Dr. Pat Nana-Sinkam: Good afternoon, everyone. My name is Pat Nana-Sinkam. I’d like to welcome everyone to our inaugural “ASCI Perspectives.” It’s my pleasure to have as our inaugural interviewee Dr. Consuelo Wilkins. Dr. Wilkins is Chief Equity Officer and Senior Associate Dean for Health Equity and Inclusive Excellence, Associate Director of the Vanderbilt Institute for Clinical and Translational Science, professor of medicine, Division of Geriatric Medicine, and elected member of the ASCI in 2022. First, Dr. Wilkins, thank you so much for being our inaugural interviewee, and secondly, congratulations on your recent election to the ASCI as well as being elected to the National Academy of Medicine in 2020. Welcome, Dr. Wilkins.

Dr. Consuelo H. Wilkins: Thank you so much. It’s my pleasure to be with you.

PNS: So, I’d like to start off by maybe just hearing a little bit about your journey to becoming a clinician-scientist. Would you be able to share with us your path to being a clinician-scientist, and what in particular attracted you to that pathway for your career?

CHW: Yes, absolutely. Let me start with saying, honestly, I had no intention of being a scientist. I started my career, my medical education, thinking that I would be a clinician — perhaps I would spend some time doing education. I grew up in a small town where people around me, people that I love, didn’t have a lot of access to health care, and that was at the forefront of my mind. That’s what I really wanted to do, is take care of people, especially older adults. That was a passion for me early on. After I finished medical school at Howard and was doing my residency in internal medicine at Duke, I had this series of experiences where I saw Black women coming into the hospital with hip fractures. And I noticed that they weren’t getting the same treatment after they had their hip surgery. They weren’t going home on calcium and vitamin D. Bisphosphonates were just coming out — they weren’t going home on those. And I started to ask, “Why aren’t these Black women going home with the same treatment and follow-up for DEXA scan?” And the answers I got were, “Black women don’t get osteoporosis,” and so that’s what I learned as well.

Black women didn’t get osteoporosis: but why were they coming in with hip fractures? These were not traumatic injuries, motor vehicle accidents. These were just falls, and they were breaking their hips. So it was the classic presentation of an osteoporotic hip fracture, and that led me to doing a lot
Interview with Consuelo H. Wilkins, MD, MSCI, Vanderbilt University (elected 2022)
Interviewed by Pat Nana-Sinkam, MD, Virginia Commonwealth University (elected 2019)

of research . . . I shouldn’t say research — reviewing the literature, looking for answers, and realizing that the answers weren’t really there. And that was really when I shifted and said, “You know, there are so many things that we do in medicine that don’t have enough evidence for specific populations,” and that’s really what started my pathway into doing clinical research. As I mentioned, it really wasn’t something that I was focused on doing, and once I got started with the questions and developing hypotheses and aims and all of the strategies that we put into really good research, I was hooked after that. But I still thought — it was still something like, “No, this is taking a lot of time” — but no, everything that kept bringing me back was, we need more answers. And so that’s really what started my journey.

PNS: Great, thank you so much. It’s a perfect segue into some of the areas that you’ve really focused on, one of which is community and stakeholder research. It’s obviously both very timely, it’s important. And we know that it’s important that all communities have the opportunity to benefit from implementation science, transformational basic science, and clinical research, yet many centers struggle with community and stakeholder research. Given your wealth of experience and what you have seen, what you’ve learned throughout your career, what are some of the keys to really successfully engaging communities as active partners in research?

CHW: Well, Pat, you’re going to start to hear a theme now. It’s going to sound like I didn’t want to do anything that I am actually currently doing in my career. So my path to actually starting to do community engagement was also one that I wasn’t intending to do. As I was starting my research career and focusing on minoritized populations, especially African Americans, you know: we’ve got to get this evidence created, we need people to participate in research. And of course, as you know, so much of our research does not include the populations that are most impacted by the diseases. And so, how do we get these racialized minorities to participate in research? I’m designing my whole study focused on this, so now I have to actually come up with strategies and methods to involve them. And honestly, it was not as easy as I thought it was going to be. I’m sure other people have that experience as well. And I learned early on by working with the community that I had to engage them in meaningful ways in order to get the work done. So, if I were advising researchers
and institutions in general, I think an important piece of what we do in community engagement is setting expectations that our research has to change based on this engagement.

A lot of times, we come up with these plans and goals, we have the research study, it’s perfect, and really all we need people to do is get in line and do what we want them to do. And if we take a step back and realize that if that were going to work, then it would have worked already. That’s not going to be the answer to the discoveries that we need to solve some of the most pressing health disparities. So if we’re going to do engagement, we have to approach it from the standpoint of humility, and in particular, cultural humility — that we don’t have all the answers, we don’t know the approaches, we don’t know what people need to engage; and also sometimes we’re not even designing the studies in a way that would be meaningful for them to participate in or even answer the questions that are of interest to them. I think an important part of that is when you’re level-setting, understanding your positionality when you’re designing your research. The lens that you’re bringing to the work has to have some room to be changed, shifted by the input from community members.

