Title: COVID-19 Town Hall with APA’s President and CEO  
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[APA’s Alissa Fogg] Hi everyone. Welcome to today's Town Hall before we began just a few housekeeping items to minimize background noise participants will be muted throughout the webinar. You can submit a question or comment to the presenters at any time by typing it into the questions pane on the webinar control panel. Feel free to address your questions to specific speakers or two or all three presenters will answer questions that are submitted live and those submitted in advance as time allows. If you have any technical difficulties today during the webinar, please contact Shannon Doherty whose e-mail is Are on the screen and if you have issues viewing or hearing the webinar, please try logging out and dialing and using the information in your confirmation email, which is also up there on the screen. So I want to welcome everyone to the APA member covid-19 Town Hall hosted by 2020 APA president. Dr. Sandy Shulman and CEO. Dr. Arthur Evans as with all the town halls in this series. We're featuring a special guest who today is. Dr. Brian Smedley APA chief of psychology in the public interest. Dr. Smedley will be speaking briefly today about APA as work to address social issues and inequities related to Covid-19. We hope to devote at least the second half of our hour together.

There today to your questions and comments. And so with that I'm going to turn it over to APA president. Dr. Sandy Shulman.

[Dr. Sandy Shulman] Thank you very much. Hi everyone. I'm very excited to have another opportunity for me to speak with members. We know that many of you have questions and ideas and comments and all sorts of experiences surrounding the Covid virus and we know it's affecting you at the individual level as members of your families and communities and of course as psychologists, what we'd like to do here is provide you with a brief update on what APA has been doing and that of course changes as we move along in this situation and then today's special focus is on social issues Health inequities and disparities related to the Covid virus and we have some exciting information about what APA is doing that supports why we believe this is such an important area for us to focus on so I'm looking forward to our colleague Brian Smedley joining us today to talk about that next slide, please. This is a series of town halls that we put together as one way to connect with you and find out how you're doing to support where we can by providing information resources. Perhaps just general sense of community about the many challenges we're all facing to share some information and resources so that you have a better sense of how you can interact with APA and it can be helpful to you. We want to hear your questions both the ones that we can answer now and the ones that you asked we go over every question it helps us understand what's up concern to you what you care about what you need to know. We cluster all of those and respond in very many different modalities to get information about those questions out to members and we also hope that this helps us explore going forward where we can have the most impact by the things that are on your minds in the experiences that you're having a next slide, please. We continue to say that the current challenge we continue to say things like this is an unprecedented situation with a lot of uncertainty and I bet you will be saying that for many months to come so this without question for those of you that are Black Swan fans, is one of the black swans of our lifetimes and there's a critical role. I think that psychology can play to address the pandemic and virtually every aspect of human behavior and I can address that a little bit more later because I believe this is really a moment in time for psychology to really make some major contributions. I'll say more about that.

We've all been working already and fortunately with a strategic plan prior to the Covid virus and so the current challenge from my perspective and I think for my colleagues perspective here is that the Strategic plan is still absolutely relevant what has changed is the context in which we implement it.

It is now a Covid ongoing Covid and hopefully at some point a post Covid environment in which we will implement Strategic plan and so the plan that planning and work that the staff and governance did ahead of time as we were working on the transformation of APA is actually going to help us tremendously in adjusting to a transforming context next slide, please so hopefully this next slide looks familiar. This is our strategic plan and so what we're saying is the context is the change in how we element the strategy but the strategy is still very much there and how we are responding now in this Covid environment shows many examples of our strategic plan and action when I see our members and our staff advancing our strategic priorities and really embodying our guiding principles, like working from an evidence and science base working on equity diversity and inclusion principles, taking a global perspective on all of this focusing on where we can have the most impact not just how busy we can be.

It makes me very proud to say that that strategic plan and that strategic approach we've been working with has helped us really I think up the impact that we can have so the Covid crisis is now the lens through which we think about all the things we're doing at our strategic this provides us with many opportunities to expand the public's understanding of psychology and the breadth of psychology and very honestly, I think this will be a great opportunity for our members and psychologists understand the breadth of our own field the more I work across our field the more I realize we don't even understand ourselves. The many ways that psychologists contribute in virtually every aspect of life at all levels of human organization. So we're excited about this.

We're thinking it we're trying now, To focus proactively and what's coming next? Everybody's been spending the last six weeks reacting in the moment. We're trying to look down the road all the way down the road like six months two years three years five years were trying to get a better handle on what life will be looking like post Covid and during this ongoing Covid; piece, and that's been very important.

