Focusing on equity and addressing health disparities

In the midst of responding to the COVID-19 pandemic, another acute issue rose to the nation’s consciousness: systemic racism. In response to police killings of Black individuals, protests were organized across the country in support of the Black Lives Matter movement, which seeks to “eradicate white supremacy and build local power to intervene in violence inflicted on Black communities,” according to the organization’s website.

At home at the Duke University School of Medicine, leaders held a walk of solidarity to show support for Black colleagues and hosted virtual forums to engage the school community in discussions around current events. Even closer to home, the DCRI is making concerted efforts to better listen to its faculty and staff of color and create an inclusive and equitable place to work. To accomplish these goals, the Institute has established two new initiatives geared toward transformational change in both DCRI’s culture and its research mission.

A Commitment to Critical Self-Reflection

The two executive-sponsored initiatives are overseen by DCRI Executive Director Adrian Hernandez, MD, MHS, and Kevin Thomas, MD, a DCRI cardiologist whose research has long focused on racial health disparities in cardiovascular disease.

The first of the initiatives involves examination of DCRI’s people, policy, and practices in order to critically address systemic racism within the Institute and build a path forward to a more inclusive and equitable DCRI. The goal is to leverage DCRI’s history and experience to inform solutions for the future and to establish new, antiracist practices and policies.

“Before we embark on vision-setting for DCRI’s future, it is critical to examine our past and conduct a situational analysis of the circumstances that have led to this moment. I’m excited for the opportunity to lead meaningful change within the Institute.”

Gerald Bloomfield, MD, MPH

DCRI cardiologist Gerald Bloomfield, MD, MPH, and DCRI clinical psychologist Scott Kollins, PhD, are co-leading the initiative, with LaWillette Wilkins, MBA, associate director for DCRI Grants and Proposals Services, serving as the operations co-lead. The project facilitators are Silvana Lawvere, PhD, associate director for DCRI Clinical Trial Statistics, and Anne-Marie Elliott, administrative manager for DCRI Biostatistics.
“Before we embark on vision-setting for DCRI’s future, it is critical to examine our past and conduct a situational analysis of the circumstances that have led to this moment,” Bloomfield said. “I’m excited for the opportunity to lead meaningful change within the Institute.”

**Addressing Racial Health Disparities**

In addition to reviewing people, policy, and practices, the DCRI is also examining its research through its second initiative, which aims to establish a roadmap for the Institute in health equity research.

“I look forward to both making improvements within the DCRI and seeing our teams pursue health equity research with renewed emphasis,” Hernandez said. “Although the DCRI has done some impactful work in this area, it is clear that we can and should make an effort to pursue more equity-focused research. Addressing these critical disparities was one of my goals when I stepped into the executive director role, and I am gratified that a team led by our own people are formulating a plan that we will implement.”

“Due to the national and global climate around inequality and racism, we at the DCRI have a responsibility to initiate and implement strategies to effect change for future research.”

Linda Davidson-Ray, MA

The health equity initiative is co-led by biostatistician Laine Thomas, PhD, and pediatrician Kanecia Zimmerman, MD, MPH, with Linda Davidson-Ray, MA, associate director of clinical trials operations for DCRI Outcomes, serving as operational co-lead. Helen Bristow, MPH, a clinical trials project leader, and Tedryl Bumpass, CCRA, a lead clinical research associate, serve as project facilitators.

“I’m honored to co-lead the effort to expand DCRI’s health equity research platform,” Davidson-Ray said. “Due to the national and global climate around inequality and racism, we at the DCRI have a responsibility to initiate and implement strategies to effect change for future research. In addition, the team is passionate about designing pathways for the DCRI to meet these goals.”

**Examining Associations Between Race and Outcomes**

In addition to co-leading one of the DCRI equity initiatives, Bloomfield is in the midst of leading an observational study funded by the National Institute on Minority Health and Health Disparities and designed to help individuals from underrepresented racial and ethnic minority groups who are living with HIV.

