

Report of the 2021 American Psychological Association Presidential Task Force on Psychology and Health Equity

AUGUST 2022



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Throughout the world, extreme differences in health are systematically associated with social disadvantage (World Health Organization, 2018). Health inequities – systematic differences in the health status of different population groups – are substantially caused by structural, societal, and economic differences, and they unjustly prevent people from achieving optimal health and the highest-possible quality of life. Since the release of the hugely influential Institute of Medicine (IOM) report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health* (Institute of Medicine (US) Committee, 2003), overwhelming evidence has accumulated regarding serious and unequal problems with access to healthcare services, quality of care received, and unequal health outcomes among diverse Black, Indigenous and People of Color (BIPOC) populations across numerous health and health-related outcomes (National Center for Health Statistics, 2016; Kelly, in press).

Health inequities are not inevitable; they are systemic and avoidable. At the core of health inequities are structural factors, including social determinants of health that systematically lead to dramatically poorer health outcomes among specific populations. These factors include racism, sexism, and other forms of discrimination; chronic stress, adverse or traumatic early childhood events; exposure to violence, including institutional violence; crowded housing conditions; greater exposure to environmental hazards; lack of health insurance or underinsurance; and other social determinants of health that differ systematically by population. These factors determine who has access to resources, power, and opportunities, and account for up to 70% of the variance in health outcomes (Bay Area Regional Health Inequities, 2020). Yet, in spite of all the evidence about the problem that has accumulated in the past two decades, progress on reducing health disparities has been limited (Agency for Healthcare Research and Quality, 2019).

In the area of mental health, substantial disparities are also observed across the lifespan (Center for Behavioral Health Statistics and Quality, 2021). Greater mental health burdens can be understood as a product of the same structural inequities described above, the cumulative burden of which potentiates vulnerabilities and limits opportunities for well-being (Vargas, Huey, & Miranda, 2020; Williams et al., 2019). This is further compounded by the barriers in access to mental health and substance use disorder services for minoritized populations. Lack of attention to these disparities in mental health represents a missed opportunity to reduce the substantial burden of these conditions in minoritized populations (Rehm & Shield, 2019).

Emerging data over the past 2 years suggest that the COVID-19 pandemic has exacerbated already apparent physical and mental health inequities in the United States. A systematic review and meta-analysis found that Black, Latinx, and Asian American individuals had a higher risk of testing positive for COVID-19 and entering into ICU care (Magesh et al., 2021). Black, Latinx, and Asian Americans

were more likely to be essential workers, live in urban or densely populated areas, live in multigenerational homes, and use public transportation compared to White Americans (Arasteh, 2020; Liu et al., 2020; El Chaar et al., 2020). Furthermore, individuals from these communities were more likely to know someone who has died from COVID-19, and experienced grief after the loss of loved ones (Eisma et al., 2021; Snowden & Snowden, 2021).

The Robert Wood Johnson Foundation has defined health equity as meaning that “everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care” (Robert Wood Johnson Foundation, 2017). This definition can serve as an orienting and organizing principle for psychology’s work. Psychology has much to contribute to how we address racism and its economic and educational consequences (APA Working Group on Health Disparities in Boys and Men, 2018; FitzGerald & Hurst, 2017; Khazanchi et al., 2020; Salter et al., 2018). Psychologists also possess the expertise to address social determinants of health (e.g., access to quality care, community environment, education, employment, racism, SES, and social networks) that drive health inequities (Artiga & Hinton, 2018; Healthy People 2030, 2021; Institute of Medicine, 2003; Robert Wood Johnson Foundation, January 11, 2017; World Health Organization, 2008).