The other thing I just want to say is a couple of things that I and some others have been doing that I wanted to report about, specifically both Dr. Evans and myself are members of international groups meeting. We weekly actually we meet twice a week with presidents of international psychological associations to share information resources experiences. Everybody's at a different stage in the curves and their countries. We're learning quite a bit since our last town hall we also have a third meeting where key members of the executive management group and myself were given a private meeting with the chief psychologist in Wuhan Province in China so that we could learn from them what the phases of response were and how they were able to handle their situation given the context in the culture in which they are embedded. It was very enlightening and it's helped us of course with our planning the other thing that I've been involved with a heavily as well is trying to bring forward many of our applied psychology folks to the situation while certainly Covid is a health crisis at an individual level. It is also a crisis for our institutions are organizations every context in which human beings gather or stay apart at this point.

And so I've been working with our newly formed committee for Applied psychology our newly formed office for Applied psychology to look at the Is that applied psychologist that deal with human performance work organizations education media etc how they will be able to contribute both science and interventions as we go forward in the in this crisis and that that's been a real excitement for me to see how much and how broad our reach can be in Psychology. I'll leave it there at this point.

There are many other things we're doing and as a matter of fact For a brief further update about this. I'm going to turn it over to Arthur now. Thanks.

[Dr. Arthur Evans] Thank you Sandy. And thank you. Everyone who is joining us for today. We're very excited about this opportunity to have an APA this opportunity to talk directly to our membership into a leaders in the association about what APA is doing and have an opportunity to hear from you what your questions are what your concerns are comments are we think this is a great model.

For how we can move our association forward but I want to do is give you a little bit of sense of what we're what we've been working on and how we're positioning that as we focus today primarily around the equity issues, but I wanted people to have a little broader context for how your Association has responded. I have to say a CEO. I am so proud of the way our staff have really stepped up.

We literally walked out of our offices on March 11th, we haven't been back in and I hope you'll notice that you know, our staff have really not missed a step and making sure that the things that we have to do is an association continue to happen.

And so I want to just publicly acknowledged that there are two other areas that were focused on not only how do we move the organization forward in this new virtual environment and make sure that we accomplish all those things, but we've been very focused on the To learn the discipline and how our association supports the profession and discipline but also a lot of focus on the public and in terms of the profession and discipline just to give you a sense of sort of the range of things that we done. We really tried to support psychologists and all of the ways that in all of the settings that psychologists work. Last week you probably heard a lot about if you were on you heard a lot about what we have been doing in the telehealth world clinicians and practitioners who are really need it right now have to do that work and a in a in a telehealth environment and there were a lot of advocacy and other kinds of issues that had to be worked out. And again, I think our staff particularly our advocacy staff and our practice staff from really stepped up and frankly, we've made probably more progress in the last several weeks on this issue then we it probably would have taken us literally two decades to make the level of progress that we've made in the last few weeks and it's because of the crisis and what we want to do is to make sure that those gains that we've made in terms of allowing psychologist to provide their services in this kind of format that they continued even after we get through this critical prices.

We're also supporting our practice our scientists and our academics by making the publication manual free for example articles related in our journals that are related to the Covid making those free to not only our members but to the to the broader public we are making various educational opportunities for both researchers and practitioners. Some of the institute's that we have that are that have been made available will help researchers who are looking at you statistical techniques.

As an example, but all of those are ways that we are trying to make sure that as many of you have had to pivot very quickly that the association is doing its role in helping you to make those transitions. We're also spending quite a bit of our time on advocacy for the field in addition to the advocacy and practice. We are advocating in the area of research for psychological research. For example, next week I'll be meeting with the director of NIMH Josh Gordon. And one of the things we're going to be talking about is the need to have rapid funding for researchers to look at the issue of Covid and how this issue the psychological impact that this is having just an example of the kind of work that's happening both in the scenes and publicly to support you. Let me give you a little bit of sense of what we're doing for the public itself. endless amount of content that we have generated. I want to publicly thank the many experts within the association who have really stepped up who have done webinars who have helped to craft resources that we can get out to the public.

And so I want to thank those of you who have helped us and frankly those of you who are going to be helping us in the future because we're going to continue to reach out to you to draw on your expertise because our public really needs that information what we've started to do now in the very beginning of the crisis. We were just getting a lot of generic information out about stress and trauma and uncertainty and fear and those kinds of things what we've started to do more recently is to differentiate populations and to focus in on certain populations.

For example, healthcare workers who have a tremendous number of needs right now psychological needs we're partnering with nursing and medical associations to get resources in the hands of healthcare workers. And we're looking at ways that psychologists can work directly with that population as an example doing similar work with journalists doing work with parents who are you know, find themselves now having to deal with their children.

