



RESPONSIBLE RESEARCH RIGOR: THE KEY TO OVERCOMING SYSTEMIC RACISM IN COMMUNICATION SCIENCES RESEARCH

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— ABSTRACT —

By continuing use of conventional tools of assessment, employing uni-disciplinary research teams and interpreting results only on a cursory level, researchers may be continuing to cling to practices that contribute the systematic racism that has cluttered research for decades. Use of multidisciplinary teams, incorporation of innovative modes of assessment and consideration of new social and biological determinants will allow researchers to utilize their skills as instruments for social change and benefit those vulnerable and marginalized populations who are in need.

The year 2020 will likely remain on the consciousness of many Americans due to the combined impact of the coronavirus pandemic and the racial discord that erupted following the death of George Floyd, Breonna Taylor, Ahmaud Arbery and others. The senseless death of these noted individuals awakened the country to longstanding systemic racism and called a referendum on strategies to address this inherent injustice. While the coronavirus pandemic abruptly forced treatment for individuals with communication disorders to change suddenly, specific approaches and strategies to address the issue of race and racism in the field has been slower to pivot. No forcible opponent has compelled the inherit, institutional racism in the US to stop. Since the rash of tragic African American deaths at the hands of police, the field of communication sciences and disorders (CSD) has been swift in its attempts to acknowledge the issue of systematic racism. Statements in the field have addressed the impact of systemic racism

on CSD programs, students and the membership at-large (Daughtry, 2020; Deal-Williams, 2020; Franklin 2020). While publicly acknowledging the need to understand the drivers of systemic racism—access to services, bias, lack of cultural humility, lack of diversity and inclusion and a need for reconciliation and justice—little if any attention has been given to the impact of these issues on the CSD research--the enterprise the drives the practice, philosophies, beliefs and attitudes of the membership providing critical CSD services.

CSD researchers and scholars understand the significance of race in the study of clinical outcomes, but often fail to acknowledge the critical role that the reporting of race in CSD research has on the thoughts, feelings and behaviors of the clinicians attempting to utilize and interpret the research. More importantly, this research and its dissemination is governed by a small number of “gatekeepers”—those same scholars who debate and publish their research as experts

in the field thereby dictating how and what literature emerges (DeWitte, 2020). Damian and Gonzalez (2020) argue that researchers “must look within and question the approaches up which scholarship is built, so as to ensure that we are part of the solution” p. 237.

Similarly, a recent article in the Smithsonian posed the following “Scientists, including those who study race, like to see themselves as objectively exploring the world, above the political fray. But such views of scientific neutrality are naive, as study findings, inevitably, are influenced by the biases of the people conducting the work.” (p.1). (Skibba, 2019). Although there is a general belief that those conducting research understand how racism works and how it impacts research, there seems to be no anti-racist research mechanisms in place to address potential racism in the generation and publishing process.

The dismantling of racism in research requires the field transform some aspects of how research is currently being completed and interpreted (Damian & Gonzalez, 2020). Those engaged in the research enterprise must utilize their research skills as an instrument for social change and beyond general research productivity (The Lancet, 2020). Novel methods and approaches utilizing secondary data to study of CSD outcomes have been suggested as a way to address clinical and non-clinical questions in the fields (Raghavan, Camarata, White, et al., 2018; Justice, Breit-Smith & Rogers, 2010). Analysis is a tool that allows researchers to discover, adapt and improve the lives of those they study. However, when empirical analysis is conducted insufficiently, partially or improperly, conclusions can be inaccurate and misleading. Misleading conclusions not only weaken the field of CSD research, but also lead to neglect and improper treatment of minority populations. Conventional statistical tools such as Student’s t-tests or chi-squares test rely on distributional assumptions about the populations. They are based on deviations from a group mean providing few allowances for heterogeneity. Conducting these tests without a full and complete understanding of the underlying assumptions, leads to gross misspecifications of findings and misrepresentation of research results. Relying cursory analyses to assess racial-ethnic differences can serve to exacerbate the racism that exists in research and the widely accepted misinformation regarding racial-ethnic differences in clinical outcomes. Inaccurate interpretation not only renders inaccurate conclusions, but also ignores significant nuances within the sample.

Since very few researchers possess expertise in multiple fields, collaboration becomes essential. Coupling experts in fields of rehabilitation, aphasia, sta-

tistics and mathematics allow for new and diverse research questions, tools and perspectives. Through these relationships and synergies, research can extend beyond conventional findings and understandings to discover elements previously hidden within the data.

Additionally, investigators must look beyond simple Black-White comparisons to the range of factors that simultaneously affect outcomes in an intersectional manner and necessitate statistical adjustments. For example, racial-ethnic differences in any health outcome are likely to also be influenced by the associated social determinants of health (SDH)—those policies, programs, institutions and any other aspect of an individual’s social structure that influences their health outcomes (Healthy People 2020). These can include poverty, unequal access to health care, lack of education, stigma and racism. The SDH are the result of a cumulative and synergistic effect of health. Consequently, any research that measures outcomes between groups whether race-ethnicity, age, socioeconomic status, etc. must carefully consider the array of social, political and economic influences on those outcomes and that inter-relationship between these influences, other sociodemographic characteristics and clinical variables.

Evidence suggests that when researchers do find racial-ethnic differences in research trials, they are less likely to consider both biologic and social causes for the observed differences (Geller, Koch, Pellettieri & Carnes, 2011). Failure to extend beyond conventional interpretation and plausible consideration is itself racist with deleterious consequences as misinterpreted findings can translate into less than optimal care considerations for racial-ethnic minorities and subsequently a widening of the racial-ethnic disparities. While “scientific research” has struggled with concepts of race for centuries, often proposing misleading or erroneous explanations of racial differences.” (Skibba 2019, p. 2), Ultimately, greater responsibility among researchers is required to overcome these barriers. High methodological rigor and scientific scrutiny is necessary to accurately assess empirical findings related to racial-differences and avert potentially negative, diluted clinical impacts particularly among the same populations that are most likely to experience disparate clinical outcomes.

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