**Title: APA Town Hall: What’s Next for APA in 2021  
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**APA’s Alissa Fog:** Welcome, everyone to today's APA Town Hall in fact, our first of 2021. Today's Town Hall is focused on providing an overview for what lies ahead for APA this year, especially with respect to our advocacy and policy work. Thanks to so many for registering and joining us. I'm pleased to introduce our hosts for today's event, APA president, Dr. Jennifer F. Kelly and APA CEO Dr. Arthur Evans. They are joined by special guests Dr. Kathleen Brown, the chair of APA's advocacy coordinating committee or ACC and Katherine McGuire APA's chief advocacy officer. With no further ado, let's get this discussion started. Dr. Kelly, I'd like to turn it over to you to start things off.

**Dr. Jennifer Kelly:** Thank you. Good afternoon, and good morning. Let me introduce myself. My name is Jennifer Kelly and I am thrilled to be your 2021 APA president. I feel so honored to be able to serve in this role and work with you as we address the challenges of our association and society. Welcome to our first Town Hall meeting of 2021. Today, we will provide you with a snapshot of APA's activities. In addition, you will be hearing from our advocacy team to hear what they are doing. I am delighted that you have decided to join us to discuss APA, what we are doing and how we can work together. Can you give me the next slide please.

Here we are. We are in a world and a social place that we could never have imagined a year ago, but the reality is, this is our world, it is our place where we live, work, play and thrive. What I know is that we have the science, the expertise and experience to address our challenges that we are facing and these include working and living in an altered environment, a virtual environment, conducting psychotherapy in a virtual setting, addressing vaccine apprehension and readiness and working with the new administration. Next slide.

I would like to just spend a little time talking to you about my APA presidential initiative and it's centered around health equity and I can tell you how I got to this point. It's been not just my professional world, but also my lived experience dealing with health disparities and health inequity. I'm board certified in Clinical Health and my area of specialty is working with people who have chronic medical conditions. Before that, I worked in a community mental health center and I dealt with the seriously mentally ill population. Before that, I worked with the prison population on the forensic unit so I got to work with people who were labeled as not guilty by reason of insanity or are incompetent to stand trial.

In all of these things, I saw that what was at the top of this was health disparities, health inequity and I feel really fortunate to be able to have this as my initiative this year. I began to think about this, actually, it was a year ago and then one month later, here comes this thing called this pandemic and it just-- health disparities just right there in our face. I feel that we have an opportune time to be able to focus on that. Next slide, please.

When I started thinking about health disparities, you start thinking about what the CDC say is preventable differences in the burden of disease, injury, violence or opportunities to achieve health, and it's experienced by populations that are socially disadvantaged. Next slide.

What I know is that we have areas and these areas in our expertise that can really make a difference in terms of health disparities because we know that environmental, social and behavioral factors just contribute to the disparities in interacting ways and we can make a difference but we have to be able to position ourselves to achieve health equity by looking at real concrete improvements in overall health of the population that's affected by disparities and that's what I want to focus on this year. Next slide please.

I am pleased and quite proud to be able to introduce to you our presidential taskforce on psychology and health equity and many of these names, you will be able to recognize. We have as the co-chairs, Dr. Jeffrey Reed and Dr. Tricia Holden. Dr. Reid is currently with Columbia University and he was previously, many years ago with APA and after that, he was with the World Health Organization. He worked in developing the new ICD, the mental and behavioral chapters of that and diagnosis with that.

Dr. Holden is a professor at the Morehouse School of Medicine and their whole area deals with health equity. I feel really pleased to have them as the co-chairs, and real fortunate actually and these are the other people on the team. Next slide, please.

When we were thinking about putting together this taskforce, we really wanted to have members with broad expertise in the relevant areas such as working with a bipod populations. We know that we cannot deal with health equity and really address that unless we deal with racism and systemic racism. We wanted to have someone with expertise with psychological research on racism, look at the effects of built-in social environment on health and in advocacy, public policy. Next slide, please.

The taskforce had the opportunity to meet for the first full day this past Saturday and it was an extremely enriching and rewarding experience and I know that we're moving forward with the charge. What we're doing is that we've really taken a deep dive into the relevant research. We're looking at what's going on in the community, what's happening with policies. When we look at all of these things, we're going to put together a comprehensive report that just gives us a vision of what psychology's role can be in advancing health equity and we're going to provide some very specific recommendations and looking at innovative approaches by all the units of psychology.

We're not working in silos, we have psychological science, education and training, psychological practice public policy and legislative advocacy. We're going to be making recommendations to all the corresponding units of APA. Next slide, please.