And education of their children for example last week we did a we were on a webinar with the national PTA Association 60 thousand people participated in that. So the reach of our field is pretty vast right now, and we're going to continue to do that today. We're going to be focusing on the issue of equity another very important group instead of issues that we've been working on working particularly concerned about some of the disparities that have been reported you're going to hear Brian talk about that. But again, I want to give you a sense of the breadth of issues that we're dealing with we and the ways that we're working in addition to getting information out that you are you will hear Brian talk more about we're also working very closely with Congress and the administration. We had a meeting last week with the White House. We have another meeting this week.

Sandy will be joining us, Dr. Schulman will be joining us for that meeting to talk about how we believe that psychologists. We need to look at data and the kind of data that will help us to develop the behavioral interventions that we know we need to develop to help both manage the pandemic but also the psychological consequences of this pandemic. So we're working on a lot of different fronts to address these issues and with that I want to turn now to Dr. Brian Smedley who is not only our chief for our psychology in the public interest, but he is also now stepping in to be our acting chief diversity officer as we as we continue to move that work forward as our chief diversity officer has left the organization, so with that Brian I'll turn it over to you.

[Dr. Brian Smedley] Thank you so much. Dr. Evans, appreciate this opportunity. We're going to be talking about centering equity in the pandemic response.  What do I mean by that as we know that there are many populations that are made more vulnerable and marginalized in the pandemic and it's our it's our intent. It should be our goal is to society to elevate the needs of these populations and to address their needs. Because in a pandemic response, we are only going to be able to recover as quickly as our most vulnerable communities.

It's been said that in every crisis there is opportunity and as tragic as this pandemic has been it presents an opportunity for the nation to hold up a mirror and to examine destructive social hierarchies and to overcome the racism, xenophobia, sexism, and heterosexism, homophobia, ageism, ableism, and other destructive social hierarchies that hamper our ability to flatten the curve. That's what we'll be talking about next slide, please.

I want to start by acknowledging the board for the advancement of psychology in the public interest. Be happy under whose leadership this work is being done beginning last year after the Council of Representatives passed the new APA strategic plan under then chair Dr. Michael Mobley B.A.P.P.I began working to identify specific topics and issues. That would be consistent with the strategic plan. They focused in on goal one addressing critical societal issues by harnessing psychological science to address them. What be at be focused on is the need to mitigate bias stigma and discrimination to advance health equity. Why did be happy focus on this topic? We know from a large body of research much of it that psychologists have contributed to that stigma bias and discrimination is harmful for health and mental health and development of children. We know that these processes are destructive and directly harm health and they also indirectly harm health and wellbeing for All of us and we plan to do a body of work to mitigate by a stigma and discrimination at many different levels structural institutional interpersonal and internalized levels. So B.A.P.P.I. leadership has been important to outline and to frame this work when the pandemic hit our CEO focused us quite strategically on addressing the pandemic.

So APA is fully committed to doing all we can to apply psychology to help flatten the curve and help manage the pandemic response. So be happy he has now shifted to this concept of centering equity in the pandemic response. We call this work #Equityflattensthecurve so under the leadership of Dr. Shabanah more Lavon be happy has helped us to focus this work, and we appreciate their support and Leadership next slide, please.

You've all been aware of the deep inequities that the pandemic has exposed. These are long-standing inequities caused by historical inequality and contemporary inequities that persists to this day. We've seen tragically that many people of Asian descent have been targeted vilified by hate speech and actions in both public and virtual spaces. We know from the limited data that are available that African-Americans Pacific Islanders in some Latin X communities or greatest risk for infection and mortality. We know this only because a handful of states and localities have reported data on infection rates and mortality using demographic factors, like race gender and other important factors. We need a national surveillance system with standardized data collection and reporting so that we can understand where the pandemic is spreading in which communities are most vulnerable. And this is a point  I'll return to later. We know these communities are disproportionately working in essential yet often low-paying jobs often without health insurance and unfortunately media reports have focused on the heightened risk of these communities face because of higher rates of chronic underlying conditions such as hypertension diabetes cardiovascular disease, but they haven't pointed out the reasons why these health conditions these chronic Health disparities exist opening up a space for racist notions of genetic or biological differences to infiltrate the thinking of some in the public the media needs to do better in psychology has much to offer to help educate audiences about the structural inequities that underlie these chronic conditions those of us that have worked in the health equity and public health space know that structural inequities are the root cause of disparities and chronic conditions factors such as residential segregation school segregation low-paying jobs. A lack of opportunity and the heavy concentration of health risks in highly segregated communities of color such as food deserts such as environmental degradation. All of these factors are associated with chronic disease disparities and therefore underlie the vulnerability that these communities face in the pandemic next slide, please.

