

Ethnic Minority Issues in Psychology EMI Caucus

1. Please provide your history of involvement in addressing ethnic minority, multicultural and diversity issues in psychology.

I have been committed across my professional career to addressing ethnic minority, multicultural and diversity issues in psychology. I began my professional career at Children's National Health System in Washington D.C., the start of my own journey of cultural humility by working with families from widely diverse cultures and different countries. Among my roles was as the first psychologist in Hematology/Oncology, and I had 16 years of profound exposure to health inequalities in clinical and advocacy work with children and families with sickle cell disease.

Following that I served as Director of Policy and Communications for the Society for Research in Child Development (SRCD). This included the following activities related to inequality:

- Organized/Co-Organized three Congressional briefings related to vulnerable children:
 - (2008) *Investing in America's Children: Linking Developmental Research and Policy*
 - (2006) *Children in the Eye of the Storm: Lessons Learned from the Hurricanes' Children*
 - (2003) *The Head Start Advantage*
- Led the development of a policy brief for the SRCD *Social Policy Report* – shared with Congressional offices and state policymakers; invited and edited several related to racial and ethnic minority children/families:
 - <https://www.srcd.org/research/home-visitation-part-comprehensive-approach-improving-lives-poor-families>
 - <https://www.srcd.org/research/young-hispanic-children-boosting-opportunities-learning>
 - <https://www.srcd.org/research/children-immigrant-families-key-americas-future>
 - <https://www.srcd.org/research/head-starts-benefits-likely-outweigh-program-costs>
 - <https://www.srcd.org/research/improving-prejudice-reduction-programs-schools-lessons-learned-brown-v-board-education>

While with SRCD, I was a Founding member of the *Collaborative to Enhance Diversity in Science* (CEDS), which working in partnership with NIH, NSF and Congressional Black Caucus to identify leaks in the pipeline and propose solutions for minority scholars. I conducted a survey of professional associations and scientific societies regarding their activities for recruitment, support and mentorship.

- **McCabe, M. A.** (2008). Survey of professional associations and scientific societies. In the summary report, *Enhancing Diversity in Science*. Washington DC: Consortium of Social Science Associations (COSSA).
- **McCabe, M. A.** (2008, February). **Presenter**, *Results of Survey of Professional Associations and Scientific Societies*. Conference on Enhancing Diversity in Science, Washington D.C.
- Collaborative to Enhance Diversity in Science (CEDs) (2008). *Enhancing Diversity in Science: A Leadership Retreat on the Role of Professional Associations and Scientific Societies*. Washington DC: COSSA.
- Collaborative to Enhance Diversity in Science (CEDs) (2013). *Enhancing Diversity in Science: Working Together to Develop Common Data, Measures and Standards*. Washington DC: COSSA.
- **McCabe, M. A.** (2012, May). **Moderator**, *Enhancing Diversity in Science: Working Together to Develop Common Data, Measures and Standards*. Workshop for professional associations, universities, federal agencies and private foundations, Crystal City, Virginia.
- **McCabe, M. A.** (2009, March). **Moderator**, *Building a Diverse Scientific Workforce: Collaboration for a Competitive and Healthy Nation*. Congressional briefing, Washington D.C.

Now in independent clinical practice, I remain active in bringing psychological science to practice and policy in addressing the social determinants of health and promoting equity – primarily with children and families. For example, as a member of the National Academy of Sciences, Engineering and Medicine Forum on Children’s Wellbeing (2013-present):

- Co-Moderator, Roundtable Discussion on Opportunities for Achieving Behavioral Health Equity Through State and Local Policies, National Academies of Science, Engineering and Medicine workshop on health equity (2016)
- Moderator of Session with Place, Race, and Chronic Disease - Brian Smedley, American Psychological Association (9/20)
- Collaborations related to integrated primary care as means to promote health equity (e.g., <https://doi.org/10.1037/cpp0000364>)
- Member, Nemours/Mental Health America *Collaborative on Accountable Communities for Health for Children and Families* (2018-2020) <https://doi.org/10.31478/202001b>
- Moderator of Session with Policymakers (and member of planning group), *Back in School: Addressing the Well-Being of Students in the Wake of COVID-19* (5/21) with emphasis on equity
- Co-author, policy brief <https://www.nap.edu/download/26262>

Additional activities have included:

- Speaker, CDC Grand Rounds on Addressing Health Disparities in Early Childhood (2017)
<https://www.cdc.gov/mmwr/volumes/66/wr/mm6629a1.htm>

- Co-Chair, *Trauma and the Lifespan*. Collaborative symposium presented at the (virtual) annual meeting of the American Psychological Association (2020)
- National Advisory Board for Healthy Steps (2018-present), a two-generation program in integrated pediatric primary care promoting healthy development for primarily low-income communities
- Host, moderator, two upcoming virtual roundtables on mental health and equity in return to school (K-12, July 23, 2021; Higher Ed, July 30, 2021).

