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Introduction to the Summer 2022 Issue of the RACE Series

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Introduction

This summer 2022 issue of *Ethnicity & Disease* includes two papers in the Rapid Assessment of COVID Evidence (RACE) Series, which will continue through the winter 2023 issue of the journal. The series highlights research conducted by the COVID-19 Task Force on Racism & Equity over the course of the COVID pandemic. It also shares methods for integrating public health critical race praxis (PHCRP)[1] and other approaches into health equity research. The studies document the persistence of various forms of racism and other social injustices (eg, due to policing) as they manifest in the pandemic. They also examine key implications for COVID inequities.

In this Issue

Each article published in this issue—the methods paper by Amani et al and original research by Bradford et al respond in some way to the question, "Can health equity investigators monitor ourselves and our field critically through rapidly conducted COVID inequities research?"

Amani et al[2] answer the question directly by explaining the critical theory-based approaches and self-reflexive methods that undergird the qualitative arm of the COVID Storytelling Project. On the surface, the study appears similar to most qualitative studies: researchers conduct individual or group interviews with community members and transcribe the interviews and analyze them using software for performing textual analyses. What distinguishes this study by Amani and colleagues is its operationalization of critical theory to inform the research process. The authors begin by discussing the project's philosophical investments then describe how the study weaves together radical, social justice-oriented epistemologies to guide the team in an iterative process of acknowledging their own subjectivities, engaging in self-reflexivity, and carrying out the work in conversation with community organizers and public health professionals who serve socially marginalized populations and in many cases are members of these populations.

Though a full discussion of critical approaches is not possible

in the space available in the article, the present work strengthens earlier qualitative work on health inequities[3,4] by conducting a power analysis (ie, an examination of the dynamics undergirding social inequalities). Critical researchers account for the existence of multiple knowledges, multiple ways of producing knowledge, and multiple sources of knowledge. They also view knowledge as racialized[5,6] in ways that render some forms of knowledge production less authoritative than others.[1,5,7] Because critical approaches are not routinely taught in biomedical training programs, however, schools will need to make critical theory and other liberatory approaches to knowledge production more widely available so that students and researchers can learn to apply them to qualitative research.

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Bradford et al[8] respond to the overarching question in a different way. The researchers leverage social media data (specifically, Twitter data) creatively to monitor whether and how US state health departments discussed the issue of vaccine inequities on Twitter in the months and weeks leading up to and since emergency use authorization of the Pfizer COVID vaccine, which was the first COVID vaccine to be made available in the United States.[9] This study sought to document the extent to which state health departments helped to mitigate the ongoing highly racialized discourse on social media regarding the possibility of low rates of vaccine uptake among Black people/African Americans should a vaccine become available.[10] At the time, the issue was being framed in at least three ways on Twitter. First, that vaccine inequities might occur due to Black/African American people having poorer access to vaccines, which would suggest that health departments should begin designing vaccine allocation strategies that prioritize equity. Second, that Black people/African Americans tend not to adhere to pandemic or clinical guidelines, which encouraged scapegoating and victim-blaming of this group for their disproportionate burden of COVID outcomes. And, third, that historical and ongoing experiences with medical racism may contribute to high levels of mistrust of COVID vaccination efforts targeting Black/African American communities, which would require health departments to acknowledge and account for specific ways racism might contribute to lower rates of vaccination among Black people and African Americans. Doing so aligns with the core principles of equity, which former president of the American Public Health Association, Camara Phyllis Jones, defines as, "assurance of the conditions for optimal health for all people."[11] To achieve "health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need.[11]

The investigators' decision to resist using Twitter to monitor the tweets of Black/African American people offfers several methodological innovations. To surveil impacted populations is a common practice, but it places Black people and other groups at risk for discriminatory policing.[12] Therefore, the study shifted its focus toward monitoring the tweets of state health departments, which are responsible for coordinating statewide mitigation efforts, including the distribution of vaccines. The study treats the official Twitter accounts of every US state health department and the Washington DC health department as a population on Twitter, then prospectively captures and analyzes 100% of the tweets of all the state health departments

posted during the study period.

The results provide clear evidence that state health departments were generally unengaged in the conversations on Twitter about vaccines, racism and inequities that were occurring in the weeks surrounding release of the first two vaccines in the United States. When state health departments did tweet about vaccines, the tweets typically did not address inequities. Furthermore, state health departments were practically silent about racism; of the tweets they posted during this period, almost none included the term racism.

The study provides strong evidence of missed opportunities for state health departments to promote vaccine equity, address the relevance of racism, and correct racist and anti-science misinformation that was circulating on social media during this important phase of the US pandemic. The health departments varied in how many tweets they posted during the study period; overall, they did not tweet often. This suggests future interventions could target state health departments to increase their ability to use Twitter to achieve health equity goals.

Expanding the methods in the health equity research tool box and addressing institutional targets are both necessary to promote a culture of health equity.[13]

Conclusion

What is gained by conducting COVID equity research using critical approaches for monitoring our field and our own work? The RACE series articles in this issue of *Ethnicity & Disease* identify at least two contributions: methods for applying critical, racism-conscious approaches to qualitative research being conducted rapidly over the course of a pandemic, and the ability to document in real-time the extent to which public health agencies make use of available social media to promote equity. Expanding the methods in the health equity research tool box and addressing institutional targets are both necessary to promote a culture of health equity.[13]

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Erratum

Ford CL and Amani B. Introducing the Rapid Assessment of COVID Evidence (RACE) Series. *Ethn Dis.* 2022; 32(2):69-72. The acknowledgement should read as follows: Support for the Rapid Assessment of COVID Evidence (RACE) Series was provided in part by the Robert Wood Johnson Foundation (Grant # 79361). The views expressed here do not necessarily reflect the views of the Foundation.

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