I know from our meeting on Saturday that there will be a need for a formal policy from APA on psychology and health equity. The taskforce will also be addressing that and we will be looking at this at the next council meeting, not the next one, but the one in August of this year, and it's expected, it has to occur that our work will be completed by the end of 2021 I'm not going to be president after that.

I know that our work will be completed by that period of time and it's a great taskforce, I think we have a great charge and I'm looking forward to working with the taskforce as we address our health equity. I'm also looking forward to working with all the members of APA as we address the challenges that we're facing in society. Now I'm going to turn it over to our CEO, Dr. Arthur Evans.

**Dr. Arthur Evans:** Thank you, Jennifer, and welcome, everyone. I hope that you are all well and that your families are well and safe during this pandemic. Every organization, every business in the country, perhaps in the world is really looking at where do we go next after this tremendous pandemic that we've gone through and we're continuing to go through? Our organization like every other organization is how do we recalibrate in the aftermath of the pandemic? You've heard from Dr. Kelly, one of the areas that we've identified is the importance of addressing health equity.

We saw the exacerbation of existing inequities in our society play out during this crisis. We as an organization, have taken that on led by our president, Dr. Kelly, to really look at the role that psychology can play in that, but we're also looking at a number of other issues that we think are important. Fortunately for us, we had gone through a strategic planning process before the pandemic and because of that, I think we're in a really good shape in terms of the path forward for our organization and having perhaps more clarity about that than other organizations.

What I will tell you is that if you look at those priorities that really came from our members, our members identified four major goals that they believe were enormously important for our field and for our association. Those haven't changed. Those are still the same, but how we get there have changed. You'll hear a little bit of that today as we move forward.

Just in terms of helping to frame what you're going to hear next from Katherine McGuire, today we're really focusing a lot on the advocacy aspect, but it's important to know that as we look forward as an organization, there're really two areas that we focus on. How do we support the field, psychology, and how do we use what we know as a field to help the broader society? Our advocacy really spans that. It looks at how do we help psychologists on a whole range of issues like reimbursement if you're a practicing psychologist or research funding if you're a scientist or an academic or the role that psychology can be playing in a whole host of issues if you're working in an applied area.

We're also very interested in how we can apply psychology to a whole host of issues. You've seen us do that over the last year, everything from vaccine hesitancy and understanding the psychology of that and the role that we can play and using that science to help increase the likelihood that people will take the vaccine to how do leaders communicate to their constituencies using principles of risk communication, to the psychological impact of the pandemic and the economic downturn. There're a whole broad range.

What's been exciting this year despite all of the challenges that we've had is how our membership have really stepped up. The experts in a whole range of areas, have really stepped up to provide their expertise to both the association to the public and using that to really help address the issues and challenges that we're facing as a society.

You're going to hear now from Katherine McGuire, who's going to talk-- I'm sorry. You're going to hear from Kathleen Brown, Dr. K. Brown, who's going to talk about our advocacy role. Kate's been phenomenal in helping to lead that effort for many years, but now more specifically as the chair of our coordinating committee. Kate, take it from here.

**Dr. Kathleen Brown:** Thank you, Arthur, and thank you, Jennifer, and thank you all for joining us for this conversation today. I really appreciate your time. As Arthur said, I'm Kate Brown. The Advocacy Coordinating Committee's primary function is to make recommendations to the board of directors for APA's advocacy goals with respect to the impact on both the profession, the discipline and the professions of psychology and psychologists across all work settings. Next slide.

In developing its processes, the ACC determined that it wanted to ensure that inputs are received from members across the entire association, across all career stages and settings, in order to truly reflect current and emerging advocacy issues. That there is the understanding that it's critical to set annual advocacy goals while recognizing the nimbleness needed to address real-life issues, real-time issues rapidly as they arise, such as occurred this year with COVID, training, funding and telehealth. That all advocacy priorities must lead with more psychological science, which is the key to differentiating us from all other mental and behavioral health professions.

That each of the advocacy priorities speak to our unified mission, whether you identify yourself as a scientist or a researcher, an educator, an applied psychologist, a practitioner or a community or social advocate. That every member should see themselves in the scope of work of every advocacy priority with the goal of developing all APA members as advocates over time. Next slide, please.

The next process was to determine a prioritization model. What was quickly acknowledged is that all of the priorities are equally important but in very different ways. A prioritization model was developed to set priorities based on our uniqueness to psychology, where psychology must take the lead, their importance to achieving strategic goals and for which APA makes a significant contribution and those which require active collaboration with other organizations. This model has been useful in setting priorities that represent the wide range of interests and needs for the discipline and professions of psychology. Next slide, please.

