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# AHEAD

Social Work Research at the University of Michigan

**COVID-19**



SCHOOL OF SOCIAL WORK  
UNIVERSITY OF MICHIGAN





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# welcome



It is with great pleasure that I present to you the fifth issue of *AHEAD*, the research magazine of the University of Michigan School of Social Work. This historic issue focuses on how the COVID-19 pandemic has affected faculty research projects at the school.

U-M as a whole is performing well in the face of COVID-19, and so is the School of Social Work.

This issue looks at the work of many of my colleagues who are conducting innovative research with human

participants. This research will ultimately show us how we can help underserved individuals, families and communities by addressing mental health issues, refugee and immigrant issues, barriers to healthcare access and to many other services—all of these currently exacerbated by the pandemic.

I am proud of how nimbly our faculty responded to the restrictions imposed by the pandemic. Every research project profiled here went ahead, most with barely any interruption, as researchers redid budgets, revisited IRBs, reassured collaborators and redesigned studies. Participants and researchers both learned how to manage data gathering and delivery of services via Zoom and other online platforms.

This work has not been without its challenges. U-M's COVID-19 Research Disparities Committee has identified challenges affecting research continuity, including disruptions to the lives of research participants and investigators, and the time needed by both groups for family care. Moving forward we are called to focus on dependable grant spending, so that researchers may continue the work they have started and launch new research. We need to transparently reconcile the time we use for teaching, research and service, and we must provide supports for researchers with children, who are disproportionately affected by the pandemic.

We will continue highlighting our faculty's research in coming issues of *AHEAD*, and we will look forward to a time when that research may be conducted as much as possible in the ways the researchers originally envisioned it.

**Rogério M. Pinto, PhD**

**Professor, Associate Dean for Research**

University of Michigan School of Social Work





# "WE WILL FIND WAYS TO COME TOGETHER"

## *Overcoming Barriers to Conducting Research During Covid-19*

BY DAVID PRATT

On January 20, 2020, in Washington, D.C., the United States saw its first case of severe acute respiratory syndrome coronavirus 2, known on the street (and soon in endless teleconferences) as COVID-19. The virus swept across the country, and, in less than 60 days, businesses and institutions began locking down. Colleges and universities went online — rather, their classes and administrations did. But what of faculty research projects and the months and years of planning, with months and years of work and publication still ahead? What of research participants who might already have been hard to reach who were now losing jobs, changing addresses or suddenly without addresses at all?

Hearing that scientific research was closing down across the country, the general public fixed mainly on the fates of laboratory animals. Social scientists, however, had their own challenges. Assistant Professor Jaclynn Hawkins says of one of her projects, "We had to stop in-person data collection, but there was not much direction given to us. Priority was given to people in labs. There was no plan for behavioral research. Everyone found that frustrating."

As one university after another suspended in-person research, the first thought on every investigator's mind probably consisted of just three letters: IRB.

An IRB, or "institutional review board," is a group designated by an institution to review and monitor research that involves human subjects and to assure that those subjects' rights and welfare are protected. IRBs provide approval for the study methodology at the outset, and if the nature and conduct of researcher-participant

interactions should change, the IRB must approve such changes. In behavioral research, changes might include how participants are interviewed and how and where participant data is stored. Whatever the case, the bottom line is: no IRB approval, no project.

In the stories that follow, we will see how our social work researchers, faced with the constraints of COVID-19, interacted with IRBs, with project participants, with co-investigators, and with public and private funders. We will see how they reorganized their projects. We will see how some reorganizations succeeded, how some had mixed results, and how some turned out even better than originally planned. We will hear what researchers think about their prospects for publication. All in all, faculty at the School of Social Work have shown their ability to move smartly and nimbly, whatever comes their way.

“WE WILL FIND WAYS TO COME TOGETHER”

# ROOM FOR UNCERTAINTY

Fittingly, it was Friday, March 13. Fittingly, Assistant Professor Odessa Gonzalez Benson was studying “models of crisis response with room for uncertainty.”

Three days earlier, the first two cases of COVID-19 had appeared in Michigan. Most U-M students were heading home to resume classes online on Monday. The U-M administration was going online. International air travel for university business had stopped; now domestic travel would stop, too. But “domestic travel” had not been well defined. Gonzalez Benson needed to know if it included travel by car within the state.

Funded by the Michigan Institute for Clinical and Health Research, Gonzalez Benson and her team planned to interview Bhutanese and Congolese refugee leaders and community members in Grand Rapids (Kent County), Michigan, about migrant models of care, including crisis response, practiced by community leaders and their informal DIY networks. The team would study organizations run by refugees for refugees, and they would theorize and conceptualize around refugee communication modalities, priorities and social values. Team members would participate in community programs and meetings and observe how people exchanged knowledge.

**“How can we help these communities do more of what they are doing? We hope to bring about more of a shift in the direction of refugee-led interventions: ‘for refugees by refugees.’”**

“We are developing a migrant-based model of how service delivery and crisis response look — nimble, ad hoc, with room for uncertainty,” says Gonzalez Benson. “It is social work case management, flipped. Professional social workers schedule interventions and have ad hoc responses just in case. These communities do ad hoc, just-in-time management first. But how? What do community members tell leaders, and how do leaders, in turn, reach out within and beyond their communities — especially in crises like this pandemic? How can professional social work learn from that? We hope to see how the refugee way of getting things done might contrast with and supplement professional social work practice. Community members have the social worker’s number,



Assistant Professor Odessa Gonzalez Benson

but they call their own leaders first, so it behooves us to partner with those leaders. Hopefully, in the end, we will have data to show all this and warrant further investigation. How can we help these communities do more of what they are doing? We hope to bring about more of a shift in the direction of refugee-led interventions: ‘for refugees by refugees.’”

That Friday last March, Gonzalez Benson was already in Grand Rapids, having met with the director of the Kent County Health Department. One of the project’s co-investigators, Naganika Sanga, Ph.D., a student in Urban Planning at U-M’s Taubman College of Architecture and Urban Planning, was picking up a rental car in Ann Arbor to join Gonzalez Benson in Grand Rapids for a getting-to-know-you gathering with project leads, research assistants and members of the Bhutanese community. Data collection would begin the next day.

“The car rental place was closing,” Gonzalez Benson remembers, “and we were waiting for guidance from the provost’s office. I was scouring the U-M website for a definition of ‘domestic travel.’” Associate Dean for Research Rogério M. Pinto advised Sanga to sit tight in Ann Arbor. At 3 p.m., an email arrived from the provost: U-M was suspending all research activities.

While this announcement upended the researchers’

original plans, Gonzalez Benson had already established trust with her participants, so she was able to turn on a dime. “I got on FaceTime,” she recalls, “to make sure everyone was still on board, and they were. I thought we might conduct the interviews on BlueJeans [a videoconferencing platform like Zoom]. This was about community engagement. We were taking an ethnographic approach, so we wanted to have good rapport between the community and the research assistants. The assistants were new to the team, so I had hoped we could meet at least once in person.” Now, the meeting would happen on FaceTime.

With a mixture of confusion, anxiety, trepidation and hope, Gonzalez Benson, Sanga and their team hurriedly made plans to continue their work in a virtual environment they knew but had not previously considered for research. (Alone among the projects in this article, Gonzalez Benson’s does not come under IRB purview; the team is interviewing participants only about their organizations, not about themselves.)

Even before COVID-19, videoconferencing was second nature in higher education. When COVID took hold in mid-March, BlueJeans, Zoom and other platforms became natural alternatives to in-person interaction. The university moved instruction and administration online in less than a week. For Gonzalez Benson and other behavioral researchers, it seemed an easy solution to “just do interviews online,” but conducting research this way has its challenges. “In person, you have a better sense of body language,” says Gonzalez Benson. “We did our introductions on FaceTime, where we couldn’t quite

gauge how responsive people were. In person you would have coffee or a meal, which is important in community work.

