

# Health Psychology

*I am honored to have received the sole endorsement of the Society of Health Psychology.*

## **1. What do you see as the most significant challenges facing health psychology in the changing healthcare environment?**

The ways in which health psychology science and practice have evolved over the last four decades are simply astounding. I first entered this specialty as an undergraduate research assistant for a project looking at children's understanding of health and illness. I extended this line of work for my Masters' thesis to chronically ill children, moving on to minors' role in medical decision-making, and then to a dissertation studying resilience in children with leukemia. All of this was a strong foundation for my career as a pediatric health psychologist.

Fast forward to the current moment: Science and practice in health psychology need to be positioned within a public health framework and include a focus on population health. There is both opportunity and demand to do so following the mental health impacts of the pandemic, stress and burnout for health care providers, and the bright light revealing health inequities. Several of these are priorities for the current U.S. Surgeon General and highlight the role for psychology.

If elected, *I will utilize the strategic plan to emphasize evidence-based, multi-generation, and culturally responsive prevention across the lifespan.* In particular, we know that what happens earlier in life - both positive and negative - affects later health, communities, and society. While I still specialize in clinical practice with children and adults with chronic medical conditions, I have become a champion in the public policy arena for integrated primary care as a foundation for health promotion at all ages. As a member of the National Academies of Science, Engineering and Medicine for Children's Wellbeing, I have collaborated across disciplines and professions regarding both training and payment models. (See, for example, <https://doi.apa.org/doiLanding?doi=10.1037%2Fcpp0000364> and <https://nam.edu/redesigning-provider-payments-to-reduce-long-term-costs-by-promoting-healthy-development/>). I have also led work within the Forum on how health care reform can promote children's behavioral health more generally. (See, for example, <https://nam.edu/health-care-reform-and-programs-that-provide-opportunities-to-promote-childrens-behavioral-health/>).

Considering the social determinants of health in integrated primary care is one of the most critical ways to advance health equity and should be universally available, along with actions shown to mitigate the impact. There is growing momentum for this within current health care models. See, for example, <https://www.nationalacademies.org/our-work/integrating-social-needs-care-into-the-delivery-of-health-care-to-improve-the-nations-health> and <https://www.nationalacademies.org/news/2021/05/high-quality-primary-care-should-be-available-to-every-individual-in-the-u-s-says-new-report-payment-reform-telehealth-expansion-state-and-federal-policy-changes-recommended>. I am proud to serve on the

National Advisory Board for *HealthySteps* which is one example of a cost-effective, two-generation program in primary care that focuses on promoting healthy development in low-income communities.

We will need to work across disciplines, sectors, and systems to promote and sustain change. And we will need to advocate for more valid measurement of returns on investment to accommodate lifespan benefits. Challenges remain for advancing interprofessional training, (particularly in regard to culturally-responsive and trauma-informed practice), ensuring equitable access, and collaborating across sectors. I have advocated for health promotion and prevention to be an essential part of federal health care reform and state-determined Medicaid benefits. Psychologists can work alongside physicians and colleagues from other health care professions to impact much needed change in payer models and burdens for the uninsured.

Important for APA, advocacy for prevention need not compete with reimbursement for health care practice; the funding streams are generally separate. The U.S. Preventive Services Task Force examines evidence for screening measures and – if they find sufficient evidence for a measure – it becomes mandatory for health insurance to cover that screening (e.g., mammograms, depression screening). Health and Behavior codes allow health psychologists to engage in preventive interventions in their clinical work; continued advocacy for payment for these services will be needed. Important for health psychology, advancing integrated primary care need not compete with strengthening specialty- and acute-care and occupational practice, which will also be essential for improving health equity. This has never been more clear than during the pandemic when the medical and psychological toll of COVID, as well as vaccines, were so unequally distributed. Health psychology is poised to be a leader in cost-effective and efficacious ways to advance health equity.

Additional trends in healthcare will pose opportunities and challenges for health psychology. Medical care is moving quickly toward patient-centered care, shared decision-making and decision-making tools. Psychologists are experts in facilitating communication and should be leaders in this evolution. Genetic testing and personalized medicine are also progressing rapidly, as is science in epigenetics. Health psychologists will be increasingly called upon to participate in team science in these areas and to help patients clinically through this increasingly complex space.

***2. As the staff, governance and advocacy structure of APA continues to change, how would you ensure that health psychology is prioritized in health care policy, research support, and training/clinical support?***

Health psychology has played a prominent role in the priorities and impact of APA during the pandemic year. I attribute this to the effectiveness of the new model of One APA, division 38 leadership, the breadth of expertise of health psychologists, and readiness to collaborate with APA. Health psychology has played an active role within the Interdivisional Health Care Committee and the newly formed Integrated Primary Care Advisory Group. It has been well positioned for effective collaboration (and prioritization) with the APA Center for Psychology

and Health generally, as well as with other primary and specialty care organizations, and federal agencies regarding healthcare policy for many years. These effective relationships would most certainly generalize to new structures. I would like to see them expand to advising on mental health and health behaviors for population health, particularly related to health equity.

