



Prevention Science: Advancing Health Equity among Black Communities

Special Issue Co-Editors:

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The journal *Prevention Science* is planning a special issue entitled, “*Prevention Science: Advancing Health Equity among Black Communities*”. We are currently soliciting letters of intent to prepare manuscripts for consideration in this forthcoming special issue.

Background and Rationale

Over the last twelve months trajectory-shifting events like the COVID-19 pandemic, an unsettling political climate and the continued murders of Black people by police officers has made acutely clear that Black people in the United States do not have access to the same healthcare, freedoms, justice, educational expectations, housing, economic benefits, and life expectancy as white people living in the United States. These social determinants of health are key contributors to the long-term optimal health for Black people in the United States.

Racism costs millions in health and associated outcomes for Black people. The psychological and physiological costs of racism and their impacts on health have been documented for decades. These studies have been helpful in examining the role of interpersonal racism as a psychological stressor that accumulates over time and contributes to adverse effects on individual physical and mental wellbeing (e.g., sleep disturbance, eating patterns, and substance use), however, there is limited empirical research on how structural racism impacts health for African Americans.

Structural racism is defined by the Aspen Institute as “a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity”. Krieger (2014) adds that structural racism includes “the totality of ways in which societies foster [racial] discrimination, via mutually reinforcing [inequitable] systems of discrimination (e.g., in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, etc.) that in turn reinforce discriminatory beliefs, values, and distribution of resources”. While the majority of these policies and practices no longer explicitly name race (e.g., Jim Crow laws which required medical facilities to be racially segregated resulting in inadequate health care), the lasting impact of and cost of these practices in US systems and structures are ongoing (e.g., inadequate access to health insurance and health-care facilities in racially segregated communities) and greatly contribute to the health and wellbeing of Black Americans.

There are many hypothesized pathways between structural racism and health outcomes among Black Americans. For example, residential and educational segregation, which remains pervasive in the US, results in low resourced neighborhoods and schools. Other pathways include strategic placement of toxic waste sites in or close to neighborhoods where marginalized groups predominantly reside and selective government failure to prevent lead leaching into drinking water (e.g., Flint, MI) leading to disproportionate rates of cancer in Black communities. The way in which structural racism compounds disadvantage has important implications for why health disparities persist. Prevention researchers who are interested in closing the gaps in health disparities must look to the way in which racist structures, hyper-segregated residential, educational, and occupational patterns for Black people serve to limit opportunity.



Overview of the Special Issue

This special issue, *Prevention Science: Advancing Health Equity among Black Communities*, will illuminate the importance of prevention science as an agent of health equity for Black people living in the United States. The field of prevention science is still relatively young (25+ years old) and continues to draw on diverse disciplines, including sociology, psychology, public health, among others. While individual interventions continue to be a critical component of the prevention research cycle, prevention science needs to continue to push forward with multi-level interventions and interventions that include systemic changes.

Multiple perspectives on these issues will be discussed and considered, including those of researchers, research institutions, program developers, journals, funders/sponsors, and educators of the next generation of prevention scientists. Our proposed issue stands to make a substantive contribution to the field of prevention by identifying and remedying specific mechanisms of structural racism. This is promising direction in terms of reducing health disparities and promoting health equity, as well as strengthening the ability of prevention scientists to contribute their expertise in advancing the wider goals of eliminating structural barriers due to racism.

The overall objective of this Special Issue is to examine how prevention science, with the goal of addressing the following aims:

- Present conceptual and empirical research and understandings of structural racism as it operates in US systems (e.g., education, justice, housing, workforce) and contributes to health inequities in the lives of Black Americans.
- Provide examples of preventive interventions that prioritize outcomes of optimal health for Black people living in the United States.
- Discuss how prevention scientists leverage translational science to impact policies, practices, and procedures to promote equitable and sustainable change for Black communities.

Authors interested in contributing a manuscript for this special issue are asked to submit a letter of intent by **June 15, 2021**, which includes the following: (1) tentative title; (2) brief description of 500 words or less; (3) brief justification of how the proposed submission contributes to the aim of the special issue; and (4) author affiliations and contact information for corresponding author. The guest co-editors will review the letters of intent for fit with the special issue and work to provide an inclusive set of papers that best advances theoretical and empirical knowledge regarding advancing health equity among Black communities to the field of prevention science. Multiple types of papers are welcomed, including original empirical articles, reviews, methodological papers etc. Letters of intent should be sent electronically as a PDF or word file to Katrina Debnam (kjd2m@virginia.edu), Caryn Rodgers (caryn.rodgers@einsteinmed.org) and Paula Smith (paula.smith@utah.edu) with the subject line noted as "Special Issue of Prevention Science: *Advancing Health Equity among Black Communities*" All letters of intent will be reviewed by August 2, 2021, and invited contributors will be asked to submit a full manuscript through the online review system by **October 31, 2021**. Invitation to submit a full length manuscript does not imply that all papers will be ultimately accepted for publication in the journal, as all manuscripts will be sent out for full peer review in accordance with the standard *Prevention Science* review guidelines.

Questions concerning letters of intent can be directed to Katrina Debnam, Caryn Rodgers, or Paula Smith. Manuscript formats can include original empirical submissions, systematic reviews, meta-analyses, brief reports etc. For additional information on the journal and author guidelines, see <http://link.springer.com/journal/11121>.