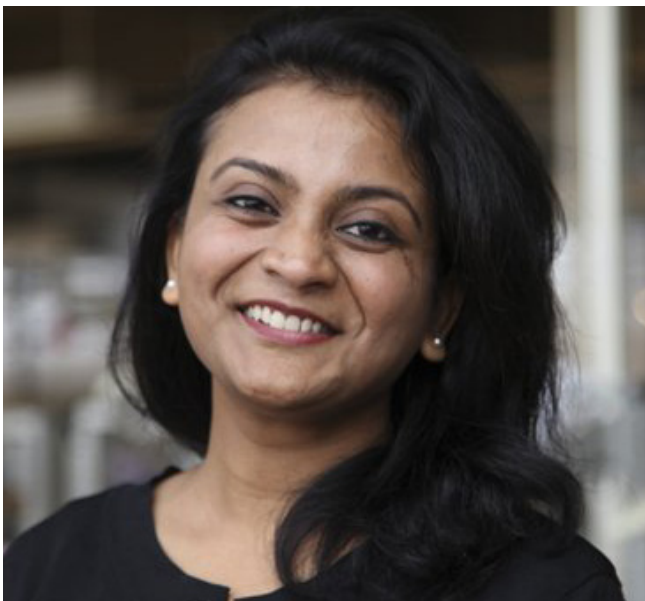
“Originally, Naganika and others were going to attend community meetings. Online that became complicated. Rather than observe meetings we would have to interview community leaders afterward, so it was a step removed.” The team had also planned to shadow those leaders, and now they couldn’t. They had to find the best online equivalents they could for ethnographic and participant observations.

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Talking to *AHEAD* later in the spring, Gonzalez Benson reported, “It’s been up and down. We have been forced to look at innovative ways of collecting data. Conceptually everything is still there, but the technology is challenging.”

The team had originally planned to keep data on secure computers in locked cabinets. Now they were on videoconferencing platforms that could be hacked. “Community members are not identified in our data,” Sanga explains, “but it is still important to specify how data gets stored.” To add to the complication, Gonzalez Benson’s team could not be sure which aspects of the study they were required to explain to their participants, or how.

The team revised protocols and procedures as they learned of new requirements and realities around COVID



Co-investigators Naganika Sanga, Ph.D. student in Urban Planning, U-M Taubman College; Dilli Gautam, MPH, President, Bhutanese Community of Michigan



and teleconferencing. Help with technology and security came from both the team and participants. Sanga, originally hired for in-person interviewing, also happened to understand issues around technology in research, such as how and when to disclose the risks of online data collection. Kent County's Bhutanese community had been partners in the development phase, so they understood the research challenge, and many refugee leaders and young people in their communities were tech savvy.

Gonzalez Benson seeks to learn from community members how their communities work internally, as there has been a lack of reach into underserved communities from mainstream organizations. But, explains Dilli Gautam, MPH, President of the Bhutanese Community of Michigan and Gonzalez Benson's co-investigator, "We don't have good record keeping on things we have done with the community, because we are all volunteers, including me! So Odessa wants to develop a system where we can track everything we do as community leaders to help our community members."

Right now in Kent County, there is much to track. Local health departments are helping refugee communities distribute COVID kits house to house, because leaders like Gautam know best who needs the kits. Especially now, with the pandemic, calls come on leaders' help lines asking for assistance with food delivery, obtaining masks and hand sanitizer, and filling out unemployment applications as well as the 2020 census and more. One leader says she barely eats breakfast because people — including refugees from other communities — start calling first thing in the morning. "There's a lot of do-it-yourself stuff happening," says Gonzalez-Benson. "It is informal but very meaningful and substantive in terms of results. We are looking at how these communities have responsive informal networks. Community leaders like Dilli are the go-tos in a crisis like COVID-19, which will be the subject of our first paper. Now they are constantly making referrals, doing home deliveries, even risking their health. And they are working their regular jobs. We want to document — via community leader interviews now, instead of direct observation — all that refugee community leaders do for their communities, and how they do it. Agencies and government entities can then move toward partnering with refugee communities to build even greater capacity."

"Community members have a process of getting in touch," says Sanga. "They have a way they like to be

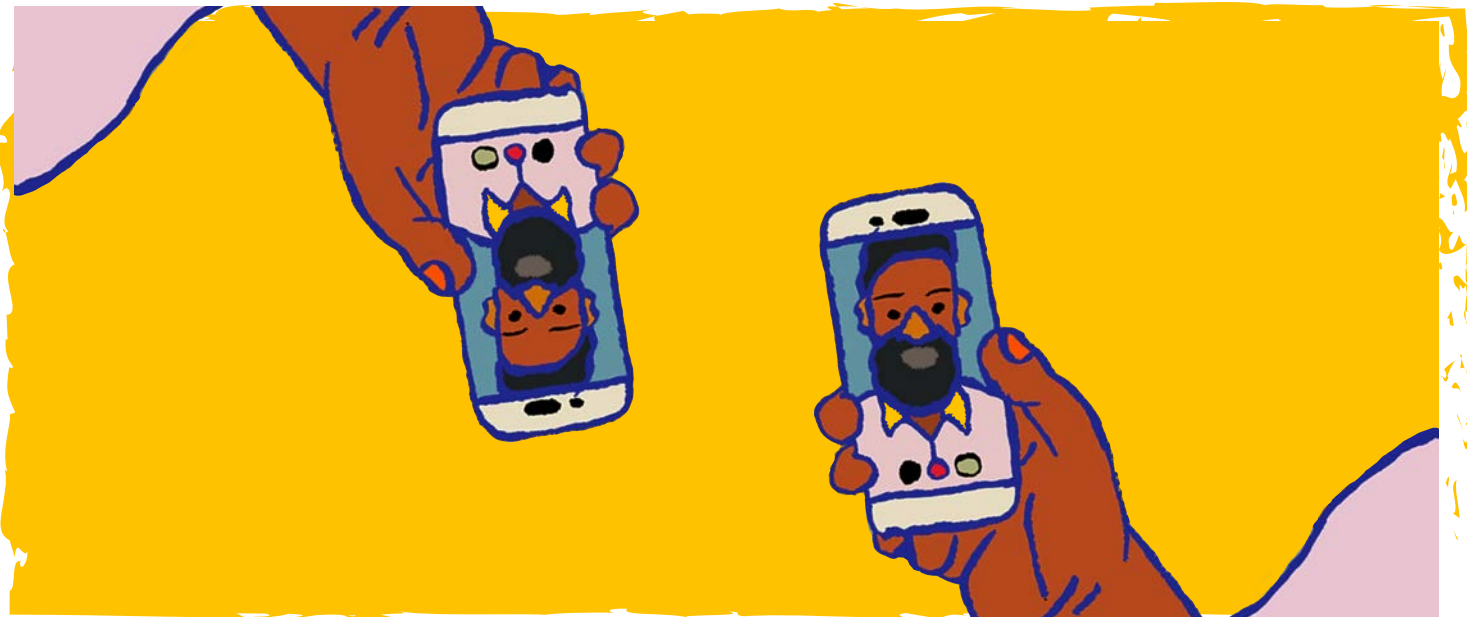
interacted with, a tactful approach; I understand Nepali, and these are things I grew up with, so I understand the protocols and I apply them to phone calls. I also follow Facebook pages of these organizations and see the questions they get, and how they respond. I have been able to capture, for example, how they talk about and distribute COVID supplies." This type of data is crucial for developing evidence-based protocols. COVID is an especially critical topic, as most Bhutanese and

Congolese in Kent County are factory workers: They must show up, and they will not be distanced. Unemployment is challenging as well. Community members have made videos in Nepali about some topics, like the census, but a video about online unemployment application would have to show a real

account. Instead, the community put together a network of phone support, tapping younger people who understood the workings of Internet portals.

How will COVID show up in publications based on these research projects? "Perhaps the virus will become part of the research culture," Gonzalez Benson predicts. "Maybe it will be in all papers, and there will be a consensus across the board that we accept certain methods." For qualitative work, online data collection is of course not ideal, and qualitative methods usually don't include online work for top peer-reviewed journals. The general view is that virtual interviews are less effective, because the researcher cannot develop that in-person rapport. However, COVID may force peer reviewers' hands, especially given its impact on researchers and participants not just in one region, but around the globe.