We know that there are many other communities that are again made more vulnerable as a result of our policies and actions older adults. For example, those in marginalized groups are most likely to lack the resources necessary to mitigate risk and to seek care that they might need and ironically, aging services are also saddled by the same racial inequality that as deep in this crisis as this sector is disproportionately employing and serving. People of color we know that direct care workers are predominant segment of the aging services workforce and that these individual these folks primarily are serving older adults and people with disabilities placing them on the front lines of the pandemic these low-wage workers who are primarily women people of color and immigrants often lack paid sick leave and don't earn enough to whether a modest disruption in pay next slide, please.

There are many other groups that are vulnerable. People with disabilities may not be able to physically distance themselves for others or take other steps to mitigate risk people with low incomes may be may not be able to physically isolate increasing their risk and compounding the challenges that they face such as a lack of access to stable housing access to healthy foods or resources to withstand economic downturns.

We know that immigrants face unique challenges. Even legal immigrants are facing challenges because many are fearful of accessing public resources such as safety net programs for fear that that could harm their ability to seek legal permanent status as a result of changes to the so-called public charge rule and of course for those who are here without documentation their wrists are heightened for fear of detention or deportation if they seek services and finally we know that institutionalized populations people who are incarcerated migrant families in detention centers also face heightened risk, there are often unable to physically distance themselves and lack protective gear or other resources to mitigate their risks next slide, please.

The common thread that all of these populations face is that bias stigma discrimination and historic and contemporary inequalities at the root of these inequities. And in order to address their needs we've got to ensure that strategies and solutions are delivered equitably. Again in the midst of a pandemic we are all made more vulnerable when some communities are less able to contain risks that are imposed because of social structures next slide, please.

Psychology has so much to offer to help manage this pandemic and to flatten the curve. We know that there are key audiences elected officials community leaders journalists who need to better understand the health and mental needs of mental health needs of stigmatized populations. We can help these audiences understand house by a stigma and discrimination complicate the pandemic response and how to mitigate them.

We know that we can help communities to build social cohesion and tolerance even were physically distancing we know from a large body of research on collective efficacy and social cohesion that these are necessary and that communities characterized by high levels of social cohesion and collective efficacy will emerge from the pandemic healthier and in better shape than communities that are characterized by social division.

So we need to use this crisis to move our nation closer to our stated egalitarian goals next slide, please So there are four goals associated with the #equityflattensthecurve campaign one. We want to connect the voices of those working in the health equity, public health, behavioral science, and psychology fields to educate policy makers and leaders about equity enhancing policies and practices. We want to reduce bias stigma and discrimination related to the pandemic. So for example, we have great concerns about bias and access to testing of course is a precious commodity at this point we know from a large body of research that unfortunately under those conditions and across a range of health services people of color tend to receive a lower quality of care, even when access related factors such as income and education are controlled for so we need to ensure that those communities and populations that are at highest risk have access to testing proportionate to need and there's great concern and we're already seeing it playing out that testing is not equitably. Two communities that needed and again to the extent that we allow some populations such as Asian Americans to be targeted with xenophobic and racist bullying and hate crimes that just this social division that makes it harder to come together and flatten the curve we can promote social cohesion and inclusion and equity as necessary to mitigate the virus has spread we can do this in our messaging as well as in our interventions and we could promote policies and practices that reduce inequity in a dress.

Public health needs of diverse populations in the short-term as well as long-term in one of those key issues is the need for a national standardized data collection surveillance and reporting system. Next slide, please.

We're aiming to do three things as our staff likes to refer to it. It's the what, the who, the how. The what is to provide a repository of timely and accurate information tools strategies based on the best available psychological science to empower advocates researchers and others to be able to understand what what's important to help our communities move past this pandemic the who is a highly collaborative network that we're that we're currently building in.

Disciplinary nimble diverse with respect to all aspects of diversity with respect to points of view experiences and expertise this group is going to connect and share resources strategies and to come together under the common framing the common message that equity is necessary to flatten the curve just as we're physically distancing Equity is a key and necessary strategy to help flatten the curve and this network will help amplify that message.

The how is providing capacity building resources tools to facilitate action and to seed and facilitate the work of activists and others were thinking for example of developing a strategy to help Empower bystanders who may witness acts of racism or xenophobia can't imitation or bullying to be able to safely intervene. We're going to use the best available psychological science to help develop this and we're tentatively calling this #nosilentbystander.

Other groups are engaged in advocacy efforts such as #releasethedata in an effort to ensure that policymakers understand the need for this National surveillance system to provide timely and accurate information about which communities are most affected by the pandemic spread next slide, please.