A change in the ACC's process in making its 2021 advocacy priority recommendations was reviewing APA member survey feedback and advocacy priorities from a societal lens, consistent with an eye toward current events that impacted all of us this year. The ACC presented the 18 advocacy priorities with the overarching principles of health equity for underserved and vulnerable populations, anti-discrimination and health promotion across the lifespan and settings.

Even though these three principles also exist as standalone priorities that require their own scope of work, we felt it important to provide this preamble to any discussions of the advocacy priorities this year. You can read the preamble and about each of the priorities on the advocacy webpage and we'll be putting the link into the chatbox. Last slide, please.

As this Town Hall was an opportunity for member engagement, we're looking forward to your questions today. I just wanted to quickly mention a few ways that we're communicating and working with members to join our advocacy efforts. The Psychology Advocacy Network is a national grassroots network that supports both federal and state advocacy efforts to advance APA's advocacy priorities. It's vital for us to build congressional support for critical legislation on Capitol Hill and ensure psychology's voice is heard in public comments to regulatory proposals.

This year, there'll also be advocacy summits, which will provide the advocacy tools to not only put forward APA's advocacy agenda but for you to be better able to advocate for what is important to you in your own communities.

The *Practice Update Federal Science Agenda*, and the *Washington Update* are all e-newsletters that come out at different times during the month, so you can keep abreast of all of the current events that are happening on the advocacy front, as it's quickly changing each day. Our psychology pack, we'll be talking about in a little while, is a way to contribute in terms of psychology's interests on the Hill. On social media, we're really encouraging people to use social media in order to convey to those that we serve, all that APA advocacy is doing.

We thank you for all you are already doing and we look forward to working with you as advocacy ambassadors to further psychology and psychologists' advocacy interests. Now I'd like to turn it over to APA's Chief Advocacy Office, Katherine McGuire.

**Katherine McGuire:** Thank you, Kate, for walking through our advocacy priorities for 2021 and also highlighting a critical strategy that we are currently revamping, and that is how we strengthen member engagement in our advocacy efforts.

Given Kate's presentation, we may be asking ourselves how it is that we are going to be doing our work given that the country and Congress are traumatized by the impact of COVID-19, the racial pandemic and the elections aftermath. Recall that immediately after the election, when we historically would have been focusing on turning a new page and a smooth transition of government, our attention was consumed with attempts to overturn the election through the courts and focused on the results of Senate and House races.

While the country was trying to find a path forward and address cumulative trauma, the United States and world were shocked as January 6th turned into a day of destruction and death and will forevermore be remembered as the day our democracy was attacked. These are the views of many on the Hill in Washington.

Congressional members or staff are grieving and struggling to find a path forward. This is very important to know in regards to the context of how we're going to have to do our work this year. Members are reeling, congressional relationships between the two parties have been significantly damaged and torn apart, the bipartisan champions of APA's Medicare Mental Health Access Act, otherwise known as the physician definition, are not even yet open to talking to each other.

The same goes for the bipartisan leaders in the House on our audio-only legislative priority. Healing and restoring trust is required, and that is going to take time. As we all know, we all must do our own part in restore trust between our neighbors and in our communities. Not only are the members reeling, but the staff are reeling.

Yesterday in fact, an unprecedented letter was released by the *New York Times* with hundreds of Hill staff banding together and requesting that the Senate convict our former president. Absolutely unprecedented action by staffers. Young staffers are also the recipients of death threats and ongoing verbal abuse from callers. I recently joined with the CEO of the Congressional Management Foundation to call upon Congress to change office telephone policies and acknowledge the trauma these staff are experiencing. This led to dozens of congressional offices immediately changing their office policies to protect the well-being and health of their staffers.

Let's not forget staff of color, they are being left behind. APA is continuing its work that it started last Summer with the Congressional Management Foundation, the National Association of Latino Elected and Appointed Officials and other staff associations representing Congressional staffers of color to address their mental health needs. This is a very complex context for our work in 2021 and it is definitely not business as usual. Next slide.

Although business is not completely normal right now, there is a bit of insight into what the Biden administration is focused on and this is where we have our opportunities to advance APA's priorities. Throughout the year, they will be focused on president Biden's for Build-Back-Better priorities. Which include COVID-19, economic recovery, racial equity and climate change. They'll also be looking at policies around immigration, healthcare and ways to increase our global standing.

In terms of his first few weeks in Congress, the Biden's administration work has been focused in two main areas. The first, addressing COVID-19, including efforts to promote vaccine uptake and distribution, areas which APA has been heavily involved for some time.

