

EARLY STAGE INVESTIGATORS: EMERGING RESEARCH SUPPORTING HEALTH EQUITY

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INTRODUCTION

This issue brings together the last few articles of our inaugural *Early Stage Investigators* themed publication, which was released in October 2020 as Vol 30(4). These studies emerge at a critical time in the history of the United States and around the globe – a moment in time marked by the excess death and suffering resulting from the COVID-19 pandemic as well as the recognition of the legacy of racism and the toll it exerts on democracy and the public's health. The current realities under which populations live make it ever more pressing for academic circles to increase opportunities for early stage investigators, especially scholars of color, to advance new knowledge and action to address social inequities in health.

FEATURED RESEARCH IN THIS ISSUE

We believe the work highlighted by the scholars published in this issue show this promise. Several papers applied novel, sophisticated analyses to advance understanding

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of drivers of health in Black and Latino populations. For example, the article by Amber Johnson and Guido Urizar Jr.¹ measured blood pressure responses to laboratory-based stress tests in a sample of young Black women and showed that internalized shame, due to various forms of stigma, modified blood pressure responses. Their study suggests shame and stressors as potential mechanisms explaining hypertension risk.

The study by Lin et al² used ecologic momentary assessments whereby participants received timed surveys throughout the day to capture real-time responses on a range of social experiences and health outcomes. The authors showed that participants who reported work hassles were more likely to consume empty calories throughout the day than those not experiencing work hassles. Continuing the focus on stressors, Archibald and Thorpe³ examined a unique range of stressors including personal, family, financial, work-related, and neighborhood stressors. They identified sex differences in the relevant life stressors and provided new insights into stressors, sleep problems, and marijuana use among Black men and women with crimi-

nal justice contact. Sealy-Jefferson et al⁴ focused on a specific type of neighborhood stressor to examine the spillover effects of neighborhood eviction rates on the individual risk of preterm birth among Black women. Using linked individual and block-group data, they identified a positive association between high neighborhood eviction rates and the risk of preterm birth among Black women who were married or cohabiting but not among women who were not married/cohabiting. Lastly, Melissa Dupont-Reyes⁵ and colleagues used multi-level models to examine the relationship between school effects (increasing non-Latinx White density and diversity) and mental health among school-age children. They identified a positive relationship between school effects and the risk of depressive-anxious symptoms for groups defined by the student's race/ethnicity and their experience of acculturative stress.

TO THE FUTURE

As we welcomed a new year, we witnessed new challenges stemming from the ongoing pandemic and social unrest in the United States. We are hopeful that, despite (or due to) these challenges, health equity will be revitalized both in terms of discourse and practice over the next few years. We believe the early stage investigators we present in this issue are charting a new vision, language, and metric for assessing what it means to document disparities, dismantle oppression, and achieve health equity. We are thankful for

their work and all other movements in academia and beyond to envision a more just world. We hope these articles will add to your knowledge and support the work you do.

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