The Charge of the Task Force and the Current Report

In order to identify and operationalize how psychological science and psychological practice could improve the mental health and physical well-being of populations affected by health disparities, 2021 APA President Jennifer F. Kelly, PhD ABPP, appointed the 2021 APA Presidential Task Force on Psychology and Health Equity. The members of the task force were chosen for their expertise in (a) health disparities in a range of populations, (b) effects of built and social environment on health, (c) research on the impact of racism, and (d) public policy and advocacy. The members of the task force were Kisha B. Holden, PhD, MCRW (Co-Chair), Geoffrey M. Reed, PhD, Margarita Alegría, PhD, Art Blume, PhD, Jo Linder Crow, PhD, Terry S. Gock, PhD, MPA, Kristina Hood, PhD, Elizabeth McQuaid, PhD, ABPP, Greg Miller, PhD, William Jahmal Miller, MHA, DHL, John M. Ruiz, PhD, Idia Thurston, PhD, and Leo Wilton, PhD, MPH, working with APA Staff Liaison Keyona King-Tsikata.

Based on its deliberations and a review of the evidence, the task force made a decision to center race/ethnicity and racism as the key driver of health inequities. At the same

time, the task force recognized that inequities are experienced through the intersection of multiple elements of identity, particularly those that are associated with limited political, social, and economic power. Racialized health inequities are compounded at the intersection of multiple elements of identity (e.g., socioeconomic status, gender and gender identity, sexual orientation, disability). Inequities associated with intersectional identities are often overlooked, while cultural strengths are typically ignored and undervalued (Collin & Bledge, 2020; Nash, 2008). However, even in the context of intersectional identities, race/ethnicity carries disproportionate weight in determining health inequities.

As a key product of its work, the task force developed the Resolution on Advancing Health Equity in Psychology (<https://www.apa.org/about/policy/advancing-health-equity-psychology>), which was unanimously approved by the APA Council of Representatives at its meeting in October 2021. The resolution drew from the foundational knowledge that health inequities negatively influence outcomes for individuals, families, and communities. Further, the resolution took up the question of how psychology can play a leading role in moving beyond the mere recognition of health inequities to taking specific, plan-driven actions that directly address these challenges. The purpose of the current report is to provide an additional discussion of the limitations of current structures of psychology training, science, and service in addressing health inequities, and to offer considerations and recommendations to help move the field of psychology forward that are more specific than was appropriate for the content of a Council of Representatives resolution. This report offers recommendations in the areas of education and training, science and research, professional practice, and advocacy, with the understanding that health equity has been identified as a guiding principle of the APA/APASI advocacy priorities (APASI, 2021a) and that APA's ongoing and future advocacy efforts will naturally intersect with these three areas. An overarching focus on health equity is consistent with APA's guiding principles, and it is central to APA's strategic goal to utilize psychology to make a positive impact on critical societal issues. This includes the objective of employing psychology to improve population health, to increase access to services, and to reduce disparities, and the objective of applying psychological science to foster the advancement of human rights, fairness, diversity, and inclusion (APA, 2019; APA Center for Psychology and Health, 2016).

In this report, we emphasize systems-centered language and have intentionally chosen to use specific labels in describing the population groups affected by health inequities. We emphasize this, because language can constitute sources of inequity that are typically unacknowledged (O'Reilly, 2020; Sampson, 1993; Morrison, 1992). The terms "people of color" and its more recent variation BIPOC (Black, Indigenous, and other People of Color) center

on Whiteness, even though the intention is to provide affirming labels for the communities to which they refer (Lim, 2020). Here, we use the term "minoritized" groups to emphasize the active nature of the social processes that disempower and stigmatize them. We also use the term "people of the global majority" to acknowledge the global context, affirm the inherent power of global populations representing the vast majority, and to circumvent identities positioned to Whiteness.

