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Review of: Understanding and Dismantling Racism: Crowdsourcing a Pathway Model in Appalachia

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Review of: Understanding and Dismantling Racism: Crowdsourcing a Pathway Model in Appalachia

Abstract

The Journal of Appalachian Health is committed to reviewing published media that relates to contemporary concepts affecting the health of Appalachia. Examining Institutional Racism's impact on health, career advancement and outcomes in Appalachian communities, impacts our ability to address and identify solutions to inform the fundamental framing of health equity. Dr. Matthew F. Hudson critiques the website: *Understanding and Dismantling Racism: Crowdsourcing a Pathway Model in Appalachia.*

Keywords

Appalachia, racism, website review, media

Cover Page Footnote

No competing financial or editorial interests were reported by the author of this media review.

MEDIA TYPE: WEBSITE

CITATION

Andress LA, Valentine KD. *Pathway Model IDC WVU Faculty Senate*. Understanding and Dismantling Racism: Crowdsourcing a Pathway Model in Appalachia. https://sites.google.com/view/idc-pathway-model/home.

Cost: There is no financial cost to use the website, above that assumed for computer hardware and internet access cost (both variable).

ABOUT THE REVIEWER

Matthew F. Hudson, PhD, MPH, is the Director of Cancer Care Deliver Research at Prisma Health, Greenville SC and an Associate Professor of Medicine at the University of South Carolina School of Medicine Greenville. He undertakes transdisciplinary research seeking to improve clinical outcomes and patient well-being by intervening on patient, clinician, and organizational factors that influence cancer care delivery. Dr. Hudson is a trainee of the National Cancer Institute's (NCI) Multi-Level Intervention Training Institute. He serves on multiple NCI Community Oncology Research Program committees (NCORP), and co-chairs NCORP's Disparities Integration Emphasis Group. He is also a member of the Patient Centered Outcomes Research Institute (PCORI) Patient Engagement Advisory Panel.

ABOUT THE AUTHORS

Lauri A. Andress, PhD, JD, MPH, is an Assistant Professor in the Department of Health Policy, Management, and Leadership at West Virginia University School of Public Health. Dr. Andress is the Founding Chair of Faculty Senate Inclusion and Diversity Committee at West Virginia University.

Keri D. Valentine, PhD, is an Associate Professor of Mathematics Education in the Department of Curriculum and Instruction/Literacy Studies. She is the current Chair of the Faculty Senate Inclusion and Diversity Committee at West Virginia University.

THE REVIEW

The purpose of this website is to refine a pathway model that explains institutional racism from the perspective of Appalachia. This website is relevant to Appalachian Community Members, Health Administrators, Public Health Practitioners, Health Service Researchers, Clinical Care Providers.

Media Description: Crowdsourcing is a type of participative online "open call" activity in which an individual, an institution, or company proposes the

voluntary undertaking of a task to a heterogenous group of individuals .[1] Previous studies affirm crowdsourcing is an effective tool for generating sample responses and sample diversity, while providing data statistically equivalent to those derived more conventionally (e.g., in person).[2,3] Here, Drs. Lauri Andress and Keri Valentine solicit individuals (i.e., crowdsource) to refine three distinct conceptual models. The first model explains inequitable health career advancement and resources owing to Institutional Racism (Institutional Racism Model). The second model explains racism's impact on adverse birth outcomes per maternal behavioral risks and biological underpinnings (Trauma of institutional Racism via The Central Nervous System model). The third model considers relationships between institutions, social status, policies, and resource distribution, and their bearing on inequity (social, economic, and health-specific).

Crowdsourcing aligns with current aspirations to integrate patients and communities into research-from hypothesis generation through implementation and results dissemination.[4] Crowdsourcing may also engage community stakeholders in research early, where solicitations are less common.[5] Conceptual model development, a prime empirical activity, clarifies the nature of the research problem, questions, design, and guides intervention development. Consequently, Andress and Valentine's crowdsourcing approach may better encourage heretofore disenfranchised populations to inform the fundamental framing of health equity inquiry. Crowdsourcing may provide communities the mean to inform conceptual models authentically representing their lived experience.

Andress and Valentine introduce the three models conveying they are most interested in receiving feedback on their Institutional Racism Model. However, Andress and Valentine do not provide a rationale for this implied prioritization. Andress and Valentines' prioritization potentially discourages respondents from providing useful information informing the other two models. The authors also potentially bias any comparisons of respondent characteristics by the three models, as well as response proportion, distribution and content; the differential solicitation consequently challenges assessment of whether/how respondents prioritize (or understand) the proposed models. However, simultaneously considering these three models, in prime service to their Institutional Racism Model, may encourage respondents to examine not only inequity-producing barriers within a single system (e.g., health education workforce), but structural racism reflecting linkages across social institutions that broadly shape and reinforce racial hierarchies (i.e., how health education workforce disparities produce and reinforce health, housing, policy enforcement disparities, and vice versa).[6] Andress and Valentine may consider guiding respondents toward the

latter to mitigate any quasi-"detection" or "observation" bias introduced by the website authors' a priori prioritization.

Models Andress and Valentine introduce embed multiple complex constructs into singular model components (e.g., see "stigma, hatred, inhumane treatment" in the Institutional Racism Model). This approach potentially obscure individual characteristics of constructs embedded in these components. These omnibus model components potentially challenge respondents to articulate how each construct uniquely or collectively mediates or moderates[7] the model's presumed outcomes.

Andress and Valentines' crowdsourcing approach requires sustained attention to platform functionality. Select page links (e.g., Model 2 "full description") required access permissions (per Google Drive message) that were ultimately never granted. It is not clear whether this extra layer served a security function or reflected an access malfunction. In alerting Andress and Valentine to this barrier, access challenges should remind researchers crowdsourcing technologies require sustained maintenance to ensure consistent web portal functionality. Intermittent portal function may adversely impact the method's internal and external validity, and potentially compromise the models' ultimate tenability. Subsequent crowdsourced-based research teams may integrate information technology (IT) stakeholders more formally into research teams,[8] particularly given cyberattack and malware present a growing challenge.[9] Moreover, cyber-racist "trolls" may seize crowdsourcing opportunities to sabotage model development.[10] Consequently, Andress and Valentine (as we all) should avail ourselves of resources that abate potential threats.[11]

Relevance to Appalachia: The Appalachian Regional Commission's (ARC) strategic investment goals include increasing the education, knowledge, skills, and health of residents to work and succeed in Appalachia.[12] ARC aspires for the Appalachian workforce to benefit from proven public health practices and sustainable clinical services addressing health conditions adversely impacting the Region's economic competitiveness. Thus, Andress and Valentines' model(s) may identify health education and service leadership barriers for those particularly positioned to examine disparities portending inequities propagated by the confluence of novel (e.g., Covid-19) and persisting (e.g., substance abuse) health challenges Appalachia faces.[13]

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