Psychology's Role in Advancing Population Health

Population health focuses on improving the health, health equity, safety, and wellbeing of entire populations, including individuals within those populations. This approach is supported by a multidisciplinary science base from psychology as well as sociology, cultural anthropology, medicine, economics, education, and other disciplines. Population health aims to address the cultural, economic, systemic, historical, environmental, relational, and occupational contexts that influence health status, wellbeing, and functioning across the lifespan. Its ultimate goal is to foster equitable human flourishing.

Consistent with a social-ecological framework (see Fig. 1 in the Appendix), APA affirms that an individual's health cannot be considered in isolation from the relationships, communities, and societies to which the individual belongs. There are major influencers and social determinants of health outside of the traditional healthcare system that include, but are not limited to, education, work and work setting, environment, legal and regulatory frameworks, income, racism and discrimination of other historically marginalized groups, social connectedness, and stigma; these conditions often exist systemically and structurally, outside of individuals. To advance population health, a bio-psychosocial perspective is important across the lifespan and across the communities and settings where people live, work, learn, and play.

The term "population health" has different connotations in various contexts. While it is sometimes used interchangeably with public health, a population health lens focuses on both promoting health *and* reducing health inequities between populations. For its own activities, APA describes population health as a multi-tiered approach that includes: (a) universal provision of preventative tools and health promotion for all people, families, and communities; (b) monitoring, anticipatory guidance, and early intervention for those with risk factors for physical, mental health, and substance-related conditions; and (c) psychosocial and mental health/substance use care for those experiencing illness and/or escalating physical health and mental distress (see Fig. 2 in the Appendix).

Many of today's key population health issues—including vaccination, climate change, addiction, violence, and trauma—involve important psychological components. The science and expertise that psychology brings to these challenges should continue to be recognized and promoted. Psychological scientists, educators, consultants, practitioners, and trainees are encouraged to engage in the design, implementation, operation, and evaluation of new and existing population health models. It is crucial for such models to be grounded in, and to promote, human rights and ethics. Because the pace of change in society is so rapid, it is important to continually evaluate the effectiveness, cost-effectiveness, efficiency, and impact of these models. APA calls on the discipline and profession of psychology to support a population health approach. APA encourages its members, committees, divisions, and boards to use the following principles as a "lens" through which activities for health promotion can be viewed:

1. **Work within and across diverse systems to advance population health.**

Psychologists can be essential partners in the development, promotion, and dissemination of science-based solutions to advance population health, but we cannot do it alone. Population health science and its applications continue to develop through the efforts of multiple disciplines. As such, it is important for psychologists to work collaboratively with partners across diverse systems and settings.

Society's understanding of "health" should include traditional healthcare systems and expand beyond them. Psychologists and trainees can cooperatively partner with community leaders, local institutions, faith-based organizations, schools, employers, and others, that—when properly empowered—play a pivotal role in identifying and shaping solutions to unique challenges for that community, setting, and culture. Such solutions must be tailored and culturally and linguistically aligned with the specific needs and available resources of the community. Social determinants of health must also be addressed; these include safety, housing, access to quality education, economic

stability, healthy neighborhoods and workplaces, healthy food, and social connectedness.

It is important for psychologists and trainees to develop a deep understanding of the communities, systems, and settings in which they work. To be effective with varied and distinct settings and communities, it is crucial for all psychology professionals and trainees to have and to maintain competence in working with diverse populations and settings. Psychologists are encouraged to understand the cultural, financial, and operational models within the systems and settings in which they operate—especially the written policies, unwritten procedures, and organizational politics that guide strategy, priorities, and allocation of resources that affect health. This is essential to fostering inclusion and developing successful population-level interventions.

Alignment of payment systems and financial incentives supporting psychologists' involvement in population health efforts should be explored to increase access to research monies, education and training, community engagement, workplace and industry initiatives, and professional services within healthcare and hospital settings, independent practice, and all settings within and outside of the traditional healthcare system that can promote population health. Psychologists alone cannot change mechanisms to fund population health initiatives, but they can advocate for financial reforms alongside key partners and across sectors and settings.