Odessa Gonzalez Benson is generally pleased with how her project has proceeded. In some ways, she reports, online interaction is easier because it is more flexible and allows for more frequent contact between investigators and participants. The research team is not, of course, able to shadow participants — a key piece of an ethnographic study. Says Gonzalez Benson, "We wish we could capture how they handle these community issues. Body language, use of space, nonverbal communication — we are not able to capture these right now." But this has not negatively impacted rapport with the participants. "I feel like I know them. Even though it is electronic, we are meeting in people's homes. We see each other in T-shirts! It's good for community engagement. I will not come away from this feeling as though I didn't get to engage." ■



“WE WILL FIND WAYS TO COME TOGETHER”

## CONGREGATING ONLINE

Before COVID-19 struck, Assistant Professor Addie Weaver and her team were working in rural Hillsdale County, Michigan, southwest of Ann Arbor, delivering depression treatment—based on cognitive behavioral therapy, or CBT—in person to small groups in rural churches. The project is called Raising Our Spirits Together (ROST).

ROST group sessions were intended to happen face to face, with the churches’ pastors facilitating. The program had an electronic component as well. Group conversations were cued off materials viewed on the Entertain Me Well computer platform, co-created by Weaver and Professor Joseph Himle. Conversation starters on Entertain Me Well are, well, entertaining. With ROST, an animated character experiences depression — in one case, over an upcoming high school reunion — and models CBT tools and skills as part of coping.

During the development phase, Weaver and her team identified many participant issues related to depression, stemming mostly from isolation and a local economy that lags behind the country as a whole. The effects of both these issues are exacerbated by a lack of options for mental health treatment in rural Michigan. “Treatment for these folks would normally be far away,” Weaver points

out. “They would have to travel, say, to Ann Arbor for a psychiatrist appointment, something they might be reluctant or unable to do.”

As development wrapped up in February, participants and their pastors were excited as Weaver’s team launched a pilot. “We were three sessions into the pilot,” Weaver remembers, “when the reality of COVID-19 hit. The university said that in-person human-subject research was no longer safe.” But the team made a decision — from ethical and social justice perspectives — not to stop, but to go online. Without this form of connection and with new restrictions imposed by COVID-19, participants might become even more isolated and stressed.

Weaver and her team did have to make certain the online treatment would be delivered in a way that would keep people safe. They spoke with community partners and participants to assess their access to technology and their technical capabilities. They then devised a plan for the pastors to lead small groups on Zoom. But before they could go ahead, Weaver needed IRB approval to continue by videoconference. ROST Project Coordinator Caroline Landry, MSW ’16, tells how ROST’s “awesome” IRB contact “articulated step by step how to transition from in person to remote. We had initial approval for



audio recording but not video. We did some rewriting, and now we can conduct sessions either way, in person or virtually, in a second."

"We made other changes," Weaver adds. "We sent participants all of the intervention content in packets before each session, because you never know when there will be tech problems or if some people will need to use a phone and won't be able to see. Then we talked to folks after every session to hear what they thought of how the program was working remotely. Everyone felt that it was important to stay connected with others."

As winter turned to spring, ROST facilitators and participants enjoyed a seamless transition and enormous success. "Some participants say it's easier to ask for help online," reports Pastor Lynne McQuowan of the First Presbyterian Church of Jonesville, Michigan. "It removes barriers. We miss the fellowship we would have had face to face, but overall this counts as a success. And Addie's team was wonderful; they handled the transition without blinking." Pastor Jessica Hahn of Trinity Lutheran in Hillsdale, Michigan, tells a similar story. "People are glad to be connected in such a challenging time," she says. "Most of them have comfort with the technology, though being at home they may get distracted, and in rural areas there can be spotty Internet connections." Both pastors also negotiated the issue of participants turning off their video—an act that is allowable to protect privacy but that also subtly hinders participation.

**"Pastor Lynne and Pastor Jessica did not hesitate. Even though virtual was not what they signed up for. My team is grateful to everyone for jumping into the unknown."**

Some participants said that they would not have continued with ROST had the sessions not been remote. "They value the convenience of getting online," says Trevor Buys, MSW '20, whose field placement is with ROST. "They have depressive symptoms and are not motivated to go out. But the one-on-one contact we would have had, greeting people as they entered a real room — we don't get that virtually."

"I had encountered resistance about my church going more online," says Pastor Lynne, "and then, suddenly, we *had* to do it — overnight! Now we are going to do a second series of sessions online. We have reached people who I think would not come to a brick-and-mortar church. I think there is a lot of value in staying online in



*Assistant Professor Addie Weaver*

the future." Pastor Lynne even found that Zoom helped her as facilitator. "Addie and I use the chat function during sessions," she reports, "to make sure I ask the participants certain questions."

Weaver praises her partners' confidence and agility in making the transition. "Pastor Lynne and Pastor Jessica did not hesitate," Weaver says, "even though virtual was not what they signed up for. Both are natural facilitators. My team is so grateful to everyone for jumping into the unknown! And members of both groups really connected. They exchanged phone numbers so they could continue to support each other."

"It will be really interesting and helpful to publish on this pilot," Weaver says, "given the reason we moved to remote groups and what we discovered about how the remote option can work for people. With COVID-19, remote mental health options are increasingly important, but most are not very engaging, nor are they widely used. You can download apps on your own, but the literature says you will be more likely to follow through if a support person is present. We want to show that one can increase engagement and develop group solidarity with remote group sessions guided by support people like Pastor Lynne and Pastor Jessica. They help our participants use cognitive behavioral tools to alter their thoughts and actions, so as to lessen stress and depression. Folks felt their depression was normalized. They hadn't thought others were feeling loneliness or depression, but they came together with others in their community and found that they had shared experiences. This was powerful for folks in a rural context, where independence and self-reliance are so valued." ■

“WE WILL FIND WAYS TO COME TOGETHER”

# PARENTING IN A PANDEMIC

Associate Professor Shawna Lee was coming to the end of one round of data collection for her Healthy Start Project when COVID hit. The Healthy Start fatherhood program, which uses a home visiting model to help dads with low income learn fathering skills, was forced to conduct its participant interviews, which normally took place during home visits, by telephone. Lee says this made an already challenging process even more so. “Some of the fathers were so busy, it was hard for them to adhere to home visits in the first place.” With all activity moved to the phone, there were even more cancellations and postponements. “It is not clear how it is going to affect my research overall,” Lee says. “Fortunately, we are toward the end, so it won’t have as big an impact as it might for a project just ramping up.”

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Derek Miller, care coordinator for Healthy Start at the Kalamazoo City Department of Health and Human Services, gathers data on services that help local fathers (which he sends to Lee), conducts one-on-one home visits with dads, hosts community classes for dads and works on Lee’s program, A Text for Dad, which keeps fathers engaged with texts about children’s health and developmental milestones.

“Here in the health department,” Miller says, “we felt a tension beginning in February. Everyone was watching what the virus would do. I was doing business as usual with dads, sending out texts and collecting data. Then COVID hit, and I had to start working from home. I had a tablet with a keyboard, my email and my phone. When eighty percent of the job is meeting people face to face, it’s a big change.” Among other things, Miller had been collecting demographic information on Healthy Start fathers, including income levels, types of medical

insurance and how participants might prefer to receive information on fathering. When this data was collected face to face, Miller could do it as part of his regular job. At home, he no longer had all the resources that job offered. “I can have interactions with dads and families via Zoom or phone or text,” he says, “I can pass information to clients about local services that are available, and I can drop supplies at clients’ homes. Beyond that, I am limited.”

As for how fathers are doing in the current situation, Miller says that many continue to go out to work in factories or other essential work. Those who work from home



Associate Professor Shawna Lee

are pulled in many directions. “They are dad, employee, teacher and husband, all at once,” Miller says. “There’s a lot of mental exhaustion. For those who have to go to work, they’re struggling to be as cautious as possible.”