So coming up next steps for #Equityflattensthecurve we invite you to join us join us in this work. You can join our Twitter chat next week using #Equityflattensthecurve will be chatting together at 1 p.m. Eastern time on Thursday May 7th. So we invite you to get on your Twitter your Facebook feeds and help part of that conversation. We're going to develop a virtual Resource Center as I mentioned where we'll be able to gather together and curate the best science to inform others in to help other disciplines to understand how psychology is essential to helping to flatten the curve and we're going to share information on and tools on things like data collection reporting again critically important that our voices are elevated in this effort to ensure that we have a national surveillance system to address the needs of our most vulnerable populations next slide, please We welcome your comments questions concerns. But again, I ask you to join us. We're only as powerful as our voices coming together to address this critical crisis with the opportunity to build a better Nation on the other side. Thank you.

[Amber] Thank you. Dr. Smedley and Dr. Robinson. Dr. Shulman. We have lots of questions coming in. So I want to go ahead and get started. The first question is for all three of you. How is APA partnering with other organizations including other Mental Health Professions to address this issue of inequity during the coronavirus crisis.

[Dr. Evans] Well, I'll start this is really critical APA has for a long has a long tradition of being a leader on this issue, you know in recent history. If you look at the work that was done on the Affordable Care Act, and this predated me, APA was a real leader in getting many of the equity Provisions that you see in the Affordable Care Act. And did that by not only playing a leadership role but by doing that through partnership, I think that this new crisis gives us another opportunity to partner with and I know that one of the key strategies and I'll let Brian talk about this that that Brian is pursuing is developing a network of people who and organizations who can help Advance this work.

So we think it's critical to for us to use that as a strategy and it's really central to our ability to actually have the kind of impact that we want to have on this issue.

[Dr. Smedley] Absolutely. Dr. Evans. Just I'll just add that we welcome Partnerships with divisions ethnic minorities, like associations others and clearly other Behavioral Health disciplines have a role in this as well. But we're also wanting to engage with other disciplines community-based organizations.

Advocacy groups in my own experience in the Health Equity and public health World. There are a number of organizations coalition's and groups that are doing outstanding work, but their voices need to be unified and that's part of our effort. This is where we see APA being able to really lead in this space, to bring our voices together under a common frame that will build the support necessary for equity enhancing solutions.

[Dr. Shulman]Yeah, I want to build on that because the notion that this is an opportunity for psychology to lead does not mean what it has historically for a number of years mean. We do it alone we go by ourselves. We do our own work. This is an opportunity for us with an evidence-based approach to gather like-minded partners and create the kind of networks and systemic interventions that are up to the level of meeting structural inequities and so that kind of impact requires collaboration that kind of impact requires Partnerships with policymakers where we've been doing webinars and discussions with those policymakers. It requires us to partner with disciplines across disciplinary, which is really important. We have been reluctant in the past to do that. Although many disciplines have taken psychological science and applied at themselves to their own fields. Now we're reaching out very actively, and I think that's very helpful and also to Partners in the organizational World both not-for-profit and for-profit organizations, like the national manufacturers Association, like the national League's of Mayors. All of these kinds of groups that will look to us for the evidentiary base and the intervention strategies that can help them on an individual level, but most importantly perhaps on a community. Policy level and that's really the goal of this.

[Amber] Great. Thank you. Next question. Dr. Smedley. Can you talk a little bit more about your point regarding psychological science and how it can promote the embrace of interconnectedness among citizens. Not only how we can implement this today but also in a post Covid world?

[Dr. Smedley] Sure is as probably everybody else on this call psychologists have a long history decades long history of study of Intergroup relations and how to address social divisions and the state of the science is still evolving. But clearly we have a lot to offer. There are a number of groups that are eager to hear from us civic groups faith groups others that recognized the fact that that social division is destructive and impairs our ability to manage the pandemic response. So how this is done Community by Community can vary but we think that there are APA members who are well positioned to help advise lead their entities and to be able to share our knowledge about reducing Intergroup tensions and divisions strategies such as ensuring that we're creating conditions in which we can respect and appreciate difference yet also recognizing our interconnectedness. So we believe that there's much to offer but we also welcome your suggestions and strategy ideas to help enact that that.

[Amber]Thank you for you all how do you think that covid-19 in the current pandemic will change our country's response to health disparities research whether in terms of how its funded what the focus is on etc.

[Dr. Smedley] I guess I can start on that one. It's been my field for over 25 years and I would first say that the pandemic has made clear that that racial and ethnic Health inequities hurt all of us. This is a point that many of us in the field have been trying to make through research and messaging for decades. So I hope that these issues get elevated attention elevated resources, but moreover I hope that there is a recognition of the importance of behavioral and social sciences in addressing Health inequities, I think for too long and particularly early on in the war effort to study and intervene around racial and ethnic health disparities, too often our work was informed by bench Sciences medicine other disciplines. And these This research has been important but it's been to the relative neglect of Social and Behavioral Sciences. So I want to encourage our federal agencies such as NIH to make a greater investment in Social and Behavioral Sciences as part of the effort to ensure that we can have a strong evidence base to reduce racial and ethnic health inequities.