Discussion and Recommendations

EDUCATION AND TRAINING

One of the Task Force's core recommendations was to identify and implement strategies to increase the racial and ethnic diversity of the psychology workforce as a strategy to address issues of health equity in training, research, and practice. According to the APA Center for Workforce Studies, 83% of the psychology workforce self-identified as White in 2019, in contrast to only 60% of the U.S. population in the same year (APA, 2020). Although current data show increased enrollment of minoritized groups in doctoral programs, there are significant concerns regarding the retention of those enrolled (Lin et al., 2018). Attrition remains a problem at all levels of the academic pathway, and most training and practice settings do not have adequate resources to support underrepresented students and early-career professionals. Many students and early-career professionals of the global majority cite a lack of safety, feelings of isolation, and lack of support as reasons for leaving academic and clinical settings (Windsor et al., 2021). It has been observed that the academic hierarchical structure is at odds with the collectivistic cultural practices of BIPOC, first-generation, and lower-income individuals (Windsor et al., 2021). Unwritten expectations beyond achieving good grades — such as acquiring research and statistical skills, securing recommenders, practicing interviewing/communication skills, and seeking out mentorship — present challenges for these students. Some expectations, such as producing peer-reviewed research products, may require financial resources that are not available (e.g., unpaid internships undertaken at the individual's own expense). As a result, fewer students of the global majority enter the academic and professional pathway, and the lack of support and financial burden leads some students to exit this pathway before completing their degree.

A summary of specific actions that could be undertaken by psychology in this area is shown in Table 1. Collaboration across existing training structures (e.g., the Council of University Directors of Clinical Psychology, the Association of Psychology Postdoctoral and Predoctoral Internship Centers, APA Council of Chairs of Training Councils, APA Teachers of Psychology in Secondary Schools), including

those external to APA, would be helpful in identifying best practices to increase recruitment and retention of minoritized individuals throughout the academic and professional psychology pathway. A focused review of currently available data from these different sources would be an important contribution. Novel strategies may be needed to address gaps and problem areas. For example, APA could develop an outreach and recruitment program targeting undergraduate programs, tribal colleges, and high schools in BIPOC communities that highlights the careers of BIPOC psychologists who have advanced health equity using the existing *am Psyched* program as a model. Web-based networks could be developed to increase access to mentorship and enhance community support beyond local training sites. More flexible training models (e.g., half-time, or with remote learning options) may need to be considered for trainees with multiple life demands. Funding support could be developed to address unequal access to internships and other training opportunities. These efforts could facilitate an expanded workforce of BIPOC professionals to address the health and mental health care needs of their communities (Buchanan et al., 2020; Lin et al., 2018).

TABLE 1: EDUCATION AND TRAINING

Topic Area	Recommendations for the Field of Psychology
Recruitment, Admissions, and Retention along the Pathway	<p>Greater collaboration among training structures (e.g., CCTC, CUDCUP, APPIC, TOPPS) to evaluate early psychology exposure, recruitment, admission processes, and retention of BIPOC trainees to identify areas where improvement is needed and possible strategies.</p> <p>Develop an outreach and recruitment program targeting undergraduate programs, tribal colleges, and high schools in BIPOC communities, highlighting careers of BIPOC psychologists who have advanced health equity</p> <p>Foster opportunities, such as web-based mentoring networks, that encourage BIPOC students to become psychologists interested in advancing health equity</p> <p>Promote new training models for graduate education and predoctoral internships with schedule flexibility to support students with multiple life demands.</p>
Curricula Transformation throughout the Training Sequence	<p>Update the APA National Standards for High School Psychology Curricula, the APA Guidelines for the Undergraduate Psychology Major, and the Standards of Accreditation to include culturally relevant methods and a focus on cultural humility in practice.</p> <p>Promote the inclusion of culturally relevant methods and principles of cultural humility for health equity research (e.g., CBPR; empirically derived alternatives to control conditions) in all psychology coursework.</p> <p>Develop and disseminate best-practices toolkits to support training programs in embedding a health equity lens into existing curricula, incorporating a focus on systemic and structural racism.</p> <p>Recognize and incentivize training programs that provide exemplary training in health equity throughout their training sequence.</p> <p>Develop CE courses and sponsored trainings that include issues of BIPOC health equity among their training objectives; work with ASPPB and SPTAs to consider CE requirements in this area.</p>