The easiest men for Miller to contact and speak with are those with more stable work situations and more



stable incomes. “If someone was in a less stable situation before COVID, it may now be hard to contact them, especially if they are homeless. Finding places in shelters and finding permanent places to live have both become more difficult.”

As far as reports and publications, Lee and her team feel secure, as they are focusing on completing reports that include data from before the pandemic hit. Lee is nonetheless pleased to have heard from funders that, if the team needs more time to complete reports, program officers can be flexible. “Funders have recognized that this is a unique situation for researchers and are helping

**“If someone was in a less stable situation before COVID, it may now be hard to contact them, especially if they are homeless.”**

them adapt,” she says. “I am not sure how this will affect publication. People like me are doing more right now, putting classes online and all that goes with that, which takes up time we would have used to write. I have two kids at home, and my husband and I both work full-time virtually, so my productivity is hampered. I am still hoping to get publications out over the next few months.”

As part of her team’s virtual site visits with the fatherhood program staff last summer, Lee included questions about how well Healthy Start has adapted to the pandemic. “Our publications can include lessons learned about

adapting home visits to the pandemic,” she says. “My team has been talking about that anecdotally. Systemic adjustments and challenges can be written into the final papers as lessons learned.”

★

Lee is also the director of the School of Social Work’s Program Evaluation Group (PEG), which partners with public and private organizations nationwide to provide evaluation, training, consulting and data services. PEG is currently working with the Michigan chapter of the National Association of Social Workers (NASW), which is engaged in training substance abuse counselors. The training has moved entirely online. NASW is concerned that it might not get enough people to enroll for the full-day training online, a prospect more exhausting than a full-day training in person. PEG spoke with NASW evaluators about how to adapt the program, including the incorporation of questions about participant satisfaction with online methods of delivery.

“If the new delivery methods affected people’s enjoyment of or comfort with the program, we would want to report that to funders,” Lee says, “in order to give them a more comprehensive sense of the project’s successes and challenges. It might also help explain lower enrollment numbers, if that happens. One might use different metrics to assess online learning, but that was not part of the original plan. Very few of us were experienced at delivering education online. We are all trying to adapt to new formats and unfamiliar teaching and learning environments.” ■



“WE WILL FIND WAYS TO COME TOGETHER”

# THE ART OF CONNECTING

Postdoctoral fellow Marc Arthur works with Associate Dean for Research Rogério M. Pinto on initiatives blending social work and the arts. Arthur’s background is in theater, especially works that have come out of the ongoing HIV pandemic.

Before COVID, Arthur had applied to the university for a social justice pilot grant, to be administered through the School of Social Work. His project would comprise eight in-person theatrical workshops with 14 participants — seven local social workers and seven clients — who would explore how HIV/AIDS stigma affects client-provider relationships in social work settings. (No participant would be asked to reveal their HIV status.) For each workshop, Arthur and his participants would be guided by a different theatrical technique, including techniques from Anne Bogart’s “Viewpoints” and from the work of researcher and performance artist Pilvi Porkola. Overall guiding principles would come from the work of Augusto Boal, the Brazilian activist and theater practitioner who founded the Theatre of the Oppressed. A photographer would shoot all workshops, and participants would then analyze images of their work as a way of characterizing the stigma that can enter into client-provider relationships. (Arthur’s inspiration was PhotoVoice, a qualitative method used in community-based participatory research, in which community members document their lives and

surroundings in photographs.) The taking and analysis of photos would count as the project’s data collection.

In early March, Arthur was in conversation with Unified, a group of southeast Michigan service centers (in Detroit, Ypsilanti and Jackson) for those living with or affected by HIV/AIDS. Unified would be the first agency to participate in the project. Arthur and Unified were almost at the recruitment and scheduling stage when COVID hit. “We thought that we would have to postpone in-person workshops perhaps until the summer,” Arthur says.

As spring turned to summer and the pandemic escalated, it became clear that the originally proposed in-person workshops would be impossible. Arthur was working with human participants, so he had applied to the University of Michigan IRB. Now he would have to change his proposal to include online sessions.

Approval took some time, as the IRB was trying to figure out — for the sake not only of Arthur but of many researchers campuswide — precisely what “consent” means for a videoconference. Recording the words and actions of participants makes them more vulnerable than they would be if data were collected or interventions conducted face to face. Accounting for participant vulnerabilities is especially challenging in the case

“We have to be able to play and get messy. That is hard for the IRB. They want to know exact things you will do, whereas I will not have strictly defined limitations.”





of a theatrical workshop. While traditional scientific experiments involve advanced, detailed planning and hewing to that plan, theater work may instead make use of improvisations and sudden, unplanned redirections intended to open up new possibilities (“What if we try this without words?” “I know: Everyone, close your eyes!”). “We have to be able to play and get messy,” Arthur says. “That is hard for the IRB. They want to know the exact things you will do, whereas I will be creating boundaries but not strictly defined limitations.”

Arthur and the IRB did catch up with one another in their thinking and, as of August, began conversations with Unified again. Workshops were tentatively scheduled to begin around the time this magazine went to press. “There is a lot of interest,” Arthur reports. “People really want this kind of social interaction; they are starving for it.” Arthur is anxious to get started, too. “It’s an exciting challenge,” he says. “We will test innovative ways of addressing social issues — virtually and during a pandemic! This makes the study even more important and relevant. After all, we are studying issues about stigma related to a virus, to HIV.”

The switch to videoconferencing has its downside, too. “There is an interaction that happens in a room between consumers of sociomedical services and the providers who offer them,” Arthur points out. “It is hard to create that aliveness in a videoconference. We are not going to try to reproduce that live dynamic; instead, we will try to find out what about these theatrical exercises might be *enhanced* in a videoconference. I am thinking about exercises that use the self, that deliberately use the bubble each of us is in when we use teleconferencing software. For example, we might work with small, specific physical gestures or with objects that participants have in their homes. We will find ways to come together on the video platform, but it will not be the same as being in a room with other people.”

As AHEAD was going to press, Arthur held a developmental meeting to work through the content and methodologies of his online workshops. It was his team’s first time putting ideas into action with advisers from the theatrical and social work sides, including from Unified. Arthur began with a mini-performance of his own. “People have a structured way they go online for these meetings,” Arthur said. “It can become repetitive and rigid. So I had a colorful costume and dramatic music,



Postdoctoral fellow Marc Arthur

and I did a performance about HIV stigma. It was a nice way to get people to relax and get out of their online bubble. I didn’t want to just verbalize it but actually embody it.”

Arthur then led adviser-participants through two exercises and learned about precautions that would have to be in place because of the online environment. “When you lead people through an exercise in a room,” he explains, “it’s easier to notice if something is awry or if someone is uncomfortable. Online you have to watch more closely and give people permission to stop or to write you a message in chat. I also have to explain the exercises more extensively in advance and describe the boundaries.” ■

“WE WILL FIND WAYS TO COME TOGETHER”

# REACHING OUT TO VULNERABLE POPULATIONS

Assistant Professor Jaclynn Hawkins and her colleagues received funds from the Michigan Institute for Clinical and Health Research to work with the MIU Men's Health Foundation in Rochester, MI. (Hawkins sits on their board.) The foundation sponsors an annual free men's health fair at Ford Field in Detroit, drawing up to 2,000 low-income men, mostly African American, mostly from Detroit. This day of free screenings is the only health care some of these men receive.

The foundation wanted a review of data from past fairs, to determine whether or not attendance over time resulted in better health outcomes for attendees, and to assess whether health disparities exist between African American and non-Hispanic white attendees. They also wanted Hawkins' team to evaluate the fair qualitatively, using semi-structured interviews with 40 participants about their health behaviors, their use of informational materials from the fair, their follow-up with their doctors (who receive screening results) and overall barriers and facilitators to their accessing health care. Attendees would also offer opinions on what could be improved about the fair and what should be maintained.

