



Ensuring Medications Are Prescribed Equally to All Patients

MATTHEW SINCLAIR: My dad, his family's from Puerto Rico, and he grew up very poor in New York City, one of six siblings. And, you know, for him, health care wasn't something that was as easily accessed as it was for say myself or my brother, or even my mom who grew up really middle class. So you know, he'd always talk about stories about how tough it was back then just to get basic services. So that kind of influenced my decision to go to Howard University, which is an HBCU, for medical school, where I knew I was going to be seeing a largely underserved patient population.

When I had the opportunity to come to Duke for fellowship, I was, you know, first of all blown away by the resources I was offered at Duke to be able to pursue research, even without having a huge research background beforehand. But they really valued my clinical experiences that I had had in residency and in clinic and such, and I think that they were excited to see that I was interested in disparities type work.

So we know for a fact that Hispanics, Latinx, and African Americans are disproportionately burdened by both diabetes and also by end-stage kidney disease. And obviously diabetes is a major risk factor for the development of chronic kidney disease, which then leads to end-stage kidney disease.

My mentor Clarissa Diamantidis really, you know, pushed me think of specific ways that we'd be able to target the Hispanic community with regards to reducing disparities and improving health care inequities. And kind of what came along with that was this newer class of medication called the SGLT2 inhibitors, which have been shown to be extremely beneficial with regards to cardiovascular outcomes, as well delaying progression of renal disease (kidney disease) in patients with diabetes, and even more recently have been shown to be effective in even non-diabetic patients.

So, you know, they're really an incredible class of medications, and there's some data to show that, you know, these medications aren't being prescribed widely at all. But specifically I was interested in how they're being prescribed among Hispanics and Latinos or Latinx population. And there's not very much data on that at all. So that kind of, you know, sparked this interest in OK, like what can we do to start looking at this specific issue and, you know, ultimately help get these drugs prescribed on a wide scale but specifically among racial and ethnic minorities.

As far as representation, you know, like I mentioned earlier, you know I come from a Hispanic family, and that's been helpful, I think, with building rapport even though I didn't grow up speaking Spanish in the household. It means a lot to make that attempt to speak to them in their language. When you look at representation in medicine, you know, that's been a problem for a long time, and I think over recent years with most institutions, medical schools, residency programs, fellowship programs, have been making an effort to, you know, increase their diversity with regards to recruiting applicants of diverse backgrounds.

You know, I definitely see that we're making strides in medicine to recruit talented Hispanic and African American and other physicians of color, but I definitely think we still have a long way to go. Ideally, you know, I've definitely seen Duke make great strides recruiting diverse medical students and residents and fellows, and ideally we'd like to see that continue into faculty. You don't see diverse



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faculty be recruited, and, you know, I'm very thankful that Duke recruited me to stay as faculty. It's an honor and a privilege to be working here. But we'd like to see that continue, and hopefully see minority physicians and researchers, you know, continue to move up the ranks and be in important positions within the hospital and within the research realm.