AMERICAN PSYCHOLOGICAL ASSOCIATION

APA RESOLUTION on Advancing Evidence-Based Health Promotion and Prevention across the Lifespan

FEBRUARY 2025

That Council adopts as APA policy the *Resolution on Advancing Evidence-Based Health Promotion and Prevention across the Lifespan*:

WHEREAS psychological science has made unique contributions to support evidence-based prevention[1] and promote population health and health equity (American Psychological Association, 2021a; American Psychological Association, 2022a; American Psychological Association, 2024)

WHEREAS the American Psychological Association (APA) has policy resolutions and reports emphasizing the role of psychology and psychological science in advancing population health and health equity, including for areas such as immigrant health and children's behavioral health (American Psychological Association, 2019; American Psychological Association 2021a; American Psychological Association, 2021b; American Psychological Association, 2022a);

WHEREAS the World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 1945);

WHEREAS prevention is the foundation of population health and health equity, aiming to identify root causes of disease, reduce risks, promote health, diagnose and intervene early, and prevent complications, i.e., primordial, primary, secondary, tertiary, and quaternary prevention (AbdulRaheem, 2023). However, most recommended services are not received, and most financial and clinical resources are expended to manage disease across the lifespan (Borsky et al., 2018, Counts et al., 2018);

WHEREAS prevention promotes population health and advances health equity for all (National Academies of Sciences, Engineering, and Medicine, 2022), including marginalized populations at increased health risk, with consideration of intersectionality pertaining to age, socioeconomic status, level of ability, sex, sexual orientation, gender, gender identity, race/ethnicity, immigration status, language preference, and lived experiences (Asnaani, 2023);

WHEREAS prevention includes screening and early identification and intervention for conditions across the lifespan (e.g. autism, Alzheimer's disease) (Dodge, et. al. 2024; Patel et al., 2023; Sheldrick et al., 2022; Wiese et al., 2023);

WHEREAS prevention efforts provide both short- and long-term benefits, and should address the entire lifespan, from prenatal development (National Scientific Council on the Developing Child, 2020), maternal and paternal health (Jansen et al., 2024), perinatal mental health (Earls et al., 2019; Perigee Fund, 2022; U.S. Preventive Services Task Force, 2019), and early childhood through later life;

WHEREAS individual, social, and structural change for health promotion (e.g., tobacco cessation, increasing exercise, improving nutrition) is rooted in psychological science and practice, can advance population health, and reduce or eliminate health disparities (Heller et al., 2024; Sheeran et al., 2023; Zhang et al., 2024);

WHEREAS what happens early in life affects the brain, the body and lifelong health (National Academies of Science, Engineering and Medicine, 2023a; National Scientific Council on the Developing Child, 2020; National Scientific Council on the Developing Child, 2023; Shonkoff et.al, 2021)

WHEREAS early life factors (such as education), midlife factors (including depression, physical inactivity, smoking, higher weight, and excessive alcohol) and late-life factors (social isolation, air pollution, and hearing and/or vision loss) are all potentially modifiable risks for Alzheimer's disease and other dementia, accounting for 45% of the risk of dementia (Livingston et al., 2024);

WHEREAS the largest cause of death in the total population and in older adults is heart disease, and modifiable lifestyle factors (e.g. smoking, physical activity, diet, weight) are key risk factors for morbidity and mortality across the life cycle (Tsao et al., 2023);

WHEREAS a significant body of research supports the effectiveness of two-generation (parents/caregivers and children) and family

1 In this resolution, "evidence-based" refers to strategies, programs, interventions, or policies that integrate the best available research on health promotion and prevention with population and community characteristics, cultures, and preferences (APA, 2021c).

preventive interventions for promoting healthy development and reducing a host of negative outcomes (e.g., substance use disorder, suicide) during childhood, adolescence, and young adulthood (Blueprints for Healthy Youth Development, 2024; Connell et al., 2021; Feinberg et al., 2022; Reider & Sims, 2018; Sullivan et al., 2024).

WHEREAS social connectedness and well-being are key targets for prevention efforts related to loneliness (U.S. Surgeon General, 2023) with unique challenges and opportunities for older adults (National Academies of Sciences, Engineering, and Medicine, 2020);

WHEREAS addressing the social and structural determinants of health (NIMHD, 2017), including poverty (American Psychological Association 2022a; Garcini et al., 2022a; National Academies of Science, Engineering and Medicine, 2019a, 2023b; Nguyen, 2022), racism and discrimination (Shonkoff et al., 2021; Trent et al., 2019; Allen, 2020; Lei et al., 2021; Vargas et al., 2020), sexism and discrimination (Homan, 2021); Adverse Childhood Experiences (Centers for Disease Control and Prevention, 2019; Jones, et al., 2020; Merrick et al, 2019; Peterson, et al., 2023) and promoting the development of individual and system resilience (Garcini et al., 2022b; Heller et al., 2024; Masten et al., 2021; Nishimi et al., 2023), are fundamental to achieving equitable health outcomes (Forde et al., 2019; McCabe, 2024; Williams & Cooper, 2019);

WHEREAS interrupting the intergenerational transmission of risk (e.g. trauma, substance use, poverty, violence) and promoting the intergenerational transmission of resilience is crucial for breaking cycles of poor health and promoting healthy development across generations and communities (Ciciolla et al., 2021; Narayan et al., 2021; National Academies of Science, Engineering and Medicine, 2023b; Schofield, 2018; Woods-Jaeger et al., 2018);

