



Recommitting to Diversity, Equity and Inclusion at DCRI

ADRIAN HERNANDEZ: Last summer, like every other organization, we took an introspective look at what DCRI had done around improving diversity, equity, and inclusion among our workforce, as well as across our research studies. Are we doing enough, is it coordinated, how can we amplify it, how can we scale that?

So as we came together in terms of what would be needed for this new office for diversity, equity, and inclusion, we started thinking about what are the key ingredients for success? One was obviously a vision of what's needed for the ecosystem, our environment here at DCRI and also for research in general.

Two is leadership. Having the ability to bring people together and change culture requires leadership.

A third thing is, I'll just say, this interest in not being satisfied with the status quo. To challenge us, to challenge the system, to change the system is really needed.

And then a fourth thing is trust, is having someone that has the trust of our community.

And so with that, we had a process to identify the best person to take on this leadership role.

LINDA DAVIDSON-RAY: I'm Linda Davidson-Ray. I am now the DEI, which stands for diversity, equity, and inclusion, lead for the DCRI. I've been at Duke for 30-plus years, and I've been at the DCRI since its inception 25 years ago.

There are a lot of opportunities here. We started over a year ago with the Phase 3 Transformation Team. And in that we were tasked with two pieces. One was the People, Policies, and Practices—looking inward at the DCRI, how we can improve the culture, the community, those who work with us. Listening changing, implementing new policies.

We also have a second portion, which was a health equity research and developing a roadmap. In this new role, I'm going to have opportunity to bring these two pieces together.

ADRIAN HERNANDEZ: And as things have gone, especially the last five years, we've seen these health inequities worsen in different areas of the country. And so this has really made us have this resolve, you know, we have this national footprint, where we can close the gap. And how do we bring the best minds together, not only at DCRI, but Duke, as well as other partners across academia, industry and government agencies. And we're directly trying to address this by bringing those stakeholders together to design the solutions, test them out, and then showing what works and also what doesn't work. Where do we need to spend our resources to change and improve this problem?

LINDA DAVIDSON-RAY: You know, we spend all our time doing research here. Are we capturing, collecting, compiling the right data? We can do studies, we can do trials, but we realize there's a whole group of people who were not being included at the level they need to be, I would say. We need to make sure that our research reflects the population.



ADRIAN HERNANDEZ: It's been noted that there are communities, groups of people who don't have the same access to health as others do. And so, since our founding, it's been embedded in terms of what we need to do within clinical trials. But also importantly, after we generate the evidence, how do we get it back to the communities where it can have an impact?

LINDA DAVIDSON-RAY: One of the things that the DCRI does really well is we take evidence and we share it, we disseminate it throughout the world. I do believe we have the opportunity here to design a premier platform for health equity research in which others can take this information, replicate it, refine it, improve on it, even. We want this to grow. We recognize there's a need, and we see that we can move into that space.

I've been in Health Services Research, where we've always done something new and novel and different. We've always led the way and be innovative and novel. So to me, this is just the next step; here's something else innovative and novel.

My role in this is to move DEI forward, within the DCRI and outside the DCRI.