Second, executive actions have taken place. President Biden hasn't wasted any time setting his agenda into motion through a flurry of executive actions addressing everything from COVID-19 to the climate crisis. Last week, APA applauded the administration for many of these efforts. As of this week, president Biden has signed now 42 executive orders, one-third of which revoked Trump era executive orders and the remaining executive orders are freezing other regulations from the prior administration pending new administration review and also defining new paths forward. Next slide, please.

Now let's talk about the new session of the 117th Congress. What's going on with the Biden's administration and how is it going to be connecting to Congress? The 117th session of Congress has indeed started. The Senate finally moved forward last week in being allowed to organize. We're adjusting to two major changes that occurred as a result of the 2020 elections.

First, while the Democrats retained control of the House, they did lose a significant number of seats leaving the speaker of the House, speaker Pelosi, to navigate one of the slimmest majorities in decades. Eyes in the House are already laser-focused on the 2022 election cycle and that is clouding the prospects of compromise on key issues.

Second, following tow very competitive runoff races in Georgia, the Democrats narrowly took control of the Senate with vice president Kamala Harris able to cast the tie-breaking vote. The Senate is now split 50/50 with the Democrats holding the gavel and this is something by the way, that has only happened three times in history.

What do these changes mean for APA? While it's narrow majorities in both the House and the Senate it's now more important than ever to promote bipartisanship across all of our advocacy work. Now let's look at the changes in the state legislatures. Next slide please.

Here's one last area I wanted you all to focus on. This is where we're doing some real new and strengthening some work that has already been done in the past. We are looking at the changes in what are known as state trifectas. Trifectas are when one party controls the governorship in both legislative chambers. Republicans now have 23 states compared to the Democrats control of 15. In fact, in this last election cycle, Republicans gained control of governorships in Arkansas, New Hampshire and Montana.

You may ask why is this relevant? Why is APA, as in the federal advocacy team, why are they doing this. Well, for several very important reasons. First Republicans have solidified their grip on state legislatures which are likely to lead redistricting efforts in 2021. The ways districts are drawn will have a huge impact on voters and lawmakers alike for the next decade.

It was also important for how we do our work at the federal level. We depend on the states to engage in our new approach which is much more constituent-based advocacy to help us drive support for psychology with both Republican and Democrat congressional members. We cannot overlook or ignore the central role of the states and how you as constituents in those states can affect the success of federal legislation as well as act as early warning systems for us. Next slide.

Now I'd like to just give you a little bit of a snapshot in time of 2021 advocacy. In the midst of political chaos and the political footprint that has been set for us in federal agencies as well as Congressional committees, we're forging ahead with new methods to advance our policy priorities. Practically speaking, this means cultivating bipartisanship with all members with the slim margins in both chambers, Congress must compromise in order to move legislation. That means APA works with our contacts on both sides of the aisle, as they say, who sit on the health and labor committees, energy and finance, ways and means judiciary and more to move our priorities forward.

We must also cultivate new relationships and begin the important education process to demonstrate the valuable role for practitioners and the broad discipline of psychological science and how those things contributed to addressing society's many challenges. We absolutely need your help to do that. We are looking for areas of overlap between president Biden and Congress where psychological science can be brought forth, thereby carving out a seat for APA at the table

. We are increasing our engagement with SPTAs, divisions, boards, committees and individual psychologists to ensure that we not only have buy-in for efforts on your behalf, but we are also bringing the most relevant and up-to-date science-forward and identifying the most powerful voices to deliver our message.

Finally, we need all 120,000 psychologists engaged in advocacy. Therefore, we're expanding the reach of the psychological or psychology advocacy network and we'll be holding this year for the first time, four virtual advocacy summits that include remote clients on issues of relevance to the entire association as well as engaging in a new train the trainer model, since my small team cannot be in all places at once. Now let's look at our current advocacy focus. Next slide.

As you can see here, right at the top of the list is COVID. COVID-19 remains front and center. We're looking to ensure that psychologists are reimbursed for providing telehealth services and Medicare and that audio-only telephone services are also included to address inequities in the use and access to telemedicine during the COVID-19 pandemic with older adults, low-income individuals and non-English speaking individuals and minority groups. We are also working with Congress to address vaccine and health equity issues.

As an example, yesterday, Dr. Evans provided testimony to the Energy and Commerce Committee on vaccine uptake and addressing access to care issues related to implicit bias to reduce disparities. He also called for a robust investment in rapid research, examining disparities among people of color, including disparities and infections and deaths, adoption of attitudes regarding safety precautions, vaccine acceptance and clinical trial participation.

