



Laying the Foundation for the Future of Health Equity Research

HELEN BRISTOW: The charge of the Transformation Team, and it was a large team, was to devise a plan for clinical research that ensures that all people have a fair opportunity to attain their full health potential, regardless of their race or ethnic background.

Many people were interested in this, and I was pleased to be selected. My interest probably started when I attended the Duke School of Medicine's Health Disparities Research curriculum. I became much more aware of, you know, the inequalities and the disparities in both health care and health research.

VINCENT MILLER: Yeah, I would have to say my interest started a while ago. I should preface this by saying I'm a huge patient advocate in that particular sense and I started off my career enrolling patients at the hospital. And so that meant walking over from our research cubicles over to the hospital, engaging patients. And in that process I kind of acutely became aware—all too aware—of the disparities that were occurring. So participants that looked like me or spoke like me, right, in that particular sense, were kind of geared or pushed in my particular direction. But at the same time, you were kind of thinking to yourself, like, 'Wait. I can't enroll everybody for every research study.' And so, the investigators, the providers listening to the participants and their perspective in terms of what they were being asked to do, the approaches that were being given, you quickly became aware of the dynamic. The dynamic being, 'There are people here trying to do research on me, but they don't really understand who I am.' So that's what kind of got me going, and then throughout my career here, there were different steps and pathways to where we could make a difference.

So I became really excited when the DCRI leadership was pushing this initiative. Part of the initiative was also to understand where we were in terms of diversity and inclusion in research, right. So we definitely were trying to see how far we had to go, what our current methods and strategies were, if they existed at all, and then did comparative analysis to the external parties in terms of what other people were doing in this space. And take that information and utilize it to further our initiative in terms of what Helen just spoke to, being inclusive in research, making it a pillar in terms of our research and our processes.

HELEN BRISTOW: Yeah, you know Vincent, we had a great group of people. We had so many experts across all of Duke, and if you remember, we even had some external people that Linda Davidson-Ray was reaching out to. I think those parallel paths of investigating several different levels of information and input on how we could enable health equity was super exciting, right?

VINCENT MILLER: I think the best part of those conversations was actually the idea generation. So we also posed to each of those members, each of those colleagues, what they thought would be a great way to proceed in terms of moving the needle, on inclusivity in research. And that spurred a lot of other, let's say, threads that we could follow and chase in terms of how best to combat this.

HELEN BRISTOW: Vincent, you know, I really love, like, during the process, you had talked about addressing health equities from the enterprise level. Do you mind elaborating on that a little bit?



VINCENT MILLER: So in my experience, if you're going to do an initiative, being a Black African American male, right, and participating in research, if you want to actually appeal to that participant in that particular sense, it's going to have to be something that the leadership drives. If you want to include them in research, leadership needs to state, this is what should happen, this is what should occur. That then trickles down, right, to the actual research projects and the research teams. When they view it as a pillar, something that should be done, we have tools we have engagement communities, we have different methods by which we can increase the inclusivity in research. And utilizing those tools only becomes paramount when leadership is, again, kind of driving, this is what we should be doing. They set the standard, if you will.

I do believe that there is this kind of awakening in terms of, 'How can I better my research, how can I better utilize data to tell my story in that particular sense, or to tell their story?' And so, my hope is that this sustains. My hope is that, you know, leadership can hopefully gain a lot of knowledge from research, inclusivity in research.

It only gets better the more data that we collect, right? The voices that currently aren't being heard all of a sudden have signal, have sound. And that allows us basically to really further the research in the health care space, right, maybe solve some of the problems and issues that we weren't aware of before, or even identify a new problems in that particular sense, as well.

HELEN BRISTOW: You know it's a space that we can own, and it's a space where we can really make a difference. You know, I think everybody who worked on this—and again, it was a large group—really was enthusiastic about that opportunity and I really hope, and I would like to make it my mission, and certainly the mission of DCRI, to pursue that.