public health practitioners, biomedical and biological researchers, as well as health and life science educators and workforce development trainers, but that NLM was also interested in learning how to support citizen science and other community groups. She asked EnHIP members to separately send in ideas on how NLM could effectively work with EnHIP to positively impact the health of underserved groups by inclusion in research and science literacy efforts; and how to increase workforce representation and diversity by assisting with education and training opportunities. She acknowledged that the viewpoint from EnHIP members might be a great source for advice on effective ways to connect with underserved institutions and populations. Initially, members agreed that continuing to fund EnHIP awards that have been done in the past and increase the amount. While \$10,000–20,000 can launch community initiatives, \$40,000–\$50,000 would be a better amount. Members highlighted that communities have long standing relationships, have built community networks with a solid foundation on how to work with faith-based, service, and civic institutions. Members suggested that these community networks could use PPE and share PPE with other communities. Another vital community resource members mentioned were regional libraries; members suggested including regional libraries to help get out the message and libraries can add COVID-19 resources on their websites and social media platforms (paid media). Also, utilizing librarians to organize town hall meetings, especially with medical schools for disseminating information. One member brought up that contract tracing is not working because people do not want to disclose their information so maybe having libraries display messaging about how contracting tracking helps with the spread of COVID-19 on television their monitors and/or computer screens could help the community trust providing their information. EnHIP members also stated they are using nursing programs to help educate the community. Nursing students are required to participate in community projects and this could be a way to conduct COVID-19 education within communities. Lastly, EnHIP members noted that more funding is needed for getting out in the community to disseminate information and educate about the

vaccine. One member expressed *“If people don’t understand the vaccine they won’t take it and we can’t control COVID-19.”*

For the second session, Nichelle Midón asked what the concerns and considerations are of testing and vaccine information for communities, to which the members responded that the infrastructure to building a testing network and having conversations with evidence that the population isn’t a trial/error situation is key to gaining community trust. Members would also need information to share in order to reach those that don’t know about vaccine testing. When asked what are known information dissemination methods that should be considered by RADx-UP in order to build awareness of the need for diverse participants in clinical trials by becoming a trusted source of information in our communities, members responded that people don’t believe information that comes through the federal government, and that they need to be aware and included in the clinical trials. That as leaders the EnHIP institutions are in charge of being the voice against misinformation, since science is moving at a rapid rate and flexibility is needed to change with the message. When asked how NIH/NLM can build trust with the communities, members stated that funding for libraries to help get the message out to the communities.

## Evaluations

### METHODOLOGY

On September 1, 2020 EnHIP member institutions that attended the EnHIP meeting received an e-mail with a web link to participate in an evaluation. The meeting evaluation consisted of eight questions, including some multiple-choice and open-ended questions. The survey also included additional 10 questions related to the meeting breakout sessions. Reminder e-mails were sent to members on September 10<sup>th</sup> and 15<sup>th</sup>. The survey closed on September 18<sup>th</sup> with a total of 12 EnHIP members responding (22%).

### DATA ANALYSIS

Respondents’ close-ended responses were summarized using frequency distributions, and open-ended responses were reviewed and sorted into like categories and themes. Respondent’s comments are designated by ➤ and italics with quotations.

### RESULTS

After attending the webinar, many (75%) EnHIP members were knowledgeable on NLM efforts to address and respond to COVID-19. All agreed (42% strongly agreed; 58% agreed) that as an EnHIP member, they knew how to assist NLM in responding to COVID-19 within their communities. Additionally, all members indicated their awareness of COVID-19 related activities or response efforts that their fellow EnHIP member universities were conducting.

Since EnHIP is a collaborative relationship between NLM and EnHIP member institutions, it is important to continue to share information, generate discussion, and develop recommendations for members to implement within their communities. Sixty-four percent of members strongly agree that their university or institution can assist NLM in implementing strategies within their communities to respond to COVID-19. Additionally, sixty-four percent of members expressed motivation and their institutions interest in collaborating with NLM on future funding opportunities.