The project's participants often avoid physicians, usually because they lack insurance. Suspicion in the African American community around COVID has also been a challenge. “There is a lot of research on distrust of health care personnel in the black community,” Hawkins says, “but with COVID it is really a barrier. These men sometimes wait for things to get severe before going to the doctor in the first place. The attitude for some is to go it alone, be a man, be a provider. But African American men are not a monolith; we added a lot of items to the instrument related to race, ethnicity, history, social context and gender to try and better understand their health behaviors during this time.”

Hawkins and her team planned to administer interviews to four focus groups of 10 men each. Times were set, a project coordinator put in place, and space paid for. Then came COVID and the lockdown. “Five days before the first group,” Hawkins recalls, “we had to call the men and cancel, and tell them we would be in touch about

next steps. We had to get an IRB amendment to do semi-structured phone interviews. We were interested in adding questions about how COVID-19 impacted the men's access to health care and how the foundation could support them and provide resources. We updated the interview guide with COVID-19 questions, and I had to fill out a form about COVID-19 relevance for the office of the U-M Vice President for Research. We added a research assistant because it was so labor intensive, but it was tough getting materials to her and having her send out letters because of limited access to the School of Social Work building. She is a student, so we can't ask her to spend her own money on materials. I paid out of pocket to have Amazon send toner, paper, stamps, and envelopes to her house. We also needed software to make and record phone calls. Many of these men lack stable housing, so we couldn't ask them to call in to us. We had to acquire Zoom call-out feature so that my assistants had secure lines to make calls and record interviews. We tried to get the school to pay for it directly, but they were not willing to.”

How will all this affect Hawkins' ability to publish on this work? “It depends on how much data we get,” she says. “COVID will be the centerpiece, with diabetes and



Assistant Professor Jaclynn Hawkins



diabetes-related health conditions around it, unless we get enough data so that there can be stand-alone papers on those other issues. The questions we are asking are mostly the same as we had prepared for the original project, but it is hard to take the answers out of the COVID context right now. The original plan was to have a mixed-method situation where we talked about participation and health outcomes and men's opinions about the health event; that was going to be one main paper, but I want it to be more about COVID now, because that is the most relevant. The Men's Health Foundation was not able to hold the health event at Ford Field this year due to COVID-19 and social distancing, so they are having a drive-through screening event at the county fairgrounds. Having another pandemic is not out of the realm of possibility now, so the data we gather from this study will be important."

The 2020 MIU Men's Health Foundation's Men's Health Event did indeed take place as scheduled, Saturday September 26, from 9:00 a.m. to 4:00 p.m., but at the Michigan State Fairgrounds in Highland Park, instead of at Ford Field. Progress with surveying past Health Event participants has been slower. "We are working with a very transient population," Hawkins explains. "Getting them on the phone has been difficult. They move around, the contact info we have may be old or they simply don't pick up the phone." By mid-August, the team had attempted to contact 400 out of 1,000 men and had done 10 interviews out of a planned 40. "We don't know yet," says Hawkins, "if this is because of COVID, or if this is just a population affected so severely that it has made it difficult for them to be in touch."

"I want this to bring attention to health disparities in Detroit, especially in relation to gender. In Detroit, African American men are most likely to die from COVID. I hope to use what is happening with COVID to bring attention to access issues and challenges that low-income men are facing."

Before the pandemic, Hawkins had also been co-investigator on a research team collecting data on diabetes self-management from congregants at 21 area churches. This was part of an NIH-funded project (principal investigator: Gretchen Piatt) on peer-led diabetes self-management and support in Detroit and Flint, Michigan, and Toledo, Ohio.

When COVID struck, "The research team ended up calling participants and addressing things not study related," Hawkins says. "'Can we help you with anything?' 'Can we

connect you to a doctor?'" Our diabetes educators and researchers became brokers. That is what was needed, so that is what the team did. Participants were also updated on the study, but some folks were just lonely and wanted to talk."

Meanwhile, Hawkins is principal investigator of her own intervention funded by the Michigan Mental Health Integration Partnership and the Michigan Center for Diabetes Translational Research. This study will test the feasibility and acceptability of a combination CBT and empowerment-based diabetes self-management education intervention for African Americans with type 2 diabetes.

The diabetes intervention had initially involved in-person CBT and physical activity to be held at Northwest Activities Center in Detroit, but, in going online, the team canceled these, focusing instead on empowerment-based diabetes self-management education and CBT for participants. The concern in making this shift was how to move from individual CBT sessions to an online,

clinician-guided format that also included diabetes education.

"Because our original project had a mental health component, which is so critical in diabetes self-management," Hawkins explains, "we somehow had to integrate CBT and mental health into our use of the virtual platform, Entertain

Me Well, which was created by two colleagues here at the School of Social Work, Joe Himle and Addie Weaver. I brought in two co-investigators who are online CBT experts, and one of my original co-investigators, Mary de Groot, is a licensed psychologist. She believes we can use the same online platform to do what we want to do. We will also tailor Entertain Me Well to diabetes management, but that is in the preliminary stage.

"There is not a lot of research on translating in-person empowerment-based diabetes self-management education to an online format, so there is real potential to show it can be effective. I am fortunate to be working with Gretchen Piatt, Marti Funnell, Robin Nwankwo and Kate Kloss, who are leaders in the field of diabetes self-management education and support." ■

**"The research team became brokers. They asked participants, 'Can we help you with anything?' 'Do you need a doctor?' That's what was needed, so that's what they did."**

“WE WILL FIND WAYS TO COME TOGETHER”

## BIDING THEIR TIME

“We are somewhat unusual, given where our research is taking place and the timing of our award,” says Assistant Professor Katie Schultz, who received funding for a study with Alaska Native and American Indian women on probation or parole in Anchorage, Alaska; in Palmer, northeast of Anchorage; and in Fairbanks. Schultz and her co-investigators will work in collaboration with the Alaska Department of Corrections to complete the study. (Schultz herself is Native, a citizen of the Choctaw Nation of Oklahoma; she grew up in Cordova, Alaska, a small fishing town southeast of Anchorage.) Her study has a mixed-method design. Qualitative interviews with the women will ask about cultural protective factors as well as experiences of violence, substance misuse and justice involvement. These interviews will give the research team an idea of specific cultural practices and beliefs they should ask about in a subsequent survey, which will test risk and other protective factors — e.g., coping strategies and social connections — that are linked to recidivism. Findings from the interviews and surveys will be used to culturally adapt a desistance model for reducing recidivism.

Schultz’s team received official notice of their funding award in April, by which time they were all working from home. The delay imposed by COVID impacted Schultz less than other researchers, in part because of the research review process often required when working with tribal communities. In this case the study will undergo review by two Alaskan tribal IRBs, in addition to the U-M IRB. “Those IRB reviews will give us more time to adapt to the new conditions,” Schultz says. “We discussed suspending the project due to COVID or asking for a delayed notice of award with our project officer, but one consideration was the time added by seeking approval from two additional IRBs. We decided to move ahead with the IRB process.”

Schultz notes that tribal IRBs vary greatly. Some tribes have their own IRBs. The Indian Health Service, an agency within the U.S. Department of Health and Human Services, maintains regional IRBs. This study will be reviewed by the Indian Health Service regional IRB, the Alaska Area IRB and the Southcentral Foundation, an Alaska Native-owned and -managed health organization in Anchorage, which serves tribal members in the Anchorage area.



