



## Moving Beyond Identifying Inequities to Address the Root Causes

**KEVIN THOMAS:** I've been fortunate enough to work with Dr. Kim Johnson, Dr. Laura Svetkey, and others with the REACH Equity Center. I was part of the inaugural group that was involved in submitting the grant to the National Institutes of Minority Health and Health Disparities back in 2018, and under Dr. Johnson's leadership, we were fortunate enough to be one of the 12 centers that were selected for this U54 mechanism through NIMHD. So that was really kind of how this all started; we all had a vision that kind of came together.

We've come to a point now where we understand that there are a lot of health inequities as a function of race and ethnicity. But to really make true impact, we've got to move the field forward and start focusing on not just describing the disparities that exist, the inequities that exist, but really thinking about what the mechanisms are—particularly with a focus on social determinants of health and understanding structural racism and how the different domains of that impact the care that individuals receive, particularly people from historically underrepresented racial and ethnic groups.

That's really how we want the individuals who are doing this research and the next generation of people who are understanding and learning how to ask good clinical questions and to apply this conceptual framework of how to address this problem to ultimately move us ahead beyond just describing but really coming up with tangible solutions to address the disparities that we see.

We know from the Institute of Medicines report back in 2002 that while access plays a huge role in the disparities and inequities that we see, even among those who enter the health care space and domain, there are inequities that oftentimes can be driven by bias.

That was really what that report highlighted on and it came about, people saw it, they were appalled by it, but we really haven't taken that to use as a framework for disparities research going forward. So I think that was really the true novelty of REACH Equity, and what it tries to accomplish is, again, focusing on the clinician-patient encounter and all that that encompasses and trying to improve those interactions to improve health care delivery for disparate populations.

Let's talk a little bit about the Research, Education and Training subcore. And so obviously it operates under the umbrella of the REACH Equity Center. And it's one really to provide an atmosphere or a platform in which we can bring together the Duke community at large that is doing health disparities work. One of our goals is—and remains and continues to be—is to bring together and have a platform in which we can bring together these health disparities researchers to promote and foster collaboration.

The other big piece is also thinking about how we can offer training to individuals who are currently doing health disparities research, but also to promote the interest of individuals who are very established researchers who perhaps didn't have health disparities as a primary interest.

The interest around structural racism, and all those different domains and how it impacts health care and other greater social determinants of health in our community—all these things give us a great opportunity to come together, work together, share our expertise and to be more prolific in getting our grant funding, but also to make a bigger impact.