EnHIP members were asked about the possible barriers that prevent participation in vaccine trials after the presentation on therapeutic interventions and vaccines. The most commonly mentioned barrier was lack of trust. The issue of trust related to abuse and mistreatment of marginalized populations and efficacy of vaccines. Other barriers included misinformation about the vaccine, vaccine safety, and the inability to convene the benefits of participation in vaccine trials or research to communities.

- *“The largest barrier to prevent participation in vaccine trials is fear of physiological harm to participants. This is especially true of persons within minority communities who may see themselves as proverbial guinea pigs for researchers or the medical community.”*
- *“Lack of trust in the efficacy of the vaccines and misinformation about them.”*

When asked how these barriers in participating in vaccine trials could be removed, EnHIP members stated that education about research participation and community engagement as the top solutions. EnHIP members also revealed that using trusted spokespersons and providing transparent information (benefits and risks) about research participation was a vital part of educating communities as well as getting their buy-in. Methods for educating communities consisted of town hall meetings and information dissemination campaigns (e.g. distribute flyers at churches and community events, social media, PSAs, etc.).

- *“By conducting short town hall meetings either in-person or through zoom and spreading the message. Another way is to distribute flyers in churches, other religious congregations and social events.”*
- *“Engaging the communities in honest discussions regarding the benefits of research participation.”*

Only two EnHIP members reported their institutions were aware of the Memorandum of Understanding between the FDA, VA, and NIH’s 3D Print Exchange to share data, and coordinate on open-source

medical products for COVID-19 Response. One EnHIP member institution was conducting health disparities research focusing on research training and was also involved in research related to COVID-19.

The majority of EnHIP members stated they plan to share the information they learned during the webinar with their colleagues. Others indicated integrating webinar information into their community engagement and health promotion research initiatives and seeking funding opportunities provided during the webinar.

Overall, EnHIP members expressed their gratitude to NLM for conducting the first virtual annual meeting in the midst of a pandemic. Several revealed the presentations were extremely useful and informative.

Although many favored the breakout sessions they suggested providing additional time to allow for more in-depth discussions amongst members. Almost all (90%) were interested in participating in subgroups to finalize deliverables from the breakout sessions. Most (63%) EnHIP members were specifically interested in the subgroup focused on *Recommended Strategies for HBCUs and MSIs* while the remaining members were interested in the *EnHIP COVID-19 Plan* subgroup.

### LOGISTICS

Logistically, participants provided the following aspects of the 2020 EnHIP meeting with excellent ratings. Registration received the highest ranking followed by over half of EnHIP members (56%) acknowledging the webinar being engaging (e.g., discussion, polls).

<b>Logistics</b>	<b>Excellent Rating</b>
Engagement during webinar (e.g., discussion, polls)	56%
Length of webinar	33%
Webinar technology (e.g., audio/visual, platform)	44%
Registration	75%

## Next Steps

Next steps are a collaborative efforts to work on ideas generated from the webinar discussions into plans and documents.

# Appendix

## POLLING QUESTIONS

At the conclusion of presentations, poll questions were posed to attendees. Poll results are summarized below.

### **RADx Underserved Populations (RADx-UP) (18 responses)**

Question: Has your institution applied for a RAD-x UP award?

Only 17% of members that voted stated their institution had applied for a RADx-UP award, while 44% were unsure.

### **NCBI COVID/SARS-CoV-2 Resources (16 responses each question)**

Question 1: Are you using data applications to educate your community about COVID-19?

Question 2: Are your institutions using shared research data tools to respond to the COVID-19 Pandemic?

More than half (56%) of EnHIP members responded that they were currently using data applications to educate their communities about COVID-19 and 31% noted the use of shared research data tools during their institutions COVID-19 response. Whereas 56% of EnHIP members were unaware if their institutions used share research data tools in their response to COVID-19.

### **Overview of NIH Community Engagement Alliance Against COVID-19 Disparities (17 responses)**

Question: Is your institution currently participating in any technologically innovative research that prioritizes or speeds the development of treatment and/or vaccines?

While almost half (47%) of EnHIP members indicated that their institution was currently participating in technologically innovative research for the development of treatment and/or vaccines, 41% were unaware of any research being conducted at their institutions.