WHEREAS safe and healthy school environments (Vincent et al., 2022) and evidence-based, culturally responsive[2] prevention programs that are implemented in schools enhance the reach of prevention for children and adolescents (Ayer et al., 2022; Ayer et al., 2023; National Academy of Science, Engineering and Medicine, 2024; Taylor et al., 2017);

WHEREAS integrated primary care provides nearly universally available evidence-based prevention to advance health equity across the lifespan (Hostutler et al., 2024; Lee et al., 2021; Leslie et al., 2016; McCabe et al., 2020; Shahidullah et al., 2023);

WHEREAS community-based prevention programs and infrastructure that support health are essential for both addressing local health needs and promoting population health and equity (Dodge et al., 2024; Hoagwood et al., 2018; National Academies of Science, Engineering, and Medicine, 2024; National Scientific Council on the Developing Child, 2023), including for high-risk populations where healthcare services have lagged behind the progress made in medical advancements (e.g., Rao, et al., 2019).

WHEREAS work stressors are important risk factors for negative health outcomes (e.g., cardiovascular disease, hypertension, substance misuse, and mood disorders) (Frone, 1999; Landsbergis et al., 2015; Melchior et al., 2007; Woo & Postolache, 2008) such that creating and sustaining workplaces that promote physical and psychological health and safety (Flynn et al., 2018; Kleine et al., 2019; U.S. Surgeon General, 2022) and offering fair and equitable opportunities (Ahonen et al., 2018; Bilotta et al., 2022) is vital for employee health and well-being across the lifespan;

WHEREAS there is a need for both the dissemination and implementation of evidence-based approaches and for formative research to critically evaluate which interventions and delivery systems, including technology-driven ones, hold the most promise for specific communities in order to ensure that prevention efforts are efficacious and culturally appropriate (Lewis et al., 2024; Murry et al., 2022).

WHEREAS there exist evidence-based prevention approaches that have not yet been brought to scale across diverse communities and systems where they may be best suited to improve outcomes (Blueprints for Healthy Youth Development, 2024; Dodge et al., 2024; Fagan et al., 2019; National Academies of Science, Engineering and Medicine, 2017a, 2017b, 2019);

WHEREAS prevention approaches are optimally deployed among multiple disciplines and professions and across sectors (National Academies of Science, Engineering & Medicine, 2024), yet, responsibility for them is often unclear at the local, state, and national levels due to diffuse, duplicative, and overlapping management;

WHEREAS suicide prevention has been demonstrated to be effective and to decrease both suicide and attempted suicide among diverse populations (Ackerman & Horowitz, 2022; Hofstra et al., 2020);

WHEREAS research demonstrates that annual mental health wellness exams in integrated primary care settings are effective because they enable early identification and intervention, which has been shown to improve mental health outcomes (Webb et al., 2016). By detecting issues early, mental health exams help prevent the progression of mental disorders, reduce the risk of chronic conditions, and enhance overall wellbeing (Siu et al., 2016 and Talen et al., 2013);

WHEREAS many evidence-based prevention and early intervention efforts are cost-effective (Washington State Institute for Public Policy, 2023) yet, returns on investment may only be evident mid-

2 APA defines "culturally-responsive" in its Multicultural Guidelines policy (APA, 2017).

and longer-term in the lifespan (Counts et al., 2023; Crowley et al., 2018);

WHEREAS there are reliable and valid measures of health (U.S. Preventive Services Task Force), social determinants of health (*PhenX Social Determinants of Health Assessments Collection*, National Institute of Minority Health and Health Disparities, 2023), and communities (*Child Opportunity Index*, Diversitydata.org, 2023; *Index of Concentration at the Extremes*, Sonderland et al., 2022; *Opportunity Index*, 2023) which can inform targets for prevention and measure impact;

WHEREAS there is growing demand to reimburse for assessments and interventions that address the social and structural determinants of health and to implement prevention (rather than the historical focus on diagnosis and treatment) during healthcare encounters to advance health equity (Counts et al., 2018; National Academies of Science, Engineering & Medicine, 2019c, 2024; White House, 2023);

WHEREAS the downstream savings from prevention efforts (e.g., health care savings) are not always realized by the same budgets and sectors that bear the costs (e.g., education costs), complicating the allocation of resources (Counts et al., 2022; Mancini, et.al, 2023; Perrin et al, 2019), as well as creating barriers to resource alignment and a greater understanding of downstream cost and savings from prevention efforts;

WHEREAS some evidence-based prevention interventions have not yet been rated by the U.S. Preventive Health Services Task Force which could allow coverage under the *Affordable Care Act* (US Preventive Health Services Task Force, 2023);

WHEREAS, the APA Commission on Accreditation described the scope of health services psychology as including "the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorders" (American Psychological Association, 2015).