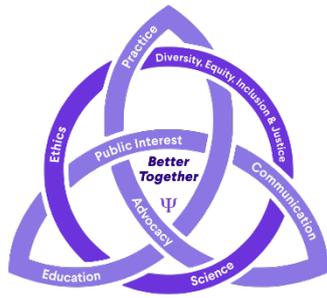
2. *What do you view as the most important issues that APA needs to address in the areas of ethnic minority, multicultural, and diversity concerns in psychology?*

I distinguish between the important issues falling outside APA and those pertaining to within APA. *Outside of APA*, the organization needs to be a leader in bringing psychological science, education, practice and advocacy to addressing: health inequalities; intergenerational trauma; police and criminal justice reforms; racism at all levels (individual, systemic, structural); discrimination due to gender and sexual orientation; access to culturally-appropriate mental health and substance abuse services for the rising need after the pandemic; and educational inequalities as children, youth and students in higher education return to school following virtual learning. Importantly, there is slowly growing traction for science-based policies and progress. The CDC has recently identified racism as a threat to public health, and it needs to be moved squarely to the list of common adverse childhood experiences. APA needs to capitalize on this public appetite and opportunity.

Within APA, the organization needs to tackle: historical racism in psychological science, education, and governance; grow a more diverse psychology workforce and leadership pipeline; and set a standard for education and training in cultural humility and trauma-informed practices across the career span.

3. *If elected, please specify how you would address these issues in education/training, science, public interest, and practice?*

Equity, diversity, and inclusion need to be “baked in” (rather than added to) everything APA does going forward, and I will champion that. See, for example, my campaign graphic which depicts this:



This will require a long-term strategy. I will lead APA to work with governance groups, divisions, SPTA's, and other like-minded organizations in promoting the recommendations of the Health Equity Taskforce of current President, Jennifer Kelly and the multiple resolutions on racism (as each is approved by Council). I will also support the work of the new Chief Diversity Officer (Dr. Maysa Akbar) and promote the new APA EDI Framework. I will also help to promote the new Council of Chairs of Training Councils (CCTC) toolkit for Social Responsiveness in Health Service Psychology. I will champion the expectation for education and training in cultural humility and trauma-informed practices in lifelong learning for psychologists. Some universities will be establishing best practices for de-colonizing education that will generalize to other institutions; APA should follow these closely. I will showcase psychological science regarding the drivers of health inequalities, mental health in policing and criminal justice systems, and disruption of pathways for intergenerational transmission of trauma (e.g., Yo Jackson, Velma McBride Murry, Harvard Center for the Developing Child). I am totally committed to diversifying the psychology workforce and leadership pipeline, including targeting recruitment earlier in youth development and collaborating with federal agencies. (See my statement for more specific proposals: <https://maryann4apa.com/wp-content/uploads/2021/05/Cultivating-a-More-Diverse-Psychology-Workforce.pdf>)

4. What is the base of your presidential platform and your proposed initiative(s) to address ethnic minority, multicultural and diversity issues in APA and psychology? Please provide a link to your campaign website, if you have one.

The base of my presidential platform is to **begin early in life** and influence individual, family, and community development in order to achieve sustainable impact. This can be effective for mitigating racist beliefs and discriminatory behaviors, health inequities, and climate change, as well as preventing mental health and substance use problems. It will add a **long-term view** to our other efforts for more immediate and mid-term impacts. If we focus only on our present context, we will fail to realize the opportunity to invest in a new generation who can live healthier lives in a safer and more just world.

I will emphasize evidence-based, culturally-responsive prevention across the lifespan. Stress, adversity, and trauma – and broad social determinants of health (e.g., poverty, segregation, systemic and structural racism, discrimination) - are linked *across generations* to negative economic, educational, mental health and health outcomes.

Science from the prenatal period through adulthood supports individual-, family-, and community-based programs for targeting both risk factors and impacts. Historical trauma (and vicarious trauma) affects lifespan development across generations. At the same time, longitudinal research has shown that strengths, assets, and resilience can be enhanced while the underlying social determinants of health are being addressed – albeit more slowly. The earlier we institute prevention and intervention, the more effective. In a related vein, developmental science shows that implicit and explicit bias develop in the preschool years; the next frontier will be to test (and subsequently implement) interventions to mitigate the development of racism and discrimination early on. This would complement what has been understood for decades – high quality early education can disrupt health inequalities later in life.

Very simply, prevention science can be leveraged to enhance social justice. This is one of the primary reasons I am running for APA President at this point in time – when there is momentum within APA, the country, the Administration and Congress. There is also appetite for this work on the part of the public and other professions and disciplines given the state of health and psychological wellbeing – and inequalities – of children, youth, and families currently.

We need to promote tiers of service (including prevention), trauma-informed and culturally responsive care in all settings serving children, youth, and families. I have been involved in scholarship and advocacy for many years regarding the unique opportunities in integrated pediatric primary care for health promotion, prevention and two-generation approaches to screening for social determinants of health, adverse childhood experiences, maternal depression, and intergenerational trauma. School-based health centers provide another rich opportunity for this work. It will be important for psychology to work across sectors to address other issues foundational to poor outcomes and health inequity (e.g., food insecurity, housing segregation, maternal health).