In efforts to work with Congress to advance racial equity, we're bringing psychological science research to inform criminal justice reform, policing reform and gun violence prevention to the relevant committees of jurisdictions. We are also lobbying Congress hard on an APA endorsed bipartisan bill to extend the Medicare sequester moratorium through the end of the public health emergency to avoid a 2% cut in Medicare funds that would impact reimbursement rates. In the climate change area, we are educating Congress and policymakers on the mental health and health equity effects of climate change. APA is well represented within climate-focused coalitions with pure scientific and professional organizations and are advocating for new legislation and tighter environmental controls to mitigate community-level impact. We are evaluating those executive orders and monitoring new opportunities to engage through the federal regulatory process.

When we look at appropriations, that's something-- that is a process that has already started looking at fiscal year 22 appropriations, our advocacy team is doing amazing work finding new and creative ways to advance our advocacy goals.

While we continue to be laser-focused on long-standing funding goals for APA including funding for the psychology workforce and social and behavioral research, we're also looking at new ways to increase our impact in other areas, ones that APA has had less of a presence in in the past. We are focusing on mental health and behavioral health programs, both their funding as well as policy advocacy by working with agencies such as SAMSA and HRSA, CDC, ONDCP, there's a real alphabet soup here of all these agencies where we have really been doubling down in strengthening our contacts.

We're using a population health approach to advance a prevention framework. We are heavily engaged in ensuring equity and access to remote learning and addressing the social and emotional well-being and learning needs of all students in both the in-person and distance education environments. We greatly appreciate the contributions of so many divisions, APA divisions and experts firm performing our work there. Finally, we're tracking state activities. Our cross-functional teams have performed analysis on COVID state plans and their inadequate attention to communities of color.

On February 7th, which is just around the corner, APA sexual orientation gender diversity office in collaboration with division 44 and the advocacy office will host a webinar titled Psychology and LGBTQ+ state legislative Advocacy 2021. The goal in both efforts is to increase member engagement and state advocacy. As mentioned, this is really only a snapshot in time of our current advocacy efforts and our focus. In closing here, I really want to end by expressing my deep deep appreciation for all APA staff and APA members who lead and contribute to APA's Advocacy efforts.

APA's Advocacy success relies on the cross-functional expertise of APA staff across APA's directorates and higher-level engagement with division, boards and committees has provided fresh evidence for our science-based approach to advocacy. Our cross-functional approach to advocacy allows us to leverage resources and nimbly capitalize on opportunities to advance APA's advocacy priorities. Thank you again for inviting me to join you today and I will turn it back to Jennifer.

**Speaker 1:** Thank you all of you for your comments and now is the time to open it up for questions and we certainly have them rolling in. I'll go ahead and get started with one that I think you all touched upon in your remarks which is, the importance of science to all that we do at APA especially our advocacy work. I don't know if you all will just speak to you even at a high level. What are some of our priorities specifically around science and psychological science for this coming year?

**Katherine:** I'm happy to start out with that, I'll take that if that's okay. First, thank you for the question. Our science advocates do critical work in the agencies working with APA's governance, groups, divisions and expert members and the way we view it is that all of the 18 Advocacy priorities include science as a foundation. What I can tell you granularly is that when Kate spoke to you about the advocacy priorities, you may have heard that two are predominantly science-focused and those are the basic and applied research funding and research infrastructure priorities.

If we broke those down the first refers to our work on research appropriations which is top-line funding for NIH, NSF and other science mission agencies in addition to top-line funding we advocate for psychological research with those agencies including more research for health disparities with the NIH office of behavioral and social science research for the Minerva project at the department of defense and more.

Those are the specific things our science advocates are planning two hill days, we'll give you a heads up right now for APA scientists in the second quarter of this year. One of them is focus on animal research with APA's care committee and division six and the other is our second Advocacy summit, which will focus on enhancing research funding across quite a few different divisions.

**Speaker 1:** Excellent thank you. Our next question comes in from Michael Hendricks. Related to your answer there Katherine, can you all tell us whether the psychology pack will broaden its scope beyond practice to reflect the new strategic plan, which emphasizes science as the foundation of all psychology like we just said? To also take into account the moves taken to de-silo psychology within APA and the emphasis on "one psychology that importantly recognizes the roles of all areas of psychology". Specifically asking about the PAC in this case.

**Kathleen:** Sure. I'll go ahead and start that. Absolutely the PAC is certainly broadening and diversifying, you're right. Historically, it has been primarily practitioners as well as EDAT had been for educators and now that the PAC will really be driven by APA strategic goals, our priorities and therefore, in a unified one APA, all of you are encouraged to contribute to the PAC so that in fact, it can represent all of our interests.