BE IT RESOLVED that the APA reaffirms its commitment to promoting population health and health equity through evidence-based prevention and early intervention strategies across the lifespan (Ackerman et al., 2022; APA, 2022a);

BE IT RESOLVED APA supports increased efforts to prevent the development of disease and illness, reduce or eliminate health disparities, and promote healthy development across the lifespan and within communities through targeted evidence-based prevention programs;

BE IT RESOLVED APA urges the implementation of evidence-based prevention efforts across the lifespan and settings, providing benefits from maternal health and prenatal development through midlife and older adulthood and across generations. These efforts must also acknowledge population-level issues and be tailored to honor individual differences, variations in contexts, and cultural diversity;

BE IT RESOLVED APA supports the implementation of evidence-based interventions that mitigate the effects of social and structural determinants of health and Adverse Childhood Experiences, and promote positive childhood experiences and resilience, both individual and systemic, to advance health equity;

BE IT RESOLVED APA supports multi-generational approaches be prioritized to improve health outcomes for both parents/caregivers and children and to interrupt the intergenerational transmission of risk (e.g. trauma) and enhance the transmission of resilience;

BE IT RESOLVED APA encourages advances in both the science and practice of health promotion and prevention for marginalized populations and those at increased health risk;

BE IT RESOLVED APA supports ensuring safe and healthy school environments that provide evidence-based, culturally responsive prevention programs for students of diverse backgrounds, particularly for youth from historically marginalized backgrounds (Durlak et al., 2022);

BE IT RESOLVED APA encourages the creation of healthy workplaces to support employee psychological and physical safety, and overall well-being, and to promote inclusion, equity and a sense of belonging;

BE IT RESOLVED APA promotes the integration of behavioral health and evidence-based preventive screening and interventions in primary care, behavioral health, and other health care settings;

BE IT RESOLVED APA supports and promotes community-based and community-led prevention programs to address local, culturally diverse health needs and foster health equity;

BE IT RESOLVED APA supports training in health promotion and prevention, in addition to training in treatment for psychological and other health-related disorders, in health service psychology programs;

BE IT RESOLVED APA supports the widespread implementation and dissemination of existing evidence-based prevention approaches to enhance reach of these interventions;

BE IT RESOLVED APA supports infrastructure and data-sharing for multi-sector collaboration and accountability for effective prevention approaches;

BE IT RESOLVED APA advocates for federal, state, and local policies that invest in prevention efforts and increase funding to

support these initiatives across urban, suburban, rural and frontier communities;

BE IT RESOLVED APA supports the cross-disciplinary education for health and behavioral health providers, public health leaders, and organizations on effective prevention interventions;

BE IT RESOLVED APA advocates for building the evidence base for the cost/benefits of prevention to policymakers and payors, and encourages the Congressional Budget Office and Office of Management and Budget to more effectively analyze the potential long term savings associated with prevention (CBO, 2020);

BE IT RESOLVED APA supports and advocates for more community-engaged and participatory research, particularly focused on: (1) longitudinal studies that address prevention approaches within developmental stages and across the lifespan and generations; (2) integrative data analyses of raw data from multiple studies, as well as secondary analyses to examine "crossover effects" of preventive interventions for multiple outcomes; (3) innovations in data modeling that estimate the long-term returns on investment from preventive interventions early in the lifespan; (4) development of novel (and adaptation of existing) culturally sensitive interventions that target health equity (Murry et al., 2022); (5) implementation, scaling, and impact of evidence-based preventive interventions across diverse communities and settings; (6) advancement in prevention and early intervention studies that include markers of genetic and/or epigenetic risk; (7) exploration of technology platforms for culturally-appropriate delivery of evidence-based prevention interventions; and (8) advancement in measurement of individuals and environments that optimize prevention research and cross-sector collaboration, including expanded measurement of both adverse and positive childhood experiences;

BE IT RESOLVED APA advocates for the U.S. Preventive Services Task Force to continue to expand reviews of the evidence for two-generation and family-based preventive interventions to enable reimbursement for their delivery in healthcare settings;

BE IT RESOLVED APA encourages public and private payors to expand medical necessity criteria to allow for reimbursement of health care practitioners, including psychologists, for addressing social and structural determinants of health and implementing evidence-based prevention interventions to advance population health**.**

REFERENCES

AbdulRaheem, Y. (2023). Unveiling the Significance and Challenges of Integrating Prevention Levels in Healthcare Practice. *Journal of Primary Care & Community Health*, *14*, 21501319231186500. https://doi.org/10.1177/21501319231186500

Ackerman, J.P. & Horowitz, L.M. (Eds.) (2022). Youth suicide prevention and intervention. (2022). *SpringerBriefs in Psychology*. (pp. 31-40). https://doi.org/10.1007/978-3-031-06127-1

Allen, T. G. (2020). Effects of anti-immigration and anti-LGBT policies on K-12 students. In R. Papa (Ed.), *Handbook on Promoting Social Justice in Education* (pp. 1-15). Springer, Cham. https://doi.org/10.1007/978-3-030-14625-2_65

American Psychological Association. (2013). Guidelines for prevention in psychology. *American Psychologist, 68*(6), 493-504. https://www.apa.org/pubs/journals/features/amp-a0034569.pdf

American Psychological Association. (2015). Standards of accreditation for Health Service Psychology and accreditation operating procedures. https://www.apa.org/ed/accreditation/standards-of-accreditation.pdf

American Psychological Association. (2017). Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality. http://www.apa.org/about/policy/multicultural-guidelines.pdf

American Psychological Association. (2019). *Resolution on child and adolescent mental and behavioral health*. https://www.apa.org/about/policy/resolution-child-adolescent-mental-behavioral-health.pdf

American Psychological Association. (2021a). *Resolution on advancing health equity in psychology*. https://www.apa.org/about/policy/resolution-advancing-health-equity.pdf

American Psychological Association. (2021b). *Resolution on immigrant health*. https://www.apa.org/about/policy/statement-immigrant-health.pdf

American Psychological Association. (2021c). Guidelines on evidence-based psychological practice in health care. https://www.apa.org/about/policy/psychological-practice-health-care.pdf

American Psychological Association. (2022a). *Psychology's role in advancing population health*. https://www.apa.org/about/policy/population-health-statement.pdf

American Psychological Association. (2022b). *Resolution on poverty and socioeconomic status*. https://www.apa.org/about/policy/poverty-resolution

American Psychological Association. (2024). Psychological Science and Immigration Today. https://www.apa.org/pubs/reports/psychological-science-immigration-today.pdf

Asnaani A. (2023). What role can (and should) clinical science play in promoting mental health care equity?. *American Psychologist*, *78*(9), 1041–1054. https://doi.org/10.1037/amp0001217

Ayer, L., Nickerson, K., Goldstein Grumet, J., & Hoover, S. (2022). Effective suicide prevention and intervention in schools. In J. P. Ackerman & L. M. Horowitz (Eds.), *Youth Suicide Prevention and Intervention* (pp. 31-40). Springer.