Education and training in health equity and JEDI (Justice, Equity, Diversity, and Inclusion) principles must be promoted and sustained throughout the sequence of psychology training. Increasing cultural humility among all psychologists, including training faculty, through the integration of awareness of culture, acquisition of knowledge about cultural features, and capacity to distinguish between culture and pathology would be a critical step in address biases in diagnostic formulation and treatment recommendations (Adames et al., 2013; Bernstein et al., 2020; Fuentes et al., 2020; Hartwell et al., 2017; Matsumoto, 2000; Tynan &

Garbett, 2007). Early in the sequence of training, *Introduction to Psychology* and *History of Psychology* courses in high school and undergraduate curricula should emphasize the contributions of BIPOC psychologists and incorporate an increased focus on health equity. Culturally relevant methods for health equity research, such as community-based participatory research (CBPR) and empirically derived alternatives to control conditions, should be routinely included in methodology coursework at the undergraduate and graduate levels. These changes could be reinforced by updating the APA National Standards for High

School Psychology Curricula, the APA Guidelines for the Undergraduate Psychology Major, and the Standards of Accreditation to include a focus on cultural humility in practice and culturally relevant methods.

Transformation in education will take time and investment. To ensure the sustainability of training in health equity and JEDI, APA could, for example, support scholars in health equity and JEDI to develop and disseminate best practice toolkits to support training programs in their efforts to embed a health equity lens as a part of existing curricula. Toolkits could include syllabi, assignments, reading lists, assessments, and program competencies, evaluation tools, and minimum levels of achievement to facilitate adoption across all levels of training. Such toolkits should incorporate information about systemic and structural racism as it

relates to health equity. Programs that provide examples of best practices in health equity training could be recognized through national awards. To promote ongoing training throughout professional development, continuing education courses could be developed to promote understanding of the structural causes of health inequities and emerging strategies to address them both within and outside of the field of psychology.

Research and Publications

A summary of recommendations addressing the following areas is shown in Table 2:

TABLE 2: RESEARCH AND PUBLICATIONS

Topic Area	Recommendations for the Field of Psychology
Advocacy for Health Equity in Research Funding	<p>Advocate with federal research funding agencies (e.g., NIH, NSF, HRSA, PCORI) and private foundations for dedicated, sustained, and increased funding for research in health equity.</p> <ul style="list-style-type: none"> For example, funders could be encouraged to include scholars of the global majority in the development of RFAs in key areas such as social, institutional, and structural drivers of health inequity; work with understudied populations; and methodologies such as CBPR and other culturally responsive approaches. Funders could be encouraged to promote and incentivize collaborative opportunities across HBCUs, HSIs, and tribal colleges on topics of health equity. Advocacy for increased transparency in the racial/ethnic composition of review panels of federal research funding agencies has the potential to enhance a focus on health equity and culturally-informed research methods.
Mitigate Bias in Reporting	<p>Develop and adopt models of language and practice for authors, journal reviewers, and journal editors that minimize bias and harmonize the consistent reporting of demographic characteristics.</p> <p>Enforce research study reporting guidelines on justice, equity, diversity, and inclusivity (JEDI) and representation of people of the global majority.</p> <p>Promote the development of psychometrically sound research measures and related practices to optimize culturally-informed, ecologically valid health equity research.</p>
Improving Representation and Inclusive Excellence	<p>Set specific targets and timelines for adequate representation of scholars of the global majority on APA journal and publication editorial boards. Practices that would accelerate this process include:</p> <ul style="list-style-type: none"> Emphasizing transparency and publishing representation data annually on each APA journal website. Supporting pathway programs to increase representation of people of the global majority on APA journals' and publications' editorial boards. Developing and requiring a brief JEDI training for all members of the editorial team of each journal.