Assistant Professor Katie Schultz

**“We hoped *not* to do virtual data collection. We were concerned that tech issues would create a sampling bias.”**

“One of the tribal IRBs asked about COVID and if we had a Plan B for virtual data collection,” Schultz says. “We did not. We went back and forth thinking about drafting a plan for virtual data collection, even though we hoped not to do it.” Schultz and her co-investigators are concerned that virtual interviews could be problematic for this population — women involved with the justice system. People so situated tend to be more transient than the general population, and the research team is concerned about their access to technology. (Alaska ranks 47th of U.S. states for internet connectivity, with average speeds of 8 Mbps in Anchorage and 5 Mbps in Fairbanks. By contrast, Ann Arbor has speeds of up to 1,000 Mbps.) “We were concerned,” Schultz says, “that



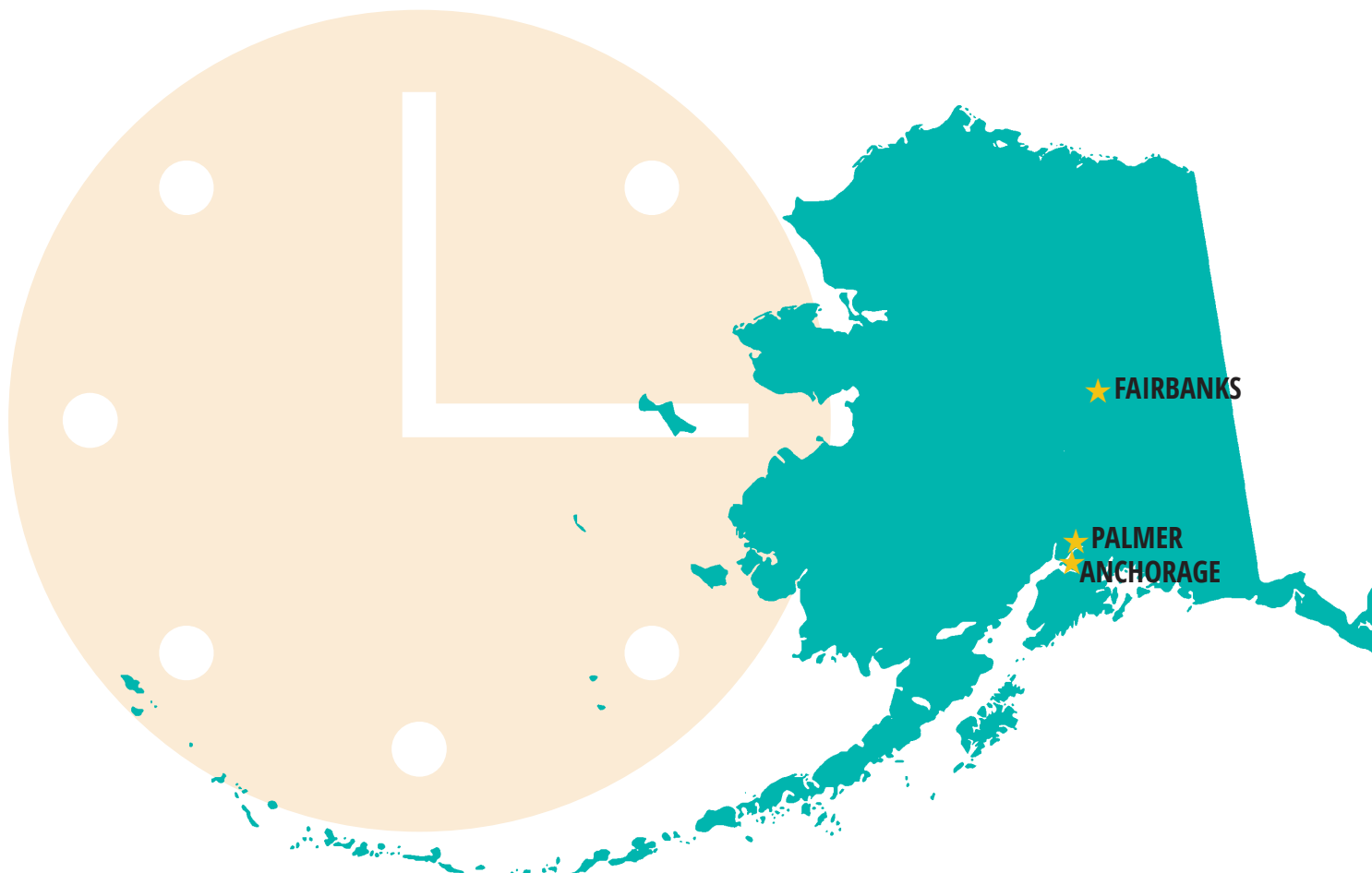
tech issues would create a sampling bias because some women would not be able to participate to the degree that others would, and some would not be able to participate at all.”

Moreover, the team will be asking the women sensitive questions about substance misuse, criminal behaviors and exposure to violence, including domestic violence. This raises the issue of rapport between researcher and participant, which could be more difficult to establish online than in person. The team must ensure that participants have privacy and a safe space to share their stories.

Schultz hopes that she and her team can safely interview the women in person. “We are lucky to have a project officer at NIH who has experience with this population,” she explains. “She knows that tribal IRBs add time. She agreed that we should not hurry to switch to a COVID contingency plan. We have several more weeks of IRB

approvals, so we are going to move forward with an in-person design, and when the approvals come through, we will revisit where we are, where the virus is, and what activities can be conducted safely. We believe we will have a good justification for extending our study through a no-cost extension, given the pandemic, and even if the pandemic weren’t happening, we wouldn’t be collecting data while working through the IRBs. Also, given the timing of our award and by holding off for now, we aren’t in the position of having hired staff who would then be vulnerable to dismissal.”

Simultaneously, Schultz and her team are meeting with Alaska Department of Corrections leadership to refine the study plan and recruitment strategies. “Given our population and the important stories they have to tell,” Schultz concludes, “we look forward to working with these women safely and, we hope, in person.” ■





# COVID-SPECIFIC RESEARCH

## SELECTED FACULTY PROJECTS

BY JENNIFER DEBORD

*A summary of the research and scholarship—including selected publications—that constitute our School's response to the COVID-19 pandemic.*

### **Cristina Bares**

Associate Professor of Social Work, Principal Investigator

#### **PROJECT: DAILY BEHAVIORS AND HEALTH STUDY (IN PROGRESS)**

Two years ago, Bares researched how social isolation increases substance use and found that in the presence of family or friends individuals use less of substances like tobacco or alcohol. Currently, she is collecting data on the daily patterns of substance use among adults during the pandemic, in order to explore how social isolation influences levels of substance use. Bares is the principal investigator of this project and is working with MSW student research assistants.

"Considering how the COVID-19 pandemic requires many segments of our population to social distance and stay away from typical sources of support, I designed a study examining how daily behaviors and health were being impacted by the requirements of the pandemic lockdown."





## Linda Chatters

Paula Allen-Meares Collegiate Professor of Social Work,  
Principal Investigator

### **PROJECT: COVID-19 EXPOSURE RATES AND MORTALITY IN DETROIT**

Chatters et al. set out to describe how conditions in Metro Detroit — including reduced access to critical health resources — contributed to the region's higher exposure and mortality rates from COVID-19. The authors — also affiliated with the U-M Department of Health Behavior and Health Education at the School of Public Health and the Detroit Hispanic Development Corporation — generated an article underscoring the importance of a community-based research approach, which promotes long-term health equity.

"These lessons hold promise for becoming part of a longer-term health education strategy to address pervasive inequities," says Chatters. "These inequities increase vulnerability to poor health and cause premature and preventable deaths."

List of Authors: Amy J. Schulz, Roshanak Mehdipanah, Linda M. Chatters, Angela G. Reyes, Enrique W. Neblett, Jr., Barbara A. Israel  
**Moving Health Education and Behavior Upstream: Lessons From COVID-19 for Addressing Structural Drivers of Health Inequities**  
*Health Education and Behavior*, Published May 14, 2020,  
[ssw.umich.edu/r/MHE](https://ssw.umich.edu/r/MHE)

The same authors published another paper exploring the development of policy and action steps to address some of the effects of COVID-19 in Metro Detroit by supporting housing, jobs and the environment.

"In the post-COVID pandemic world, low-wage workers, once considered marginal, are now essential to the continued functioning of critical infrastructure, health and social care systems," says Chatters.