Ayer, L., Stevens, C., Reider, E., Sims, B., Colpe, L., & Pearson, J. (2023). Preventing youth suicide: Potential "crossover effects" of existing school-based programs. *Prevention Science, 24*(2), 382-392. https://doi.org/10.1007/s11121-022-01473-2

Bilotta, I., Dawson, J. F., & King, E. B. (2022). The role of fairness perceptions in patient and employee health: A multilevel, multisource investigation. *Journal of Applied Psychology, 107*(9), 1441–1458. https://doi.org/10.1037/apl0000736

Borsky, A., Zhan, C., Miller, T., Ngo-Metzger, Q., Bierman, A.S., & Meyers, D. (2018). Few Americans receive all high-priority, appropriate clinical preventive services. *Health Affairs*, *37*(6), 925-928. https://doi.org/10.1377/hlthaff.2017.1248

Blueprints for Healthy Youth Development. (2024). *Blueprints for healthy youth development*. https://www.blueprintsprograms.org

Centers for Disease Control and Prevention. (2019). *Adverse Childhood Experiences (ACEs) prevention resource for action: A compilation of the best available evidence.* Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Ciciolla, L., Shreffler, K. M., & Tiemeyer, S. (2021). Maternal childhood adversity as a risk for perinatal complications and NICU hospitalization. *Journal of Pediatric Psychology, 46*(7), 801-813. https://doi.org/10.1093/jpepsy/jsab027

Congressional Budget Office. (2020, June). How CBO Analyzes Approaches to Improve Health Through Disease Prevention. https://www.cbo.gov/system/files/2020-06/56345-CBO-disease-prevention.pdf

Connell, A. M., Magee, K., Stormshak, E., Ha, T., Westling, E., Wilson, M., & Shaw, D. (2021). Long-term cross-over effects of the family check-up prevention program on child and adolescent depression: Integrative data analysis of three randomized trials. *Journal of Consulting and Clinical Psychology, 89*(9), 773-782. https://doi.org/10.1037/ccp0000677

Counts, N. Z., Feinberg, M. E., Lee, J. K., et al. (2024). Modeling long-term budgetary impacts of prevention: An overview of meta-analyses of relationships between key health outcomes across the life-course. *Journal of Prevention, 45*, 177-192. https://doi.org/10.1007/s10935-023-00744-0

Counts, N. Z., Halfon, N., Kelleher, K. J., Hawkins, J. D., Leslie, L. K., Boat, T. F., McCabe, M. A., Beardslee, W. R., Szapocznik, J., & Brown, C. H. (2018). Redesigning provider payments to reduce long-term costs by promoting healthy development. *Discussion Paper, National Academy of Medicine*. Washington, DC. https://nam.edu/redesigning-provider-payments-to-reduce-long-term-costs-by-promoting-healthy-development/

Counts, N. Z., Kuklinski, M. R., Kelleher, K. J., & Wang, Y. C. (2022). Valuing the cross-sector benefits from improving youth health to drive investment in place-based preventive interventions in the US: A simulation modeling study. *Preventive Medicine, 156*. https://doi.org/10.1016/j.ypmed.2022.106981

Crowley, D. M., Dodge, K. A., Barnett, W. S., et al. (2018). Standards of evidence for conducting and reporting economic evaluations in prevention science. *Prevention Science, 19*(3), 366-390. https://doi.org/10.1007/s11121-017-0858-1

Diversitydatakids.org (2023). *Child Opportunity Index 2.0 Database*. Retrieved at: https://data.diversitydatakids.org/dataset/coi20-child-opportunity-index-2-0-database?_external=True

Dodge, K. A., Prinstein, M. J., Evans, A. C., Ahuvia, I. L., Alvarez, K., Beidas, R. S., Brown, A. J., Cuijpers, P., Denton, E.-G., Hoagwood, K. E., Johnson, C., Kazdin, A. E., McDanal, R., Metzger, I. W., Rowley, S. N., Schleider, J., & Shaw, D. S. (2024). Population mental health science: Guiding principles and initial agenda. *American Psychologist, 79*(6), 805-823. https://doi.org/10.1037/amp0001334

Durlak, J. A., Mahoney, J. L., & Boyle, A. E. (2022). What we know, and what we need to find out about universal, school-based social and emotional learning programs for children and adolescents: A review of meta-analyses and directions for future research. *Psychological Bulletin, 148*(11-12), 765–782. https://doi.org/10.1037/bul0000383

Earls, M. F., Yogman, M. W., Mattson, G., et al., & AAP Committee on Psychosocial Aspects of Child and Family Health. (2019). Incorporating recognition and management of perinatal depression into pediatric practice. *Pediatrics, 143*(1), e20183259.