[Amber] All right. Next question. Go ahead. Dr. Evans

[Dr. Evans] Just gonna add, you know Brian's point. It was very important. I think there's an opportunity for us to connect the dots because the dots aren't connected. We know that inequity and society affects everyone and I think that from a political standpoint some groups have been very successful in convincing us that we can have marginalized groups and we can tolerate that because it's not going to impact on “the rest of us” and I think the pandemic is showing the fallacy of that way of thinking. And so I think we have to use this as an opportunity to connect those dots for people. I also think the other point the Brian made is really important.

This is an opportunity to talk about the importance of psychological science and Behavioral Science with many of our members do many of the people in our field do because I spent 20 years of my career in public policy and I can tell you that people who are in public policy every single day are dealing with issues for which there is a body of research in Psychology that they have no idea about they just have no clue about it. And I had a lot real frustration being in the public policy environment where I saw these issues knew that there was this important information that could help on that issue and it really raised for me the importance of us connecting the dots for people and helping people to see the role that psychology can play in some of these very complex issues. And so we have to step up. I think the one of the things that we have done really well and I have to give a lot of credit to our communication staff but all of our staff because communications is a means to an end we have to have the content and so people like Brian and other of our chiefs have been phenomenal and making sure we have the content but one of the things that I think we've done well is to put before the public that science that information and I can tell you people are responding really well to it. And so this is an opportunity. We can't miss I mentioned earlier in my comments that we're talking with people Administration the White House. We had a meeting with Surgeon General of the US last week.

We are talking to pull in HHS. We are literally getting to the highest levels of government and it's because of the way we frame issues. There are a lot of people who are very passionate advocates and psychologists have been very passionate Advocates, but what has gotten us to the table is that we led with our science and with the data and the need for data, that's what's gotten us at the table.

Now, we have to convert that into actions and policies that will make a difference and I think we're going to I think we're going to do that.

You're on mute Sandy.

[Dr. Shulman] Thank you. I would add to that. I think on a more on a more Essence level that we are about to find out that essential services that affect all of us require taking care of our essential people and are essential Services. People are a disproportionate number of the vulnerable people. We've been talking about on this call. And so we will learn one way or the other I believe we are truly all in this together and I do believe because of that growing realization that there are potential threats to our food distribution channels. There are essential threats to a lots of our food delivery systems and other basic services, I think that fundamental understanding provides an opportunity for a different dialogue that will go forward and if we miss The opportunity to be a major part of that dialogue shame on us.

[Amber] Thank you. We have a couple of comments that are coming in. So I think we could to address a couple of folks have noticed that Native Americans were not mentioned in the list of groups that were rattle off earlier. So I don't know if one or many of you want to speak to how APA really does its best to reach as many groups who need our psychological science as possible while also trying to make the greatest impact.

[Dr. Smedley] I can address that that's the common is actually absolutely right. We know that there are many American Indian communities that have been hit hard the Navajo being hit hard that my error in not explicitly referencing the challenges that the American Indian and Alaska native populations are facing the data picture needs to be this is part of the data picture needs to be complete to help us get a full picture of communities that are vulnerable in this pandemic so we will make sure that we elevate those issues going forward and look forward to working closely with groups like The Society of Indian psychologists to do that.

[Dr. Shulman] Yeah, and I would add personally I've had prior experience and work experience working with the Navajo Nation and it pains me beyond belief. I knew before any information came out that that was just because of the structural inequities that it was going to come to them very soon and very hard and that's true of many Native populations and communities and so absolutely as far as I'm concerned, that's a that's an absolute priority are Native American populations.

[Amber] Thank you. How can APA members from outside of the United States collaborate with APA regarding the social issues inequities and disparities that they're seeing in their own countries and communities.

[Dr. Shulman] Well, I can start with that one and say we have been meeting with the psych associations twice a week to talk about a number of the issues. And that's one of the issues that we can bring to the forum to discuss some of those things to get individual members. I that might be abroad that are dealing with those issues. I would also highly recommend their office of international Affairs. One of the things this virus has brought out is just the edible a talent of our staff across the association just incredible and Amanda Clinton who is a head of that office and other folks that work in that office can direct individual members who are abroad and if there are particular countries that you want to make connections with we have connections right now with virtually every country that has any kind of a formal health care services or Psychological Services System and we can help make some connections in that respect and also introduce you to some resources that have been shared across the world by many nations in many languages.

[Amber] Thank you. Do you have any guidance or advice for folks on how to accurately measure disparities at least at the conceptual level in access to care in their own communities folks are curious how access can be defined and measured. So if you have any suggestions or guidance toward resources, that would be appreciated.