Advocating for Health Equity Research Funding. APA has a critical role to play in advocating with federal research funding agencies (e.g., National Institutes of Health, National Science Foundation, Health Resources and Services Administration, Patient-Centered Outcomes Research Institute) and private foundations for *dedicated, sustained,*

and increased funding for research in health equity. Potential research priority areas could include: 1) a broader focus on social, institutional, and structural issues as key drivers of health outcomes and health equity; 2) health inequities and amelioration strategies in understudied populations and groups with intersectional identities; and 3) the use of com-

munity-based participatory research methods and other innovative, culturally responsive methodologies to improve health equity. Advocacy for targeted Requests for Applications (RFAs) could result in increased funding for health equity research and a sustained focus over time. Optimally, the content of these RFAs for each funding agency could be informed by work groups of scholars of the global majority who focus on health equity. Targeted RFAs could promote and incentivize collaborative opportunities across Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), and tribal colleges on topics of health equity. Additionally, advocacy for increased transparency in reporting the number of members of the global majority who serve on the advisory councils of federal research funding agencies, with targeted goals (e.g., to have 30% of members be scholars of the global majority within five years) has the potential to enhance a focus on health equity and culturally informed research methods.

Mitigating Bias in Reporting. APA has historically had a major role in promoting the development and adoption of models of language and practice for authors, journal reviewers, and journal editors. This role could be expanded to setting new standards for the field on minimization of bias (such as through systems-centered language) and harmonized, consistent reporting of demographic characteristics. For example, APA could support the adoption of the new Publications and Communications (P&C)-led effort to improve the demographic survey in Editorial Manager through an overt push for authors, reviewers, and editors to complete the survey. APA could also ensure that the standards set forth in the APA 7th edition on bias-free language are implemented by P&C and the Council of Editors. More explicit requirements regarding the use of bias-free language in APA journals is needed; this could be achieved through updated instructions to authors and enforcing the requirements prior to publication. The next revision of the APA Publication Manual could be harmonized with the demographic survey in the Editorial Manager peer review system. Editors-in-chief of APA journals should ensure that editorial letters, including reviewer critiques, are monitored for racialized language and other forms of bias, and ensure such issues are mitigated.

Complementing these efforts, APA journals could enhance and enforce research study reporting guidelines on representation of people of the global majority. Specifically, APA journals could require that research studies include samples that, at a minimum, mirror the specific communities being researched (e.g., include the range of income levels that exist in Black communities, or document as a limitation that the sample included only Black individuals from low-income communities). Studies published in APA journals could be asked to clearly state their sampling objectives and report how aligned or misaligned the sample is with the population or community it is attempting to represent. In addition, APA journals could promote the

standard use of certain metrics of diversity, including race, ethnicity, sex, gender, socioeconomic status, sexual orientation, age, ability status, religion, national origin, etc. to promote comparability across studies. APA should promote transparency in reporting of these metrics and use of systems-centered language in all APA journals, books, and other publications, including guidelines, reports, and other communications produced by the organization.

Bias may also be inherent in existing measures, and the development of psychometrically sound research measures and related practices will optimize culturally informed, ecologically valid health equity research. APA could serve a role through the development of guidelines on the measurement of constructs related to health equity, with guidance from scientific experts and key stakeholders, including experts in collectivistic methodologies. Guidelines should enhance existing efforts in measurement tools developed for broad use (e.g., the Patient-Reported Outcomes Measurement Information System®, and the PhenX Toolkit; <https://www.phenxtoolkit.org/>). Measures should be evaluated for linguistic and cultural appropriateness, with input from professionals of the global majority and scholars in health equity and measurement methodology.

Improving Representation and Inclusive Excellence.

To promote representation, we recommend that the selection of journal editors and ideally reviewers for APA journals emphasize not only content expertise but demographic diversity, by including race and ethnicity as a metric in the recruitment rubric. APA should work toward representation equivalence from people of the global majority across all its journal and other publication boards, including individuals at all administrative levels (i.e., editors-in-chief (EIC), associate editors, and editorial board members). Representation data could be published annually on each specific journal website to enhance transparency. To ensure accountability and to promote change, EICs could be required to describe the data and a plan to ameliorate inequities. APA P&C should regularly review the demographic composition of its journals' senior leadership and play an active role in selecting members who reflect the content expertise and diversity of study populations addressed within the respective journals. Monitoring the acceptance and rejection rates of submissions from scholars of the global majority may also be necessary to assess and ameliorate systematic biases.