Evans, A. C., & Bufka, L. F. (2020). The critical need for a population health approach: Addressing the nation's behavioral health during the COVID-19 pandemic and beyond. *Preventing Chronic Disease, 17*, E79. https://doi.org/10.5888/pcd17.200261

Fagan, A. A., Bumbarger, B. K., Barth, R. P., et al. (2019). Scaling up evidence-based interventions in US public systems to prevent behavioral health problems: Challenges and opportunities. *Prevention Science, 20*(8), 1147-1168. https://doi.org/10.1007/s11121-019-01048-8

Feinberg, M. E., Fang, S., Fosco, G. M., et al. (2022). Long-term effects of adolescent substance use prevention on participants, partners, and their children: Resiliency and outcomes 15 years later during the COVID-19 pandemic. *Prevention Science, 23*(8), 1264-1275. https://doi.org/10.1007/s11121-022-01384-2

Flynn, J. P., Gascon, G., Doyle, S., Matson Koffman, D. M., Saringer, C., Grossmeier, J., Tivnan, V., & Terry, P. (2018). Supporting a culture of health in the workplace: A review of evidence-based elements. *American Journal of Health Promotion, 32*(8), 1755–1788. https://doi.org/10.1177/0890117118761887

Forde, A. T., Crookes, D. M., Suglia, S. F., & Demmer, R. T. (2019). The weathering hypothesis as an explanation for racial disparities in health: A systematic review. *Annals of Epidemiology, 33*, 1-18.e3. https://doi.org/10.1016/j.annepidem.2019.02.011

Forum for Youth Investment. (n.d.). *2023 Opportunity Index*. Opportunity Index. http://opportunityindex.org/wp-content/uploads/2013/09/Create_Your_Own_Index_Toolkit.pdf

Frone, M. R. (1999). Work stress and alcohol use. *Alcohol Research & Health, 23*, 284-291.

Garcini, L.M., Nguyen, K., Lucas-Marinelli, A., Moreno, O., & Cruz, P. (2022). "No one left behind": A Social Determinant of Health Lens to the Wellbeing of Undocumented Immigrants. *Current Perspectives in Psychology, 47*, 101455. doi:10.1016/j.copsyc.2022.101455

Gottfredson, D.C., Cook, T.D., Gardner, F.E.M., Gorman-Smith, D., Howe, G.W., Sandler, I.N., & Zafft, K.M. (2015). Standards of Evidence for Efficacy, Effectiveness, and Scale-up Research in Prevention Science: Next Generation. *Prev Sci*. 16(7):893-926. doi: 10.1007/s11121-015-0555-x.

Heller, J. C., Givens, M. L., Johnson, S., & Kindig, D. A. (2024). Keeping it political and powerful: Defining structural determinants of health. *Milbank Quarterly, 102*(2), 351-366. https://doi.org/10.1111/1468-0009.12695

Hoagwood, K. E., Rotheram-Borus, M. J., McCabe, M. A., Counts, N., Belcher, H. M. E., Walker, D. K., & Johnson, K. A. (2018). The interdependence of families, communities, and children's health: Public investments that strengthen families and communities and promote children's healthy development and societal prosperity. *Discussion Paper, National Academy of Medicine*. Washington, DC. https://nam.edu/the-interdependence-of-families-communities-and-childrens-health-public-investments-that-strengthen-families-and-communities-and-promote-childrens-healthy-development-and-societal-prosperity/

Hofstra, E., Van Nieuwenhuizen, C., Bakker, M., Özgül, D., Elfeddali, I., de Jong, S. J., & van der Feltz-Cornelis, C. M. (2020). Effectiveness of suicide prevention interventions: A systematic review and meta-analysis. *General Hospital Psychiatry, 63*, 127-140.

Homan, P. (2021), Sexism and health: Advancing knowledge through structural and intersectional approaches. *Journal of Public Health, 11*(10):1725–1727. DOI: https://doi.org/10.2105/AJPH.2021.306480

Hostutler, C. A., Shahidullah, J. D., Mautone, J. A., Rybak, T. M., Okoroji, C., Bruni, T., Stephenson, K. G., Utset, L. V., Freeman, K. A., LaLonde, L., & Riley, A. R. (2024). A systematic review and meta-analysis of pediatric integrated primary care for the prevention and treatment of physical and behavioral health conditions. *Journal of Pediatric Psychology*. Advance online publication. https://doi.org/10.1093/jpepsy/jsae038

Jansen, E., Marceau, K., Sellers, R., Chen, T., Garfield, C. F., Leve, L. D., Neiderhiser, J. M., Spotts, E. L., & Roary, M. (2024). The role of fathers in child development from preconception to postnatal influences: Opportunities for the National Institutes of Health Environmental influences on Child Health Outcomes (ECHO) program. *Developmental Psychobiology, 66*(2), e22451. https://doi.org/10.1002/dev.22451

Jones, C. M., Merrick, M. T., & Houry, D. E. (2020). Identifying and preventing adverse childhood experiences: Implications for clinical practice. *JAMA, 323*(1), 25–26. https://doi.org/10.1001/jama.2019.18499

Kearney, L. K., Zeiss, A. M., McCabe, M. A., Thistlethwaite, J. E., Chana, N., Chen, S., Anton, B. S. (2020). Global approaches to integrated care: Best practices and ongoing innovation. *American Psychologist*. *75* (5), 668-682. https://doi.org/10.1037/amp0000490

Kleine, A. K., Rudolph, C. W., & Zacher, H. (2019). Thriving at work: A meta-analysis. *Journal of Organizational Behavior, 40*(9–10), 973–999. https://doi.org/10.1002/job.2375

Landsbergis, P. A., et al. (2015). Job strain, occupational category, and hypertension prevalence: The multi-ethnic study of atherosclerosis. *Journal of Occupational and Environmental Medicine, 57*, 1178-1184.

