Dr. Thomas highlighted the activities of the Maryland Center for Health Equity, a designated Research Center of Excellence Minority Health Disparities, by the NIH National Institute on Minority Health and Disparities. The Center identifies the social context of health disparities in order to better address them. Breaking the poverty cycle, improving access to quality health care, fixing environmental hazards in homes and neighborhoods, and implementing effective programming in preventative medicine tailored to the specific needs of the community, were all called out as necessary steps outside the ‘biomedical model.’

Healthy People 2020 defines health disparity as ‘a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.’ Using his own family history as an example, Thomas explained the generational framework of racially-derived health disparities. Breast cancer incidence and mortality, infant mortality rates, and AIDS cases among adults and adolescents were all examples given by Dr. Thomas of such racially-based health disparities.

In his 2011 paper ‘Toward a Fourth Generation of Disparities Research to Achieve Health Equity’, Thomas looks at three generations of health disparities research, and proposes public health focused interventions addressing racism, structural inequalities, and frequently occurring research biases.

The innovative methods implemented to tackle these overwhelming health disparities have a foundation in previous efforts, but have been updated to take a ‘4th Generation’ approach. The Healthy Black Family Project, an NIH-funded endeavor conducted from 2004-20012, was a community-based project focused on promoting disease prevention through engaging its participants in physical activity, nutrition counseling, stress management programs, smoking cessation classes, and self-management of chronic disease. The Health Advocates In-Research and Research (HAIR) Network brought healthcare providers to African American barber shops and beauty salons in order to reach their clientele, precisely the individuals who seemed to be slipping through the cracks in the healthcare system. Thomas exalted the success of these programs in reaching their target audiences where they live and work.

The final message of the presentation was one of caution; Thomas warned that many health disparities are inappropriately explained away as cultural norms or lifestyle choices. He also noted that it is dangerous for policy makers and providers to assume that addressing racism is not germane to the pursuit of solutions to eliminate health disparities. Dr. Thomas implored his listeners to consider health disparities an issue of justice based on the United States’ history of racial discrimination and the denial of basic benefits to African American citizens.