**Katherine:** If I could just add, Michael, I appreciate the question. I think perhaps we just haven't done a good job of communicating how we've been approaching the PAC contributions since the integration. Many of the-- I guess we'll call them social justice issues as well as issues that relate to health disparity, those are the very topline issues that actually are the ones that get us in the door so to speak, to talk about some of the practitioner issues.

We completely revamped our approach to the hill when talking about reimbursement. We have focused our efforts in gaining more support for things like the physician definition, telehealth and others by going in and talking about the people that are being impacted and why these changes that we are advocating for psychologists as well as for scientists would actually help these various populations and address these issues in society. I have to tell you, my team does not go in wearing a practice hat or wearing a pi hat or a science hat they go in wearing an APA hat and that's what we've been doing going forward.

**Speaker 1:** Thank you. Our next question switches gears a little bit for Cassandra Wines, asking about the plausibility of adding a mental health checkup to policy so for instance an annual physical or a dental appointment two times a year, why not add a mental health checkup? Can you all speak and react to that, please?

**Katherine:** Arthur, I think it would be good if you can talk about that in the concept on the context of the population.

[crosstalk]

**Arthur:** Yes, I was deferring to madam president who is also a health psychologist I thought so but--

[crosstalk]

**Katherine:** Of course I think that we should do that but I know that we've been really trying to put in and really advocate for population health to make sure that all individuals have access to adequate mental health care. I know that this is something that you've been advocating for, Dr. Evans, that's why I wanted you to [crosstalk].

**Arthur:** I love the question because I think it speaks to something that we're really advocating for in APA and that is true equity between mental health care and behavioral health care and physical health care. When it comes to physical health care, we talk a lot about prevention, in fact, most cities have a public health department actually all cities have a public health department in recognition that in addition to having great hospitals and great primary care, that there are a lot of things that we can do to prevent people from being ill to begin with whether that's putting chlorine in the water or making sure that we have clean air, making sure that we are doing community screenings, we don't do that in mental health.

One of the conceptual shifts that we're trying to make and the way we approach our work is to really talk about those things that are further upstream, that are about prevention, that are about education, they're about psychoeducation, people taking more ownership over their mental health. We actually know a lot about correlates of good mental health, but we don't incorporate that routinely in the work that we do as a discipline or a profession.

Particular, I'm talking about broadly, mental health in addition to psychology. We're making that conceptual shift. We talk about it under the rubric of population health, which simply means that in addition to focusing on people once they have a diagnosis, what are the things that we can do for people before they get to that point? The people in the rest of the population doing a whole population approach where we're looking at prevention, early intervention, psycho-education those kinds of things.

I think that that concept fits really well with that and what you're going to see part of a number of coalitions in Washington, actually, we're all virtual now. People are actually all over the country, but the mental health community really is looking at right now, what is it that we should be doing to begin the mental health curve that we know is going to happen as a result of the pandemic? We see it in all of data, the CDC data, our data are showing the increase in **[unintelligible 00:41:46]** and the increase in people being in distress. We can wait until those people have a diagnosis or we can do the things that you're suggesting, which is to try to screen, identify people early and intervene at that point.

**Kathleen:** Because I can say that I'm clearly seeing an increase in requests for psychological services in my practice. It would have been good if we could have gotten them before upstream way before they even got to the point where they're in this much psychological distress. Whether it's from the pandemic or the COVID and dealing with the challenges associated with that as it relates to their health, but it would have been good to have it before they got to this point of the severe psychological distress.

**Speaker 1:** Thank you. That's a good perspective for everyone to be hearing about. I'm going to turn next to Natasha Fazal, who has her hand raised, Natasha. You may need to unmute yourself as well. Natasha, are you there? All right. We're, we're going pause with Natasha, maybe come back. In the meantime, I have a follow-up question for you, Dr. Kelly. Joanne Monta Paray wants to know whether your presidential task force will take into account age and aging-related implications of health equity and disparity issues.

**Jennifer:** Absolutely. Because one of the things is that we're looking at what are the social determinants of health and what are the aspects that you look at. We know that race or socioeconomic status, we know that age, where you live, where you work and so all of these factors can impact on a person's health. We will be looking at age in addition to the other factors.

We do know the disparity that occurs with the older adults and a perfect example of this is what's going on with the vaccine. I'm here in Atlanta, Georgia. In order to get an appointment for the vaccine, you going to have to go on the internet to do it. It's like, really? My mother is 89 years of age, how is she going to be going on the internet to get an appointment for the vaccine? Fortunately, she has children and grandkids that can help her get that, so that's a perfect example of a health disparities that we're seeing play out right here with the pandemic. Yes, so we will be looking at age as one of the factors that fit into with health disparities.