It turns out that I wasn’t so bad at engaging the community when I started to do it for my own research. I learned to listen intently, to think about the mutual benefit to others. And of course, when I was getting my master’s in clinical investigation at Washington University, there was not a single day that we talked about community engagement. The pathway for learning these skills really required me to work more with people in public health, in sociology, in humanities and social sciences, and it took a lot of time. But once I started to do it, my colleagues said, “Oh, you’re good at that. Can you do it for me? Can you help . . .” Well, how am I going to do my own research if I’m doing it for everyone else? And that really led to — thanks to really the CTSAs [Clinical and Translational Science Awards] — providing more of a structure for us to do community engagement in a sustainable way. Over the last decade or so, a lot of my work has focused on really building the infrastructure so that we can easily shift and engage communities in a meaningful way by developing these long-standing partnerships with them and thinking about what it is that they need or want in order to involve them, but also really leveraging that knowledge, that expertise, that lived experience that people have, and turning that into information that can be embedded into our research. I don’t know if I answered your question. Did you want to follow up?
PNS: No, you absolutely did answer that question, and I’m so glad that you gave it such a comprehensive answer. It’s an area that we struggle with, and I think there are so many misconceptions when it comes to community and stakeholder research. And as a result, we often take the wrong path in trying to implement it. So I very much appreciate that. One thing I’d love to ask you is really, as you reflect on your career, and I really think this applies to all of us: There are lessons learned; there are always lessons learned along the way. And it’s important — we have a responsibility to hopefully pass on some of those lessons to the next generation of scientists, the physician-scientists, the up-and-comers, as we like to say. What are some of those lessons for you that you would want to pass on to any young colleagues who might be listening to this?

CHW: Yeah, I think the humility piece that I mentioned already is one that I think is such an important lesson. The idea that — after all of the training and education that we’ve had to become physicians, to become researchers — to really acknowledge that there’s so much that you don’t know. And I often give the example based on the lived experience: If you’re studying diabetes and you don’t have diabetes, you never lived with someone who has diabetes, it does not matter what you know about clinical pharmacology, about medicine, about research methods. There’s so much you don’t know about what it takes to engage a person, involve them in the research, but also how the impact of the discoveries will affect them or even whether or not they will uptake or use any discoveries that we have. And making sure that we’re always recognizing the variety, the diversity really, of expertise that’s available to us is so important. And often, we’re not humble enough to really appreciate all of those things.

The second thing I would say is to push back against those who think that your ideas need to fit into a narrower lens or a smaller box. One of the things that I heard — or some of the things that I heard early on in my career, especially when I wanted to study disparities — is that it’s not sexy enough, or this is not going to be viewed or reviewed in a way that will get you funding. And I think we have to balance that with: “Okay, well, everybody’s telling me to be innovative, and now you’re telling me it’s not enough like everybody else is doing.” Learning how to push back, look for other ways, alternative strategies for getting your work done, I think is so important really for your independence. And being able to say, “Okay, I appreciate the ways that others have done it; I’m
grateful for the paths that have been paved already. But this is something that is important, meaningful, and I think is worth studying, and I would love to have others around me to help me think about ways to do what I want to do” — not just that: “In the state that it’s in now, it’s not doable.” So I think sometimes, that requires a lot of back and forth and some political savvy in order to get to that point.

And then the last thing I would say is that something that I learned really early in my career is that if I can’t communicate my research to the public, then I’m not going to be able to do a good job in this work. We spend all of this time, of course, thinking about the language that we need and polishing our vocabulary so that we can demonstrate that our work is so rigorous, and then we can’t explain it to the average person. And for clinical researchers in particular: being able to really talk about the public health relevance and significance, especially when we’re getting NIH funding. This is public money, so we have to be able to communicate effectively about our research. And I think that has broad benefits, not just for communicating directly to the public and stakeholders, but also for funders — and a broad range of funders. So, those would be perhaps the three things that I would offer.

**PNS:** That’s fantastic. I learned something already, and I think I could benefit from some of those lessons myself. But I’m definitely going to take those for some of my mentees, so I thank you for that. Honestly, I could talk to you for much, much longer. I’m sure there are many things that we could discuss, particularly in community and stakeholder engagement for sure. But I really want to thank you for taking the time. I also want to congratulate you again on the National Academy of Medicine as well as ASCI election. They’re amazing accomplishments — you should be very proud. And I do again appreciate you for taking the time, and of course, I wish you the very, very best in the future. Thank you so much.

**CHW:** Thank you again.