APA could also support pathway programs to increase representation of people of the global majority on journal and publication editorial boards. This could be accomplished by: (a) investing in the development of future editors from professionals of the global majority, including, but not limited to, the creation of a program to train global majority scholars in the editing and reviewing process, (b) supporting and funding journal-based mentoring review programs, and (c) encouraging APA divisions to establish formal mentoring programs designed to improve representation.

Because representation equity by itself is not sufficient, APA should also seek to optimize its workforce's appreciation for inclusive excellence. In this context, APA could develop, provide, and require a brief (30-min to 2hr) JEDI training for all members of the editorial team of each journal. All new EICs, associate editors, and members of all APA journal editorial boards could be required to complete such training before serving in their respective roles. To foster implementation of this required training, the program format could be similar to current institutional programs, such as the Collaborative Institutional Training Initiative (CITI) for research, ethics, and compliance training, in which both the curriculum and associated proficiency exam are available online and scoring is automated and recorded.

Professional Practice

The focus of clinical and other professional services provided by psychologists has historically been on downstream, within-person consequences of racism rather than on upstream antecedents related to social hierarchy and inequity (Williams et al., 2019; Williams & Mohammed, 2013). For example, traditional psychological assessment does not adequately capture culturally-responsive constructs central to health equity work (Braveman, 2006). Psychology's traditional focus on individual behavior change limits the impact that psychologists have in addressing health equity in practice. An approach that engages in the work of transforming social systems is necessary to advance health equity (Holden et al., 2016; Lee, 2006). A summary of the Task Force's recommendations in this area is shown in Table 3.

TABLE 3: PROFESSIONAL PRACTICE

Topic Area	Recommendations for the Field of Psychology
Developing Competent Professional Practice Models and Guidelines	<p>Develop professional practice guidelines that focus on social determinants of health as a vehicle for promoting health equity. Guidelines could focus on:</p> <ul style="list-style-type: none"> Clinical and system-based assessment to address treatment barriers and service delivery challenges Preventive interventions and wellness practices that attend to individual, interpersonal, and structural determinants of health. <p>Identify and promote practice innovations that deliver culturally competent clinical assessment, intervention, and prevention services to diverse populations and communities.</p>
Promoting Viable Service Reimbursement	<p>Promote practice models that move beyond traditional one-on-one interventions delivered by individual psychologists. Consider:</p> <ul style="list-style-type: none"> Incorporating psychological practices into community settings. Expanding the role of psychologists as collaborators or supervisors in conjunction with other health professionals (e.g., community health workers.) Using emerging technologies such as mobile apps and telehealth to expand the reach of psychological practice. <p>Advocate for improved federal (e.g., CMS) and private (e.g., health insurance) service reimbursement formulas and models to support delivery of these new practice models.</p>

In order to provide a continuum of responsive and effective services, population-based interventions that address multiple dimensions of wellness are needed, including for people without mental health conditions (Payne, 2017; Young, 2004). Such interventions must include addressing implicit racism inherent in health care systems, agencies, and organizations (Blume, 2016). Historically, psychology's training models have neglected to educate psychologists in culturally appropriate methods for addressing health equity (Adames et al., 2013; Aiello et al., 2021; Buchanan et al., 2020; Hartwell et al., 2017). As a result, psychologists often lack competence and confidence in addressing race and racism directly in clinical, consulting and other professional

encounters (Buchanan & Wiklund, 2020; Estaban & Battle, 2003).

One way to begin to address this would be for APA to develop professional practice guidelines that focus on the social determinants of health as a vehicle for promoting health equity among people of the global majority and highlighting psychology's role in this effort. Such guidelines could focus on clinical and system-based assessment to address treatment barriers and service delivery challenges, as well as evidence-based preventive interventions and wellness practices that attend to individual, interpersonal, and structural determinants of health in communities of the global majority.