**Speaker 1:** Thank you, Dr. Kelly. We're seeing lots of interest in your taskforce here in the chat, so that that's great to see.

**Jennifer:** They're going to be doing a lot of work here. We have high expectations for our group.

**Speaker 1:** That's great. I hope everyone can step up to the task here. We have a lot of questions coming in about telehealth. I'm going to do my best to summarize what's coming in. Most folks just wanting to know, what is APA doing to assure continuation of telehealth on a more permanent basis beyond COVID? However you want to think of what that means. I'm so curious about some of the work APA has done and what more importantly APA is looking to do as the year goes on.

**Speaker:** I take that Kevin?

[crosstalk]

**Speaker: [unintelligible 00:45:16]** Laurel too.

[crosstalk]

**Arthur: [unintelligible 00:45:23]**

**Speaker 1:** Sorry. I think I have Laurel Stine, who leads the telehealth advocacy effort on my team lined up. I think she's available and Dr. Jared Skillings he's also on.

**Laurel Stine:** Hi, Katherine. Hi everyone. This is Laurel Stine.

**Speaker 1:** Hello.

**Laurel:** Hi everyone. Thank you for having this Town Hall for our members. Yes, so telehealth, as Katherine said, is one of our priorities under COVID and rightfully so given that telehealth has been a lifeline for providers and patients across the lifespan during this epidemic. We have been working the advocacy department in concert in collaboration with the practice department and other cross directorates. One of our fundamental goals is that telehealth policies should provide equitable access for all. That's our fundamental goal.

By doing so, we are also making sure that all payers cover telehealth at parody and across multiple modalities and for the Medicare population because there been great strides because of the telehealth flexibilities that had been afforded, thanks to the pandemic, I should say, a silver lining is that we are trying to advocate for an extension of Medicare reimbursement for a broad range of mental and behavioral health services including audio-only telephone telehealth services as the equity equalizer and ensuring that the extension of those telehealth flexibilities are through the end of at least 2021.

We've had some good news recently by the new administration, the acting director of the secretary of the Health and Human Services released to governors a letter and that was shared on APA's hub, that he signaled to governors that the public health emergency is likely to extend through the end of 2021 which will provide stability and certainty for not only patients, but providers.

Then lastly, APA was very successful in moving the dial forward in telehealth by enacting into law or eliminating, I should say, into law a very restrictive barrier that existed Medicare for number of years which was not allowing telehealth services for mental health services to be provided at home. They were limited to certain geographic areas. That elimination is gone, thanks to advocacy by APA. That will occur after the pandemic, the public health emergency.

However, there was an in-person requirement that was attached to that. Another goal that we are striving to at work or is towards making sure that patients receive telehealth services at home regardless of where they live, but without in-person requirements that really inequitably hamper access to care.

**Speaker 1:** Thank you, Laurel. Jared, I know you're on. Did you have anything else that you wanted to add?

**Jared Skillings:** I think that was an excellent technical summary by Laurel. I hope that the folks listening really appreciate how much sophistication goes into these kinds of strategies. One of the things I would like to add is that, we now know that the public health emergency is going to be extended for the rest of the year. Laurel did a nice job talking about the Medicare space. I also want folks to know that we're advocating very strongly for private payers, because we also know that that's a really important income stream for frankly most or many psychologists.

This is really a holistic federal state private payer system. One more thing to think about that people before the pandemic had not been paying as much attention to, although perhaps should have, is programs that come out of the federal government and the department of labor called ERISA Plans, which is about self-funded plans. That's one of the sticking points. We were wildly successful in getting access to telehealth so that the provider and the patient could both be at home and that the rates were good. Those self-funded plans were one of the sticking points.

I just want folks to know that as a team, everyone on the screen right now, and a lot of folks you can't see are very much on the same page and continuing to fight for that and to push so that we not only have parody with medicine but that also we're going to be able to have access for people to practice safely.

Dr. Fogg, if you don't mind, can I make one quick additional comment at about a previous question who were asking about mental health checkups? I'm actually familiar. One of my good friends, Dr. Kelly may, in fact, know her too. Her name is Dr. Adrian Williams, who practices out of the University of Illinois medical school. I see Kate shaking nodding her head yes.

Dr. Williams wrote a paper about a year ago about psychologists being universal mental health primary care providers so that in the same way that primary care physicians provide preventive care, she's proposing in a pretty holistic way. I would encourage you to look up her paper if you want some more thinking about that. It's really emerging work, but I think something that we should be paying more attention to going forward.