[Dr. Smedley] I guess I can start on that and I'll take the example of testing. The availability of testing for Coronavirus is critically important. So how would we measure that we desperately need data on who is getting tested what the results of those tests are. What is the outcome was that case was the person hospitalized? If so what treatment did they received? They receive a ventilator or other kinds of treatment and what was the outcome? Those are the kinds of not only access related factors, but process and outcome data that we desperately need and so states and localities need to report that that would be reported up and needs to be part of that national comprehensive data picture so that again so that we can clearly understand which communities have the greatest need for testing and where are their disparities in terms of access to that testing. And as I indicated earlier, there's a psychology has a huge role here again, because psychology has helped to inform and help interdisciplinary scientists to better understand this phenomenon of disparities in the quality and availability of care by race and ethnicity. We know that implicit bias is part of that picture and there's every reason to believe that testing could also The influenced by biases both explicit and implicit as well as stigma and discrimination. So there's so much that we have to inform this process what's needed as a first step is better data so that we can understand where to intervene.

[Amber] Thank you. Dr. Shulman. This question is specifically for you as an applied psychologist. We have a student who is actually an applied psychology. So not yet a psychologist, but working toward it and wants to know what you see as the major contributions of applied psychology going forward. So there are probably countless options. But what are your top two?

[Dr. Shulman] Well countless options would have been a good answer. Thank you for taking that one. I think we are attempting right now whether rightly or wrongly to open up America and the world again, but we are opening up when we whether we do it well or not. We're opening it up to a changed world a changed United States and literally every context in which people must behave.

Whether it's the relationships that they have created with each other whether it's workplace issues communities of beliefs and Fades whether it's the Educational Systems, whether it's our Healthcare Systems, all of those issues will be affected in areas where applied psychologists work. How are we going to reform effective workplaces? We're not going to go back to the same way we were. Workplaces will be reconfigured staff differently using technology differently applied psychologists have all sorts of information and evidence and strategies about how that would work. Our Educational Systems are changed forever. Our training systems are going to be changed forever. Our delivery system of healthcare services are going to be changed forever applied psychologists work in all those areas at systems levels.

Whether its policy interventions design of environments experiments at Innovations and product design Services designs. All of that is up for grabs at this point. Nobody has all the answers about these things and these are the places where applied psychology can be most helpful is we can bring to bear evidence and we can bring to bear strategies for how to begin to put the new America and the world together in an effective way.

[Amber] Thank you. Next question recent data seem to indicate higher Covid fatalities for men. Dr. Evans. I have heard you speak before about your work in Philadelphia that's touched upon this trend in the past. What are the implications of this trend now for Covid and how APA and psychology might respond.

[Dr. Evans] Well, I think this is another example of why having the data are so important and you know, one of the things that I would add to what Brian talked about earlier in terms of data is that we think it's really important to understand the correlates of the mortality and morbidity that we're seeing and to the extent that you know, it's not only around race or gender, but you know, where do the other correlates is it? Does it turn out to be that the reason that we have a higher mortality rate and African-Americans because of the jobs that they have or is it because of pre-existing conditions? Is it really due to the access to health care? There are a lot of different reasons and I think it's psychologist one of the things that we bring in the way we think about and approach these problems is to approach them from an empirical standpoint. So I would say to the degree and I'm not as familiar with the particular data that I think the questioner is raising but I think in terms of how we approach that. I think that we have some strategies that we can use and employ to one first better understand why we see those inequities have those disparities and then design interventions based on the data that we're seeing. That was the strategy that we used in Philadelphia, but there was another really important aspect to doing this work. We have to do it in partnership with the people that were talking about. I think one of the things that I'm trained also as a community psychologist, one of the things that I think is critical in this work is voice and giving voice to the people that were talking about and partnering with the people that were talking about and when we can bring our technical skills are facilitative skills and then partner with people and listen to people and to jointly work on these problems. We can overcome a lot of the challenges that we're seeing in the kind of problems that the question referred to.

[Amber] Thank you. Next question. Some people are blaming vulnerable populations for being hit the hardest. How can we help as psychologists and Beyond to orient people towards systemic isms instead.

[Dr. Smedley] I guess I'll start on that one. The questioner is exactly right and this is part of what happens historically with epidemics and pandemics because of fear uncertainty and anxiety. It's easy to allow biased thinking to creep into our cognitive processes and it's critically important that we address this kind of myth-making stereotyping psychology has so much again to inform on this topic.

But I think the bottom line is that when we allow these kinds of attitudes this kind of thinking to creep into the Public's mind. It makes it much more difficult to flatten the curve, social division is harmful for pandemic response. So even as we're physically distancing we need to come together as communities.