**Building a New Normal: Strategic Actions for Health Equity in a Post Pandemic World** *The Pursuit*, U-M School of Public Health,  
Published May 20, 2020, [ssw.umich.edu/r/BNN](https://ssw.umich.edu/r/BNN)

## Linda Chatters

Paula Allen-Meares Collegiate Professor of Social Work

## Robert Joseph Taylor

Harold R. Johnson Endowed Professor of Social Work and Sheila  
Feld Collegiate Professor of Social Work

### **PROJECT: COVID AND OLDER BLACK AMERICANS**

Chatters and Taylor discuss the unique needs of older Black Americans in the midst of the pandemic. The paper examines inequities based on racism and ageism and proposes policies and actions to protect the health of older Black Americans.

List of Authors: Linda Chatters, Harry Owen Taylor, Robert Joseph Taylor  
**Older Black Americans During COVID-19: Race and Age Double Jeopardy** *Health Education & Behavior*, Published October 22, 2020







## Lisa Fedina

Assistant Professor of Social Work, Principal Investigator  
Co-Investigators: Professors Todd Herrenkohl and Richard Tolman

### **PROJECT: MICHIGAN COVID-19 AND RELATIONSHIP SURVEY (IN PROGRESS)**

Fedina et al.'s project examines how the pandemic and the resulting "Stay Home, Stay Safe" directive have affected domestic violence rates in Michigan. Fedina worked with the Michigan Department of Health and Human Services to develop a statewide survey that looked at changes in domestic violence patterns, as well as risk factors such as alcohol and substance uses, changes or losses of employment or income, and access to services including health and child care.

"We are currently in the process of analyzing data to determine if rates of domestic violence have increased during the time of Michigan's stay-at-home orders and how these rates vary among women based on gender identity, sexual orientation, racial and ethnic identity, age and socioeconomic status, among other factors. We are excited to identify and share the constellation of risk and protective factors that may help us identify entry points for intervention and prevention."

## Karla Goldman

Sol Drachler Professor of Social Work

### **PROJECT: COVID AND THE JEWISH COMMUNITY IN NEW ORLEANS**

Goldman had previously conducted research on the Jewish community's response and reaction to Hurricane Katrina in New Orleans. In an op-ed for *eJewish Philanthropy* and this article for *Jewish Social Studies*, Goldman drew upon this research to reflect on both the responses to COVID-19 and today's reckoning with questions of racial justice.

"This is an optimistic study," says Goldman. "Looking back, the Jewish Community in New Orleans, even at a challenging and helpless-feeling time, was able to draw upon existing strengths and strong networks to protect members of its community and those beyond their community. In New Orleans, the Jewish and immigrant Vietnamese communities were the most successful in responding to Hurricane Katrina. It's fascinating to consider what may be similar in considering these outwardly very different communities that may have defined their shared success. It suggests that strong collective identity, community networks, and kindred communities in other cities may have been more important than money and privilege in defining the success of these groups."

#### **Fifteen Years after Katrina for American Jews: Lessons for August 2020**

*eJewish Philanthropy*, Published August 31, 2020, [ssw.umich.edu/r/fifteen-after](https://ssw.umich.edu/r/fifteen-after)

#### **Lessons of Hurricane Katrina for American Jews, 2020 Edition**

*Jewish Social Studies: History, Culture, Society*, Expected publication: Fall 2020



## Odessa Gonzalez Benson

Assistant Professor of Social Work, Principal Investigator

### **PANDEMIC FOCUS ADDED TO AN EXISTING PROJECT: GRASSROOTS, NIMBLE, AND RESILIENT: REFUGEE-LED ORGANIZATIONS AND CRISIS RESPONSE TO THE COVID-19 PANDEMIC (IN PROGRESS)**

Funded by the Michigan Institute for Clinical and Health Research and other partners, this project studied migrant models of care — communication and assistance modalities, organizational infrastructure, and priorities — in the Bhutanese and Congolese refugee communities in Grand Rapids (Kent County), Michigan (see page 5).

"We were already on the ground working with refugee communities when the pandemic hit, and we turned to focus our research on their crisis response," says Gonzalez Benson. "Our findings are pointing to the effectiveness of multidimensional, grassroots and nimble modalities of response to the crisis, conducted by refugees for refugees."

Like many researchers, Gonzalez Benson used virtual methods to conduct interviews and surveys. "It turns out that refugee communities are tech-savvy and open to new modalities."



## Todd Herrenkohl

Marion Elizabeth Blue Professor of Children and Families,  
Principal Investigator

### **PROJECT: COVID AND CHILD WELFARE**

Herrenkohl et al. examined how the effects of the pandemic expose the limitations of our current approaches to child welfare. The paper, a synthesis of research and news reports, reinforces the need for changes within child welfare systems and advocates for policy changes, including universal supports and early intervention strategies.

"The onset of the COVID-19 pandemic brings new worries about the welfare of children, particularly those of families living in poverty and impacted by other risk factors. The authors and I continue to press for systematic policy change. If there is a political will, the challenges associated with the pandemic can and may motivate changes within child welfare systems."

List of Authors: Todd I. Herrenkohl, Debbie Scott, Daryl J. Higgins, J. Bart Klika, Bob Lonne

**How COVID-19 Is Placing Vulnerable Children at Risk and Why We  
Need a Different Approach to Child Welfare**

*Child Maltreatment*, Published October 7, 2020,  
[ssw.umich.edu/r/covid-19-child](https://ssw.umich.edu/r/covid-19-child)



**Edith Kieffer**  
Professor Emerita of Social Work

**PANDEMIC FOCUS ADDED TO AN EXISTING PROJECT:  
COVID-19 COMPONENT OF THE 2020 MICHWA COMMUNITY  
HEALTH WORKER EMPLOYER SURVEY (IN PROGRESS)**

[ssw.umich.edu/r/biennial-survey](https://ssw.umich.edu/r/biennial-survey)

This project was built into the 2020 Michigan Community Health Worker Alliance (MiCHWA) Community Health Worker (CHW) Employer Survey. The main survey, conducted in May 2020, asked employers about the pre-pandemic status of their workforce. The COVID-19-related questions offered a real-time opportunity to better understand this impact of the pandemic on the CHW workforce and services during a time when their health and social services-related employing organizations were overwhelmed. The survey asked about pandemic-related changes in CHW staffing, roles, locations and modes of service delivery, and training needs.

"Already, the results are helping inform our CHW advocacy with employers and the state of Michigan, helping to inform them of the needs of the workforce and ways that CHWs can help address the pandemic-related needs of the communities they serve, now and in the aftermath of the pandemic," Kieffer says. "I hope the survey results will bring needed attention to the contributions of CHWs to their communities, especially in light of the ongoing challenges of the pandemic."



**Shawna Lee**  
Associate Professor of Social Work, Principal Investigator

**PROJECT: PARENTING AND STRESS DURING THE  
CORONAVIRUS PANDEMIC**

[ssw.umich.edu/r/parenting-pandemic](https://ssw.umich.edu/r/parenting-pandemic)

In late March, with daily life suddenly disrupted as a result of the pandemic, Lee began surveying Americans about how they were coping with the unprecedented shift in social relationships. The survey examined parenting, mental health, coping skills and romantic relationships. The work has received quite a bit of media attention and has been cited in articles, news reports and podcasts.

The findings resonated: Responses pointed to the strains of homeschooling. Mental health problems were higher after the pandemic. Adults in the survey were reporting that they had increased their alcohol use since the pandemic.

"One of the benefits of looking at survey data from a large number of people is that we can see quite clearly that we are not alone. In other words, if you have had some down days during this pandemic and struggled to cope and adjust — millions of Americans are also experiencing challenges," reflects Lee. "We also saw high levels of coping skills, people relying on others to help them get through and parents showing high levels of warmth to their children."



