

COMMENTARY ON SERIES 1: RAPID ASSESSMENT OF COVID EVIDENCE (RACE) ARTICLES IN THIS ISSUE

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INTRODUCING RACE SERIES 1 ARTICLES

Background

The January 2022 issue of *Ethnicity & Disease* introduced the Rapid Assessment of COVID Evidence (RACE) Series, through which the COVID Task Force on Racism & Equity (ie, Task Force) is publish-

ing current findings from completed research about health inequities and social injustices occurring during the COVID pandemic. Launched in March 2020, the Task Force is the arm of the Center for the Study of Racism, Social Justice & Health (ie, Center) that targets structural drivers of COVID inequities. As with the Center, Task Force research and community engagement are rooted in Public Health Critical Race Praxis (PHCRP) and, more broadly, in Critical Race Theory (CRT) to which PHCRP is linked. Through the use of PHCRP, researchers at the Center have been pioneering the empirical application of CRT to health equity research for more than a decade.¹

We are pleased that this series allows an opportunity to rapidly disseminate our peer-reviewed empirical findings that are critical to facilitate timely community access to evidence that may support ongoing community-led health equity and social justice efforts. The articles in this and the next three issues of the journal will feature our research and will provide data, metrics and tools that enable any community to make use of the growing number of publicly available resources to conduct community-led research.

IN THIS ISSUE

Collectively, the articles published in this issue of the RACE series: 1) offer recommendations for collecting the types of data needed to monitor and mitigate the root causes of inequities in COVID outcomes; and, 2) propose an alternative approach to communicating about and addressing the joint impacts of public health disasters and social injustices for diverse minoritized communities.²

COVID surveillance efforts generate large volumes of data; however, the data may not optimally support efforts to mitigate health inequities because of the amount and non-random nature of missing data. Typically, COVID surveillance systems have high levels of missing data on the race/ethnicity of individuals, and the amount of missing or inadequate data on race/ethnicity varies substantially across agencies and places.³ These issues make it difficult to detect racial/ethnic and other disparities with precision and they make it difficult to make comparisons across regions or populations. More than three decades ago, the US Office of Management and Budget published Directive 15,⁴ which established the minimum standards for agencies to use when collect-

ing or reporting data on an individual's race and ethnicity. It also outlined the process for collecting these data.⁵ As Ford and Harawa explain, however, "[a]lthough the OMB designations further administrative objectives such as monitoring the inclusion of minorities in research, they are less useful for investigating how social mechanisms contribute to disease."⁵ COVID surveillance systems rarely include data on the social and political determinants of health, which obscure the structural drivers of observed inequities. To begin to address these systemic challenges, Harawa et al.⁶ identify strengths and limitations of existing COVID surveillance approaches and the implications for tracking disparities. The findings are based on a series of environmental scans of the COVID surveillance approaches used by state and local public health departments, federal agencies such as the Centers for Disease Control and Prevention (CDC) and other organizations (eg, academic institutions). They describe the state of public health surveillance at this point in the rapidly evolving pandemic. Further, the article offers a set of recommendations to bolster the capacity of public health surveillance efforts not only to detect racial/ethnic and other disparities, but also to standardize how the information is reported in the current context of the pandemic. The recommendations can be helpful for public health agencies (local, state, federal) as well as other organizations and health equity advocates.

The mitigation of the COVID pandemic and elimination of related disparities has been uneven, which may be attributable in part to ineffec-

tive public health messaging. Much of the messaging relayed to the public to promote adherence to recommended guidelines has focused almost exclusively on transmitting facts to the public. As Ponder⁷ explains, however, it is important to take health crisis communications seriously. Doing so can ensure information reaches the intended audiences in ways that catalyze the desired health protective actions. Health crisis communications is a specialized field that integrates the science and art of communication as tailored to pandemics or other health crises (eg, natural disasters). Ponder suggests that colorblind approaches to health crisis communication fail to recognize that crises of racism and other social injustices precede public health crises and likely will remain after this specific public health crisis, the COVID-19 pandemic, subsides. To address the disproportionate impact among minoritized populations, it is also important for the communication strategies to be anchored culturally in ways each intended audience deems acceptable and impactful.

CONCLUSION

The rapid dissemination of peer-reviewed empirical findings is intended to support ongoing community-led health equity and social justice efforts. We are hopeful that the articles in this issue as well as those in the remainder of the series will assist public health agencies and other organizations in continuing to improve upon current practices. A persistent challenge to identifying and addressing the root causes of

health inequities is the data on which public health professionals, researchers, and others (eg, policymakers, media) rely, which typically exclude information about determinants such as racism. Removing barriers to the systematic collection and reporting of standardized data on such factors is critical. It may improve the validity and utility of information in existing systems and allow racially and socially marginalized communities to draw on new types of evidence to reframe narratives about the root causes of inequities and their implications.

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