Data show that even if people living with HIV are at high risk for heart disease, they often do not receive the proper referrals to see cardiologists. By conducting hour-long interviews with patients, cardiologists, and doctors who treat HIV, Bloomfield’s study aims to better understand these barriers to referral, how they are exacerbated for minority patients, and impacts on patient outcomes. Ultimately, the goal is to improve quality of care and access to care for these patients.

To assess patterns and outcomes for cardiology referrals for patients with HIV, Bloomfield is leveraging PCORnet®, the National Patient-Centered Clinical Research Network, which involves hundreds of health systems across the U.S. Because the Southeast bears the greatest burden of cardiovascular disease and HIV, the study team is working closely with institutions in the STAR Clinical Research Network—which is part of PCORnet—in North Carolina, South Carolina, and Tennessee. This will help Bloomfield and the study team determine whether cardiology referrals are being made appropriately and whether referrals are associated with clinical outcomes.

“People living with HIV from historically marginalized racial and ethnic groups are telling us that they face multiple obstacles when they are referred to a cardiologist,” Bloomfield said. “Through our interviews, we are starting to uncover system-level problems, and in the next stage, we will link these findings with quantitative outcomes data.”
DCRI gastroenterologist and hepatologist Julius Wilder, MD, PhD, also is focused on exploring health disparities. He is leading a project that seeks to define barriers that people from underrepresented racial and ethnic minority groups face when they undergo evaluation to be added to the liver transplant list. Like Bloomfield's study, Wilder's study will collect both quantitative and qualitative data gleaned from surveys and interviews about people's perceived barriers.

“We know that nationwide, African Americans are significantly less likely to be listed for a liver transplantation even when they qualify,” Wilder said. "This study will help us identify any barriers that exist within the Duke Health System and make recommendations to improve health equity in this space.”

Meeting Pressing Needs

In addition to promoting health equity within long-term conditions such as HIV and cardiovascular disease, the DCRI is also examining how acute health crises like the COVID-19 pandemic disproportionately impact underrepresented minorities and other vulnerable populations.

In fall 2020, the National Institutes of Health (NIH) selected the DCRI, along with partners UNC Center for Health Equity Research and Community-Campus Partnerships for Health, to become the coordination and data collection center for a program called Rapid Acceleration of Diagnostics for Underserved Populations (RADx*-SM-UP). The program seeks to increase COVID-19 testing and future vaccine uptake in historically marginalized populations. The program will focus not only on racial and ethnic minorities, but also on pregnant women, those experiencing homelessness, older adults, children, and people who are incarcerated.

“We are proud to support this national response with innovative clinical research and community-based outreach to help improve COVID-19 outcomes for our most vulnerable patients,” said Micky Cohen-Wolkowiez, MD, PhD, the DCRI principal investigator for the project.

Looking to a More Equitable Future

DCRI’s commitment to diversity and equity does not end with its own processes and research. DCRI cardiologist Pamela Douglas, MD, is on a mission to use these values to improve the entire field.

Douglas is an expert in both her main scientific focus of cardiovascular imaging and in her work toward diversity, equity, and inclusion within the field of cardiology. She seeks solutions to mitigate inequities, such as more diverse hiring; fair compensation for all cardiologists, regardless of race or gender; and more opportunities for professional advancement for female and other underrepresented cardiologists.

Throughout her career, Douglas has shared her vision with colleagues worldwide through publications, mentorship, and her roles with the American College of Cardiology (ACC), where she has served as president and more recently as the founding chair of the organization’s Diversity and Inclusion Task Force. Under her leadership, the ACC implemented a variety of innovations, including annual mandatory reports on diversity and inclusion from each of the organization’s committees.

At the ACC 2020 conference, the organization honored Douglas and her work by awarding her with the Distinguished Award for Leadership in Diversity and Inclusion—and then renamed it in her honor.

The ACC website detailed the impact Douglas has had on the organization and on the field of cardiology as a whole: “Her leadership and vision have resulted in a comprehensive strategy for achieving a profession and a College that is diverse, inclusive, and equitable.”