**Jennifer:** Thank you, Jared. We are so fortunate to have you as the chief of practice. You've done an excellent job and it's just a bit, especially during these trying times, so thank you so much.

**Jared:** Thank you. That means a lot for our whole team. This is really a team-based effort with all of us. Thank you so much, Jennifer.

**Speaker 1:** Great. I know we're getting close to the top of the hour, so I think I'll pose one more question here for the group. At the same time, I'm going to put up on the screen, some additional links, some of which were mentioned today during the Town Hall, others that were not so that you, as APA members and fans of psychology can sign up to know what is going on with APA, what is going on more broadly in the world of psychology and to get involved in terms of a lot of our advocacy work.

Again, last question, we've touched today upon a number of important issues and challenges that APA is looking at and thinking about. Can you speak for a minute about how you're going to prioritize or think about all these initiatives this year? There are so many societal concerns that psychology needs to play a role in, so how will APA stay focused and achieve that impact that I heard you all talk about today?

**Jennifer:** I tell you, I'm going to turn this over to Dr. Evans because if it's anybody who that they got everything in their head about what it is that we're doing, it is him. I can tell you that if there has just been so much that we've been addressing as an association over-- Gosh, over the last many years, but even more so in 2020 because we got the pandemic, we got the things that's going on with racism and how we are addressing that. I'm going to turn it to Dr. Evans out to address that.

**Arthur:** Sure. It's another great question and it's one that we think about in leadership in terms of the governance of the association and the staff of the association, all of the time. I think the pandemic really put us to the test because as you watched the pandemic play out, you saw the issues change over time, and they continue to change. What we're guided by are a couple of things.

One is when we did our strategic plan, one of the things that came out over and over and over again, was the importance of us having impact on issues. In fact, when we talk about the strategic plan, I think that the title I don't page has the word impact on it. The reason that I think that that came out as a theme in the feedback that we are getting is that at APA, we do a lot of different things. Psychology just by virtue of what we do, we are focused on human behavior and that applies to such a broad set of issues that it is very easy for our efforts to be watered down because we're doing so many things that we don't have any impact on anything one thing.

One of the things we're being much more conscious about is really focusing and asking the question, "Is this an issue that we can have an impact on? Is this an issue that we can actually move the dialogue?" We're being very conscious about not doing those things that may feel good, but at the end of the day, we're not going to be able to make a difference on.

The other thing is we're asking ourselves the question, "Is there something unique about this issue or do we have a unique contribution to this? Is there a unique role that psychology can play?" If you take the issue of vaccine hesitation, for example, there's very clearly, if you look at what happened, there was an emphasis on developing, getting a vaccine than it was on distributing a vaccine, and all of us know that there has not been enough attention paid to how do we actually get people to actually take the vaccine or at least to make a decision about that.

We're not advocating that people have to take it, but we do want people to be able to take it and have the information to make a good judgment about that. That's it's the part that has not had the level of emphasis that we believe it should have. There should be much more emphasis on the behavioral and the psychological barriers to people actually taking the vaccine. That's an issue that we are leaning into and we're going to put quite a bit of time on.

Then the third major consideration is what we've learned during the pandemic is that we don't have to do everything by ourselves. In fact, the areas where we've had the greatest impact is where we've partnered and have great partnerships. We're also looking at those areas where we can make a unique contribution, we can have an impact, but if we can partner with other folks, we can have an even greater impact. We have some great examples of how we've done that this year and we're continuing to look at how we do that moving forward, so it's a great question.

I guess one other last consideration, major consideration that I would mention, and that is the importance of us being nimble as an organization. The days of deciding in January what we're going to focus on and holding to that rigidly just don't make sense because the issues change and what the needs are are changing. What we try to do is to look at what are the most important things to focus on and if those shifts over time, we want to be able to make that shift and be nimble around that. There's some of the ways that we're looking at how we stay focused on the priorities for the association as we go forward.

**Katherine:** Great. Thank you. I know we're out of time so I'm going to turn back to you Dr. Kelly to close us out, but I do just want to mention that we will be having Town Halls throughout the year to keep these kinds of conversations going. Please keep an eye out for additional invitations that will be coming in the months ahead. Dr. Kelly.

**Jennifer:** Yes. Thank you. I know we're over our time, but I want to just say thank you so much for being part of this Town Hall. If you have any questions or comments, ideas and suggestions, please feel free to contact us. I want you to have a safe and healthy week, month and year. We look forward to hearing from you soon.

**[00:57:37] [END OF AUDIO]**