[Amber] Thank you. Great. I think this might be your wrapping up here. Just a couple more questions. How can APA use psychological science especially around risk assessment and decision-making to address the fact that we as a nation and a world are at risk of getting harmed by something. We cannot see and that we are trying to get our communities to work toward a goal of essentially no outcome in other words a lack of covid-19 a lack of death. Can you speak to that? How psychology is contributing science from all across our field including cognitive and others to address this issue?

[Dr. Evans] Well, I can start just talk about give an example of how we have we've already started to do that the research around what happens to us and our ability to think and to remember when we are experiencing certain emotional states. That's pretty so we know that for example, when people are very fearful they exaggerate their assessment of risk when they're angry they tend to over they tend to under play their assessment of risk. So we know that as psychologists we know that from research. That's the kind of information that I think is really important for decision-makers for leaders for the public to understand. And so when we're talking to people for example about the importance of strategies that they can use to manage their their fear their anxiety, we're also connecting that to the fact that you can't be we will impair your ability to be a good parent to be a good employee if you don't do this because here's what happens to your ability your abilities around decision making and so forth. So I think this is a good example where there was a question about applied psychology. I think that frankly all of us should be applied psychologist because all of us should be trying to apply what we know from psychological science and helping people to use that knowledge for some of the challenges that we that we face. I think and with this crisis has really highlighted for me is the importance of us not only producing that knowledge. Not only understanding it but really taking that but really packaging it in a way that it can be helpful to the public and we have to get much better. At that, I think there we haven't placed as much of a premium on that ability. As I think we should have this crisis is really helping us understand the importance of us being able to do that.

[Dr. Shulman] I would add to that and perhaps ironically my research and applied work is around leadership under uncertain conditions and that is both on an individual level and on a group level and one of the things that psychology can contribute tremendously to with evidence-based and interventions is helping individual leaders and leadership groups understand how they tend to behave.

Save as the amount of uncertainty goes up and the risk goes up and how then biases and decision-making processes get introduced and distorted and there are systemic interventions that can be done with groups to literally help them over respond and manage the tendencies that groups have and leaders have when they're faced with great uncertainty and great risk to do. Kinds of things that don't follow best practices or good decision-making. So that's an area of tremendously where psychology and applied psychology in particular have a lot to really offer groups.

[Amber]Thank you all very much.

And with that I want to direct everyone's attention to the links and the key resources on the screen is the spot in APA website where you can find all sorts of covid-19 resources and information that are meant to help you as a professional and also help those with whom ooh whom your work touches. There are also some additional relevant links on here, especially related to today's topic and I will mention though. I know it was sent out earlier in the chat that the PDF of the slides from today's Town Hall are in the handouts tab in your go to webinar panel. So just two more brief things before I turn back to our speakers to close out today. We'd really appreciate if you could take a minute to complete the short survey. You'll receive at the end of the webinar your feedback helps us to provide you with the best Town Hall experience as we go forward with the best town hall experience and speaking of the series next week's town hall on Wednesday, May 6th at 1 p.m. Eastern time features. Dr. Jim Diaz Granado's whose APA is Deputy CEO and acting Chief scientific officer. He's going to be speaking about issues related to conducting and applying psychological research during the pandemic. So with that in the final minute, I will turn back to Dr. Shulman and Dr. Evans to close us out with some final remarks.

[Dr. Shulman] Well, thank you very much. I want to thank you all.

All for coming to this town hall. The series of town halls is really one attempt on our part to connect with you all. We want to be a resource for you all we understand there's so many things going on at this point. We are we are literally changing in a changing World minute by minute and we need to prepare ourselves. I know somebody wrote in a question that said why have you said Sandy that this is psychology's moment. I really believe it may not be are the only discipline that this is a moment for but it is a moment for psychology that with the amount of uncertainty and the needs for behavioral strategies in addition to virus related research that we haven't unique opportunity now to break a pattern that we had historically of working on her own building really collaborative and integrated relationships and really getting two tables of fluence in terms of policy and focus for the public in ways that we never have been able to do before each and every one of you can have a role in this as you see Equity flattens the curve rolling out in the next few weeks. There will be asks that we will make there will be things that we would have asking you to do as individuals simple acts individual acts things that collectively will create the kind of impact that we're looking for. I would like to think back on this. I'm when we get through it as yes, it was a terrible and a tough time, but it was also a time when things were changing and we were with the Curve and we help determine the positive future for our country and our profession in our discipline. So thank you for staying with us on me giving us feedback, and we look forward to hearing from you. Please don't hesitate to contact me personally if there's something you want to convey or that you want us to know or we can do to help. Thank you very much.

[Dr. Smedley] Thank you.