## Sunggeun (Ethan) Park

Assistant Professor of Social Work, Co-Principal Investigator

## Rogério M. Pinto

Professor of Social Work and Associate Dean for Research,  
Co-Principal Investigator

### PROJECT: THE IMPACT OF COVID-19 ON HIV/AIDS SERVICES

This project examines the pandemic's disruption of HIV care and prevention service provisions in the United States, and particularly in Michigan. Project results will help the Michigan HIV/AIDS Council, and other similar entities across the country, to develop a set of recommendations for how to prepare and to address future disruptions.

"When COVID hit, we didn't know how it would affect access to HIV care and prevention services. I received a call from practitioners who wanted me to talk about and publish what we could expect and possible solutions to the problems still to come," Pinto says.

"Resilient field practitioners and creative coping mechanisms make us optimistic," says Park.

Pinto and Park have co-authored a paper that was published in the very beginning of the pandemic. "From a community-based research perspective, this article served as a foundation for administrators and policy makers to forecast the immediate needs of clients during the peak of the COVID crisis in the spring/summer, and also to plan ahead," says Pinto.

"We were not prepared to address the myriad needs that surface for individuals, families and communities already fighting the HIV pandemic. We are optimistic that protocols are being put in place to address the many issues discussed in the paper (below), and community-based organizations are slowly opening to conduct HIV testing and provide syringe exchange programs, primary care and myriad social services known to help with the prevention of HIV transmission."

#### **COVID-19 Pandemic Disrupts HIV Continuum of Care and Prevention: Implications for Research and Practice Concerning Community-Based Organizations and Frontline Providers**

*AIDS and Behavior*, Published April 28, 2020,  
[ssw.umich.edu/r/pandemic-disrupts](https://ssw.umich.edu/r/pandemic-disrupts)





## James Smith

Curtis Center Senior Faculty Affiliate

### PROJECT: COVID AND GLOBAL HEALTH INEQUITIES

Smith was a visiting scholar on a Fulbright Fellowship in the Vivian A. and James L. Curtis School of Social Work Center for Health Equity Research and Training during spring 2020. His Fulbright project synthesized global evidence about health promotion strategies that aim to reduce health inequities among young men of color. He was able to view the pandemic through the lens of these inequities.

"It was evident early in the COVID-19 pandemic that the impacts were being felt disproportionately among those most vulnerable: homeless, Black communities, low socioeconomic status, older populations. This editorial aimed to raise this issue with the global health promotion community," says Smith.

#### COVID-19: Vulnerability and the Power of Privilege in a Pandemic

*Health Promotion Journal of Australia*, Published April 15, 2020,  
[ssw.umich.edu/r/pandemic-privilege](https://ssw.umich.edu/r/pandemic-privilege)

## Daphne Watkins

Professor of Social Work and Director, Vivian A. and James L. Curtis School of Social Work Center for Health Equity Research and Training

## James Smith

Curtis Center Senior Faculty Affiliate

### PROJECT: COVID-19, EQUITY AND MEN'S HEALTH

This paper arose out of an Australian-American Fulbright project examining health promotion strategies to reduce health inequities among young men of color. It aimed to explain that COVID-19 had potential to increase health and social inequities among vulnerable groups of men.

"This comprehensive paper brings together emerging scholarship about equity and men's health to provide evidence-based policy and practice solutions to prevent the exacerbation of health and social inequalities compounded by COVID-19," says Smith. "COVID-19 has the potential to increase health and social inequities among vulnerable groups of men."

List of Authors: James A. Smith, Derek M. Griffith, Alan White, Peter Baker, Daphne C. Watkins, Murray Drummond, Andrea Semlow

#### COVID-19, Equity and Men's Health: Using Evidence to Inform Future Policy, Practice and Research Responses to Pandemics

*International Journal of Men's Social and Community Health*,  
Published July 6, 2020, [ssw.umich.edu/r/c-19-equity](https://ssw.umich.edu/r/c-19-equity)





## Daniela Wittmann

Clinical Associate Professor of Urology and Adjunct Clinical Assistant Professor of Social Work

### **PROJECT: DELAYED UROLOGIC CANCER CARE DURING THE COVID-19 PANDEMIC – PATIENTS’ AND PHYSICIANS’ EXPERIENCES**

As the pandemic surged, many hospitals and medical centers prepared to meet the onslaught of COVID-19 patients by minimizing surgeries and procedures. For cancer patients and physicians, such delays in treatment were especially stressful. Wittmann’s research explores a potential need for interventions that provide mental health support for both patients and healthcare providers during sudden interruptions of any kind. The project has received funding from the U-M Department of Urology.

Some of her findings have been unexpected. “Based on measurements on the same scale, physicians were more distressed than patients. Patients had more support, including from their physicians and care teams,” says Wittmann.

## Xiaoling Xiang

Assistant Professor of Social Work, Principal Investigator

### **PROJECT: MODERN SENICIDE IN THE FACE OF A PANDEMIC**

The early data and news reports from COVID-19 epicenters created the public perception that coronavirus struck primarily the elderly. Did ageist policies result in avoidable deaths? Xiang examined how ageism on social media informed the pandemic response. This is the first study that links public information and public perception and provides lessons on how to craft public health messages about risk.

“If you look through the newspaper reports from the beginning of the pandemic, most of them focused on death in people 60 and over. Studies also emphasized age as a risk factor, even though underlying chronic conditions might be the real culprit,” notes Xiang. “The generational rift fed on this rhetoric and pitted young people against older people.”

List of Authors: Xiaoling Xiang, Xuan Lu, Alex Halavanau, Jia Xue, Yihang Sun, Patrick Ho Lam Lai, Zhenke Wu

**Modern Senicide in the Face of a Pandemic: An Examination of Public Discourse and Sentiment about Older Adults and COVID-19 Using Machine Learning** *The Journals of Gerontology: Series B*, Published August 12, 2020,

[ssw.umich.edu/r/modern-senicide](https://ssw.umich.edu/r/modern-senicide)







**Bradley Zebrack**  
Professor of Social Work

**PANDEMIC FOCUS ADDED TO AN EXISTING PROJECT:  
COVID-19 AND ITS IMPACT ON ONCOLOGY SOCIAL WORK  
PRACTICE (IN PROGRESS)**

As the virus was spreading, members of the Association of Oncology Social Work were anecdotally reporting changes to their practice. Zebrack and his team were in the process of creating a workforce survey, so they added questions to specifically assess the impact of the pandemic on oncology social workers. The questions included changes to work hours, work settings, pay and mode for patient contact. An open-ended question asked participants to describe ways they had experienced or observed changes in their work, professional life or social work practice as a result of COVID-19.

"With many social workers moving to telemedicine and remote work, the empirical question becomes: Are cancer patients being served adequately in terms of referral, utilization and benefit from psychosocial and supportive care services? The answer will inform policies and possibly state and federal cancer control plans," says Zebrack.

"We have responses from over 1,000 oncology social workers across the U.S., which has exceeded our expectations. I am excited to eventually be able to report both quantitative and qualitative findings," he adds.

**Roland Zullo**  
Associate Research Scientist, Principal Investigator

**PROJECT: MUTUAL AID RESPONSE TO THE COVID-19  
ECONOMIC CRISIS**

Zullo's team analyzed data from surveys posted by mutual aid groups as well as 211 emergency assistance calls. The data showed the class, racial and geographical location of those hardest hit by COVID-19 with respect to their employment and income. Most of the community needs are basic and include items such as food, housing and clothing.

"Economic crises trigger mutual aid responses. The economic contraction caused by COVID-19 is one of the most severe on record, and our intent is to capture the rising needs of displaced workers and communities," says Zullo.

"We have learned that a wave of mutual aid groups organized organically with the economic crisis," he notes. "The social response to the crisis gives us reasons to be optimistic about the ability for communities to ameliorate the stress caused by the pandemic."

List of Authors: Roland Zullo, David Bullock, Heather Kiningham

**"COVID-19 Affect on the Growth of Mutual Aid Groups and  
Emergency Assistance"** Expected publication in late 2020/early 2021



COVID-19  
SAFETY  
FIRST

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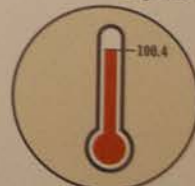
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