Lee, W. J., Peng, L. N., Lin, C. H., Chen, R. C., Lin, S. Z., Loh, C. H., Kao, S. L., Hung, T. S., Chang, C. Y., Huang, C. F., & Tang, T. C. (2021). Effects of incorporating multidomain interventions into integrated primary care on quality of life: A randomised controlled trial. *The Lancet Healthy Longevity, 2*(11), e712-e723.

Lei, Y., Shah, V., Biely, C., Jackson, N., Dudovitz, R., Barnert, E., Hotez, E., Guerrero, A., Bui, A. L., Sastry, N., & Schickedanz, A. (2021). Discrimination and subsequent mental health, substance use, and well-being in young adults. *Pediatrics, 148*(6), e2021051378. https://doi.org/10.1542/peds.2021-051378

Leslie, L. K., Mehus, C. J., Hawkins, J. D., Boat, T., McCabe, M. A., Barkin, S., Perrin, E. C., Metzler, C. W., Prado, G., Tait, V. F., Brown, R., & Beardslee, W. (2016). Primary health care: Potential home for family-focused preventive interventions. *American Journal of Preventive Medicine, 51*(4 Suppl 2), S106-S118. https://doi.org/10.1016/j.amepre.2016.05.014

Lewis, C. C., Frank, H. E., Cruden, G., et al. (2024). A research agenda to advance the study of implementation mechanisms. *Implementation Science Communications, 5*, 98. https://doi.org/10.1186/s43058-024-00633-5

Livingston, G., Huntley, J., Liu, K. Y., Costafreda, S. G., Selbæk, G., Alladi, S., ... & Mukadam, N. (2024). Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. *The Lancet, 404*(10452), 572-628.

Mancini, K., Myers, B. R., Pajek, J., Ramirez, L., & Stancin, T. (2023). Addressing suicide risk in primary care: Cost savings associated with diverting patients from emergency departments. *Journal of Developmental & Behavioral Pediatrics, 44*(1), e19-e23. https://doi.org/10.1097/DBP.0000000000001141

Masten, A. S., Lucke, C. A. M., Nelson, K. M., & Stallworthy, I. C. (2021). Resilience in development and psychopathology: Multisystem perspectives. *Annual Review of Clinical Psychology, 17*(1), 521-549. https://doi.org/10.1146/annurev-clinpsy-081219-120307

McCabe, M. A. (2024). Kids are all in the same storm but not in the same boat. *American Journal of Orthopsychiatry, 94*(4), 449–458. https://doi.org/10.1037/ort0000742

McCabe, M. A., Leslie, L., Counts, N., & Tynan, W. D. (2020). Pediatric integrated primary care as the foundation for healthy development across the lifespan. *Clinical Practice in Pediatric Psychology, 8*(3), 278-287. https://doi.org/10.1037/cpp0000364

Melchior, M., et al. (2007). Work stress precipitates depression and anxiety in young working women and men. *Psychological Medicine, 37*, 1119-1129.

Merrick, M. T., Ford, D. C., Ports, K. A., et al. (2019). Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention — 25 states, 2015–2017. *MMWR Morbidity and Mortality Weekly Report, 68*, 999-1005. https://doi.org/10.15585/mmwr.mm6844e1

Murry, V. M., Bradley, C., Cruden, G., Brown, C. H., Howe, G. W., Sepùlveda, M. J., Beardslee, W., Hannah, N., & Warne, D. (2022). Re-envisioning, retooling, and rebuilding prevention science methods to address structural and systemic racism and promote health equity. *Prevention Science*, 1-14. https://doi.org/10.1007/s11121-022-01439-4

Narayan, A. J., Lieberman, A. F., & Masten, A. S. (2021). Intergenerational transmission and prevention of adverse childhood experiences (ACEs). *Clinical Psychology Review, 85*, 101997. https://doi.org/10.1016/j.cpr.2021.101997

National Academies of Sciences, Engineering, and Medicine. (2017a). *Implementing evidence-based prevention by communities to promote cognitive, affective, and behavioral health in children: Proceedings of a workshop*. Washington, DC: The National Academies Press. https://doi.org/10.17226/24709

National Academies of Sciences, Engineering, and Medicine. (2017b). *Preventing cognitive decline and dementia: A way forward.* Washington, DC: The National Academies Press. https://doi.org/10.17226/24782

National Academies of Sciences, Engineering, and Medicine. (2019a). *A roadmap to reducing child poverty*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25246

National Academies of Sciences, Engineering, and Medicine. (2019b). *Fostering healthy mental, emotional, and behavioral development in children and youth: A national agenda*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25201

National Academies of Sciences, Engineering, and Medicine. (2019c). *Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25467

National Academies of Sciences, Engineering, and Medicine. (2022). *Models for population health improvement by health care systems and partners: Tensions and promise on the path upstream: Proceedings of a workshop*. Washington, DC: The National Academies Press. https://doi.org/10.17226/26059

National Academies of Sciences, Engineering, and Medicine. (2023a). *Closing the opportunity gap for young children*. Washington, DC: The National Academies Press. https://doi.org/10.17226/26743

National Academies of Sciences, Engineering, and Medicine. (2023b). *Reducing intergenerational poverty*. Washington, DC: The National Academies Press. https://doi.org/10.7226/27058

National Academies of Sciences, Engineering, and Medicine. (2024). *Ending unequal treatment: Strategies to achieve equitable health care and optimal health for all*. Washington, DC: The National Academies Press.