APA has great potential to be a leader in identifying and promoting practice innovations that deliver effective and culturally competent clinical assessment, intervention, and prevention services to diverse populations and communities that also includes attention to social determinants of health. This will involve promoting practice models that move beyond traditional one-on-one interventions and incorporating services more directly into community settings. Psychologists' role may be expanded as collaborators or supervisors in conjunction with other health care professionals (e.g., community health workers). In addition, these practice models should consider the use of emerging technologies such as mobile apps to expand the reach of psychological practice.

It has been demonstrated that eliminating health inequities would reduce direct and indirect medical care costs associated with illness and premature death (LaVeist et al., 2011). There is therefore an urgent need for greater accessibility of clinical services (e.g., telehealth). However, financial structures often disincentivize care for individuals from lower and middle SES communities and people of the global majority. To make services accessible for these populations, equitable and sustainable health care reimbursement is fundamental (Palozzi et al., 2020). APA should continue to focus advocacy toward federal (e.g., CMS) and private (e.g., health insurance) service reimbursement formulas and models to that help to support the financial viability of psychological practices that can deliver competent and culturally humble clinical assessment, intervention, and prevention services to diverse populations and communities. This could include advocating for reimbursement of practice approaches that address structural barriers to health equity (e.g., telehealth, mobile health clinics, alternative service delivery models) and monitoring the impact of the advocacy efforts in this area.

Conclusions

The task force hopes that this report, the Resolution on Advancing Health Equity in Psychology, and the series of discussions among APA governance groups over the course of its work will advance a movement to expose and recognize the impact of racism and other systemic and structural factors on health generally and on mental health in particular and to bring all of psychology's expertise to bear on acknowledging and eliminating health inequities. In this report, we have attempted to describe concrete steps that APA, other organizations, and individual psychologists can take toward this goal in the areas of education and training, research and publications, and professional practice.

APA's Council of Representatives approved an Apology to People of Color for APA's Role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in the U.S. on the same day that it approved

the resolution on health equity. This is critical, because in order to move forward, we must acknowledge that psychology's historical legacy of abuse, disrespect, and commodification of minoritized bodies has contributed to barriers at all levels of the field. This includes early psychology exposure, recruitment, admission, and retention of minoritized students; which research designs are most valued, how articles are evaluated and selected for publication, and how grant funds are awarded; and psychology's traditional clinical focus on individual behavior change, which has overwhelmingly located pathology within the individual. Existing practices have failed to challenge structures that perpetuate inequity, and failed to transform social systems designed to advance health equity.

In order to advance health equity, psychology must identify and address systems that require change in order to build trust among minoritized communities. Specifically, it is crucial for APA to lead in developing and implementing programs that provide earlier exposure to new models of psychology and that build trust and acknowledge historical and current concerns, as this could serve to increase workforce diversity and ultimately improve health equity. To address issues of health equity throughout the areas of psychology training, research, and practice will require collaboration and sustained advocacy. APA's advocacy efforts operate on priorities grounded in psychological science that encompass the guiding principles of nondiscrimination, health equity for underserved and vulnerable populations, and health promotion across the lifespan and settings. APA advocacy efforts work across APA governance, directorates, and programs to advance health equity by supporting policies to reduce disparities in health outcomes, as well as those that address underlying social determinants that affect the health and well-being of populations that have experienced cumulative disadvantage. It will be necessary to identify opportunities to nurture and expand partnerships across professional and policy-making organizations to effectively challenge the sources of health inequities. Focused curricula and continuing education will be needed to promote the development of skills to address health inequities from early in the sequence of psychology training to the latter stages of professional development. The task force has been honored to serve and to have the opportunity to help lay a foundation and a roadmap for further action. We hope to be able to look back in one year, in five years, and in ten years with pride and admiration for how far psychology has come.

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