Health psychology has been, and will be, a leader in both interprofessional training and in training psychologists for integrated primary care. I had the privilege of contributing to the *Integrated Primary Care Psychology Curriculum*. It will be important to inspire health psychologists to join volunteer governance roles in APA with a focus on education and training broadly speaking, currently the Board of Education Affairs and its multiple committees (e.g., continuing education) and Training Councils (e.g., Council of Clinical Health Psychology Training Programs CCHPTP). As psychology education and training moves quickly to address historical structural and systemic racism, it will be important for health psychologists to participate. They will be essential in disseminating the new toolkit from the Council of Chairs of Training Councils (CCTC) for training health service psychologists in social responsiveness.

[https://pr4tb8rrj317wdwt3xlafig2p-wpengine.netdna-ssl.com/wp-content/uploads/2021/05/CCTC\\_Socially-Responsive-HSP-Ed-Training\\_v7.pdf](https://pr4tb8rrj317wdwt3xlafig2p-wpengine.netdna-ssl.com/wp-content/uploads/2021/05/CCTC_Socially-Responsive-HSP-Ed-Training_v7.pdf) Similarly, health psychology needs to play a prominent role in advancing the new EDI framework – both within APA and as ambassadors for psychology among health care professionals.

As with education and training, it will be essential for health psychologists to be leaders in psychological science governance roles and ongoing communication with APA. It will always be possible to weigh in on strategic priorities of funding agencies (e.g. Office for Behavioral and Social Science Research and individual institutes at NIH) where psychological science as it relates to health is at the forefront, as well as work collaboratively with the APA Advocacy Office and Advocacy Coordinating Committee when priorities are determined through member input. I have had the honor of being a member of a policy coalition in support of OBSSR with Congress and more recently participating in the APA Science Advocacy Summit where one of the priorities was increased funding for OBSSR. There is no shortage of opportunities if members of the society are able to apportion the time to be involved.

Finally, it will be critical for health psychologists to continue to play a leading role in determining best clinical practices for the profession by seeking opportunities to do so. For example, while serving as Chair of the APA Committee on Professional Practice and Standards, I had the opportunity to serve as the lead writer for the policy document, *Guidelines for Psychological Practice in Health Care Delivery Systems* <https://www.apa.org/pubs/journals/features/delivery-systems.pdf>; I am consulting on its revision now. There will be other Professional Practice Guidelines and Clinical Practice Guidelines that will warrant substantial input from health psychologists.

***3. Please describe your vision for how Divisions will play an active role in APA governance, strategic initiatives, advocacy, and collaborations with outside organizations.***

I see Divisions as being experts on subject matter, roles, trends, threats, and opportunities across psychology. These many dimensions are key to envisioning and advising *what is strategic* and executing initiatives effectively. In addition, division members are often more highly involved in the field and in the association than those who are not members of divisions. Therefore, I would like to engage them as much as possible. They are sometimes seen as competitive with APA when the relationship could, instead, be more collaborative. As noted already, Health Psychology has played a substantial partnership role with the association during the pandemic.

I would like to see Division leaders (and members) sought for their specific expertise with APA advocacy work, spanning everything from federal funding for science, diversifying the psychology workforce, state advocacy, and federal legislative and regulatory work. I have had the pleasure of reviewing several bills for APA advocacy staff this past year and recommending new priorities in legislation; this should be commonplace. Divisions provide a deep and wide bench of expertise.

I have been a lifelong champion for collaboration (and breaking down silos) and would honor this as APA President. I began my professional career in collaboration with other healthcare disciplines – the only psychologist in a Hematology/Oncology department. This expanded to collaboration across psychology in my service as Director of Health Psychology and Director of Training. Within APA, my dedication has been embodied by collaboration across divisions (e.g., partnering with six other child/family divisions to develop [www.infoaboutkids.org](http://www.infoaboutkids.org) with CODAPAR funding), and across boards and committees (e.g., leading the first breakfast of Board chairs while Chair of BPA). I see both opportunity and need for *more* collaboration across divisions and across governance groups.

As APA President, I would live up to my long-standing reputation for leading consensus and compromise across diverse perspectives and collaborating with other disciplines, professions, and sectors. Indeed, I would partner with other organizations that share our mission to promote population health and wellbeing. I have longstanding relationships with leaders in other organizations (e.g., American Board of Pediatrics, Mental Health America, National Prevention Science Coalition); many have endorsed my candidacy for APA President for the opportunity for collaboration. I would also engage other professions to advance interprofessional training – which ultimately serves our larger mission. I celebrate APA's expanding partnerships with other organizations to achieve common goals.