National Academies of Sciences, Engineering, and Medicine. (2024). *Launching lifelong health by improving health care for children, youth, and families*. Washington, DC: The National Academies Press. https://doi.org/10.17226/27835

National Institute on Minority Health and Health Disparities (2017). *NIMHD Minority Health and Health Disparities Research Framework*. Retrieved at: https://www.nimhd.nih.gov/about/overview/research-framework/

National Institute on Minority Health and Health Disparities (2023). *PhenX Social Determinants of Health Assessments Collection*. Retrieved at: https://nimhd.nih.gov/resources/phenx/

National Research Council. (2014). *Strategies for scaling effective family-focused preventive interventions to promote children's cognitive, affective, and behavioral health: Workshop summary*. Washington, DC: The National Academies Press.

National Scientific Council on the Developing Child. (2020). *Connecting the brain to the rest of the body: Early childhood development and lifelong health are deeply intertwined* (Working Paper No. 15). https://harvardcenter.wpenginepowered.com/wp-content/uploads/2020/06/wp15_health_FINALv2.pdf

National Scientific Council on the Developing Child. (2023). *Place matters: The environment we create shapes the foundations of healthy development* (Working Paper No. 16). https://developingchild.harvard.edu/place-matters-the-environment-we-create-shapes-the-foundations-of-healthy-development/

Nishimi, K., Bürgin, D., & O'Donovan, A. (2023). Psychological resilience to lifetime trauma and risk for cardiometabolic disease and mortality in older adults: A longitudinal cohort study. *Journal of Psychosomatic Research, 175*, 111539. https://doi.org/10.1016/j.jpsychores.2023.111539

Patel, V., Saxena, S., Lund, C., Kohrt, B., Kieling, C., Sunkel, C., Kola, L., Chang, O., Charlson, F., O'Neill, K., & Herrman, H. (2023). Transforming mental health systems globally: principles and policy recommendations. *Lancet (London, England)*, *402*(10402), 656–666. https://doi.org/10.1016/S0140-6736(23)00918-2

Perigee Fund. (2022). *Maternal mental health: An urgent priority* [Policy Brief]. https://perigeefund.org/wp-content/uploads/2021/10/MMH-report.pdf

Perrin, J. M., Asarnow, J. R., Stancin, T., Melek, S. P., & Fritz, G. K. (2019). Mental health conditions and health care payments for children with chronic medical conditions. *Academic Pediatrics, 19*(1), 44-50. https://doi.org/10.1016/j.acap.2018.10.001

Peterson, C., Aslam, M. V., Niolon, P. H., et al. (2023). Economic burden of health conditions associated with adverse childhood experiences among US adults. *JAMA Network Open, 6*(12), e2346323. https://doi.org/10.1001/jamanetworkopen.2023.46323

Rao, D., Elshafei, A., Nguyen, M., Hatzenbuehler, M. L., Frey, S., & Go, V. F. (2019). A systematic review of multi-level stigma interventions: State of the science and future directions. BMC Medicine, 17(1), 41. https://doi.org/10.1186/s12916-018-1244-y

Reider, E. E., & Sims, B. E. (2016). Family-based preventive interventions: Can the onset of suicidal ideation and behavior be prevented? *Suicide and Life-Threatening Behavior, 46*(Suppl 1), S3-7. https://doi.org/10.1111/sltb.12252

Schofield, T.J., Donnellan, M.B., Merrick, M.T., Ports, K.A., Klevens, J., and Leeb, R. (2018). Intergenerational Continuity in Adverse Childhood Experiences and Rural Community Environments, *American Journal of Public Health, 108*, 1148-1152, https://doi.org/10.2105/AJPH.2018.304598

Shahidullah, J. D., Hostutler, C. A., Coker, T. R., Allmon Dixson, A., Okoroji, C., & Mautone, J. A. (2023). Child health equity and primary care. *American Psychologist, 78*(2), 93–106. https://doi.org/10.1037/amp0001064

Sheldrick, R.C., Carter, A.S., & Eisenhower, A. (2022). Effectiveness of screening in early intervention settings to improve diagnosis of autism and reduce health disparities. *JAMA Pediatrics, 176*(3), 262–269. doi:10.1001/jamapediatrics.2021.5380

Sheeran, P., Suls, J., Bryan, A., Cameron, L., Ferrer, R. A., Klein, W. M. P., & Rothman, A. J. (2023). Activation Versus Change as a Principle Underlying Intervention Strategies to Promote Health Behaviors. *Annals of Behavioral Medicine: A Publication of the Society of Behavioral Medicine*, *57*(3), 205–215. https://doi.org/10.1093/abm/kaac045

Shonkoff, J. P., Slopen, N., & Williams, D. R. (2021). Early childhood adversity, toxic stress, and the impacts of racism on the foundations of health. *Annual Review of Public Health, 42*(1), 115–134. https://doi.org/10.1146/annurev-publhealth-090419-101940

Siu, A. L., Bibbins-Domingo, K., Grossman, D. C., et al. (2016). Screening for depression in adults: US Preventive Services Task Force recommendation statement. *JAMA, 315*(4), 380–387.

Sonderland, L.A., Charifson, M., Charifson, M., Schoenthaler, A., Carson, T., Williams, N. (2022) Racialized economic segregation and health outcomes: A systematic review of studies that use the Index of Concentration at the Extremes for race, income, and their interaction. *PLoS ONE, 17*(1): e0262962. https://doi.org/10.1371/journal.pone.0262962

Sullivan, A. D. W., Merrill, S. M., Konwar, C., Coccia, M., Rivera, L., MacIsaac, J. L., Lieberman, A. F., Kobor, M. S., & Bush, N. R. (2024). Intervening after trauma: Child-parent psychotherapy treatment is associated with lower pediatric epigenetic age acceleration. *Psychological Science*. Advance online publication. https://doi.org/10.1177/09567976241260247

Talen, M. R., Baumer, J. G., & Mann, M. M. (2013). Screening measures in integrated behavioral health and primary care settings. In M. R. Talen & B. Valeras (Eds.), *Integrated Behavioral Health in Primary Care: Evaluating the Evidence, Identifying the Essentials*. New York, NY: Springer Science + Business Media.

Taylor, R. D., Oberle, E., Durlak, J. A., & Weissberg, J. A. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development, 88*(4), 1156-1171. https://doi.org/10.1111/cdev.12864

Trent, M., Dooley, D. G., & Dougé, J. (2019). The impact of racism on child and adolescent health. *Pediatrics, 144*(2), e20191765. https://doi.org/10.1542/peds.2019-1765

Tsao, C. W., Aday, A. W., Almarzooq, Z. I., Anderson, C. A., Arora, P., Avery, C. L., ... & American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. (2023). Heart disease and stroke statistics—2023 update: A report from the American Heart Association. *Circulation, 147*(8), e93-e621.

U.S. Preventive Services Task Force. (2019). *Perinatal depression: Preventive interventions*. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions

U.S. Preventive Services Task Force. (2023). *High-priority evidence gaps for clinical preventive services: 13th report to Congress*. Washington, DC: U.S. Preventive Services Task Force. https://www.uspreventiveservicestaskforce.org/uspstf/sites/default/files/2023-12/2023-annual-report-to-congress.pdf

U.S. Surgeon General's Framework for Workplace Mental Health & Well-Being. (2022). https://www.hhs.gov/sites/default/files/workplace-mental-health-well-being.pdf

U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. (2023). *Our epidemic of loneliness and isolation*. https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

Vargas, S. M., Huey, S. J., Jr., & Miranda, J. (2020). A critical review of current evidence on multiple types of discrimination and mental health. *American Journal of Orthopsychiatry, 90*(3), 374–390. https://doi.org/10.1037/ort0000441

Vincent, C. G., Walker, H., Espelage, D. L., Murray, C., Svanks, R., Pennefather, J., Valido, A., & Marquez, B. (2022). Initial field test of the SOARS (Student Ownership, Accountability, and Responsibility for School Safety) framework for high schools. *NASSP Bulletin, 106*(2), 154-176. https://doi.org/10.1177/01926365221102378

Washington State Institute for Public Policy. (2023). *Benefit-cost results*. https://www.wsipp.wa.gov/BenefitCost

Webb, M. J., Kauer, S. D., Ozer, E. M., et al. (2016). Does screening for and intervening with multiple health-compromising behaviors and mental health disorders amongst young people attending primary care improve health outcomes? A systematic review. *BMC Family Practice, 17*, 104. https://doi.org/10.1186/s12875-016-0504-1

Wiese, L. A. K., Gibson, A., Guest, M. A., Nelson, A. R., Weaver, R., Gupta, A., Carmichael, O., Lewis, J. P., Lindauer, A., Loi, S., Peterson, R., Radford, K., Rhodus, E. K., Wong, C. G., Zuelsdorff, M., Saidi, L. G., Valdivieso-Mora, E., Franzen, S., Pope, C. N., Killian, T. S., … Babulal, G. M. (2023). Global rural health disparities in Alzheimer's disease and related dementias: State of the science. *Alzheimer's & Dementia: The Journal of the Alzheimer's Association*, *19*(9), 4204–4225. https://doi.org/10.1002/alz.13104

Williams, D. R., & Cooper, L. A. (2019). Reducing racial inequities in health: Using what we already know to take action. *International Journal of Environmental Research and Public Health, 16*(4), 606. https://doi.org/10.3390/ijerph16040606

White House. (2023, November). *The U.S. playbook to address social determinants of health*. https://www.whitehouse.gov/wp-content/uploads/2023/11/SDOH-Playbook-4.pdf

Woo, J.-M., & Postolache, T. T. (2008). The impact of work environment on mood disorders and suicide: Evidence and implications. *International Journal on Disability and Human Development, 7*, 185-200.

World Health Organization. (1948). *Constitution of the World Health Organization*. https://www.who.int/about/governance/constitution.

Woods-Jaeger, B. A., Cho, B., Sexton, C. C., Slagel, L., & Goggin, K. (2018). Promoting resilience: Breaking the intergenerational cycle of adverse childhood experiences. *Health Education & Behavior, 45*(5), 772-780. https://doi.org/10.1177/1090198117752785

Zhang, A. L., Liu, S., White, B. X., Liu, X. C., Durantini, M., Chan, M. S., Dai, W., Zhou, Y., Leung, M., Ye, Q., O'Keefe, D., Palmese, L., & Albarracín, D. (2024). Health-promotion interventions targeting multiple behaviors: A meta-analytic review of general and behavior-specific processes of change. *Psychological Bulletin*, *150*(7), 798–838. https://doi.org/10.1037/bul0000427

Copyright © 2025 by the American Psychological Association.