2. Work "upstream" by promoting prevention and early intervention strategies.

Prevention and early intervention are crucial aspects of a population health approach. In collaboration with others, psychologists contribute to the development, dissemination, and implementation of science-based models of prevention and early intervention, as well as validated tools to screen and monitor unmet health needs. Early-intervention methods are known to improve resilience and coping, stress reduction, and adaptation. These methods also offer financial and practical benefits to families, employers, health systems, schools, payors, and others; people or communities at risk can receive assistance before escalating into a crisis. As an example, APA can advocate for innovative population-focused initiatives, such as mental/behavioral wellness checks. Psychologists are encouraged to advocate for systemic changes that support prevention and early intervention. This work can include increasing

attention on mental/behavioral health within healthcare, universities, schools, workplaces, and other settings; practice-based research; applied interventions to facilitate the utility and sustainability of population health models; and routine engagement with communities and people with lived experience. An example of success has been school-based programs that identify at-risk students and families and provide wrap-around community, social, and mental/behavioral health services. Such programs have demonstrated improved health, communication and social skills, and school performance, as well as reductions in bullying, substance use, asocial or antisocial behavior, and legal involvement. APA should explore billing codes and value-based incentives within and outside of the healthcare system that are more flexible than those currently available. New financial incentives may facilitate innovative and evidence-based evaluation and treatment methods, including psychotherapies of depth, insight and relationship, as well as health promotion, health equity, and social determinants of health.

3. Educate psychologists and community partners on population health.

Advancing a population health approach requires investment in education of psychologists and trainees in all settings, specialties, and communities. It is important for the psychology workforce to understand population health concepts and community-engagement strategies. This requires incorporation of population health competencies into the identity and functions of the discipline and profession of psychology. It is important to consider how population health can be included in post-secondary educational contexts. For example, instruction in multi-level research could include community examples drawn from studies of health and well-being.

Interprofessional education for the health and mental/behavioral health workforce is essential to building collaborations focused on health and wellness. Psychologists can support and work alongside other professionals—for example, by serving on integrated teams for clinical care or in a consultative role within an organization to address issues such as change management, workplace bullying, implicit bias, or wellness promotion.

Through EDI (equity, diversity, inclusion)-centered education about population health, psychologists can proactively work in partnership with local, state, and national experts,

community leaders, and the broader public. In many underserved populations, broader societal issues, such as systemic racism, sexism, heterosexism, cisgenderism, etc., as well as poverty, discrimination, and poor social determinants of health are key stressors. Through education-focused initiatives, psychologists can be prepared to collaborate within communities and systems to help define, measure, and achieve better health outcomes. For example, embedding population health interventions in occupational settings can improve equitable recruitment and retention strategies, decent and dignified work environments, access to healthcare, worker protections and safety, and healthy lifestyles, among others.
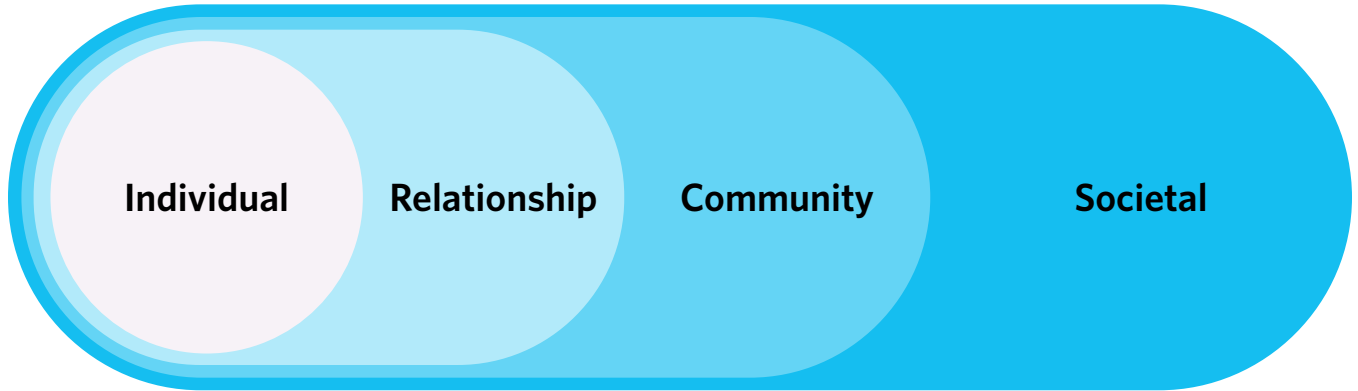
4. Enlist a diverse array of community partners.

Collaboration with a broad array of national, state, and local stakeholders is crucial to effectively implement a population health approach. Partnerships may include healthcare allies such as professional healthcare associations, hospitals and other healthcare services, indigenous and tribal healthcare authorities, and community mental health organizations. It may also include partners outside of traditional healthcare settings, such as a broad array of community-based institutions and organizations such as neighborhood, civic, and faith-based organizations; employers; schools and educational institutions; local businesses and business associations; nonprofit organizations; government (federal, state, and local); law enforcement; media outlets; and others.

Psychologists can expand our efforts to promote population health by seeking partnership and leadership opportunities in local, state, or national coalitions or boards, community organizations, government entities, and global organizations. It is important to learn from population health strategies of other countries and global communities (e.g., United Nations, World Health Organization) so that efforts by psychological scientists and applied, health, clinical, and other psychologists can create linkages between new and existing population health efforts within the United States and around the world.
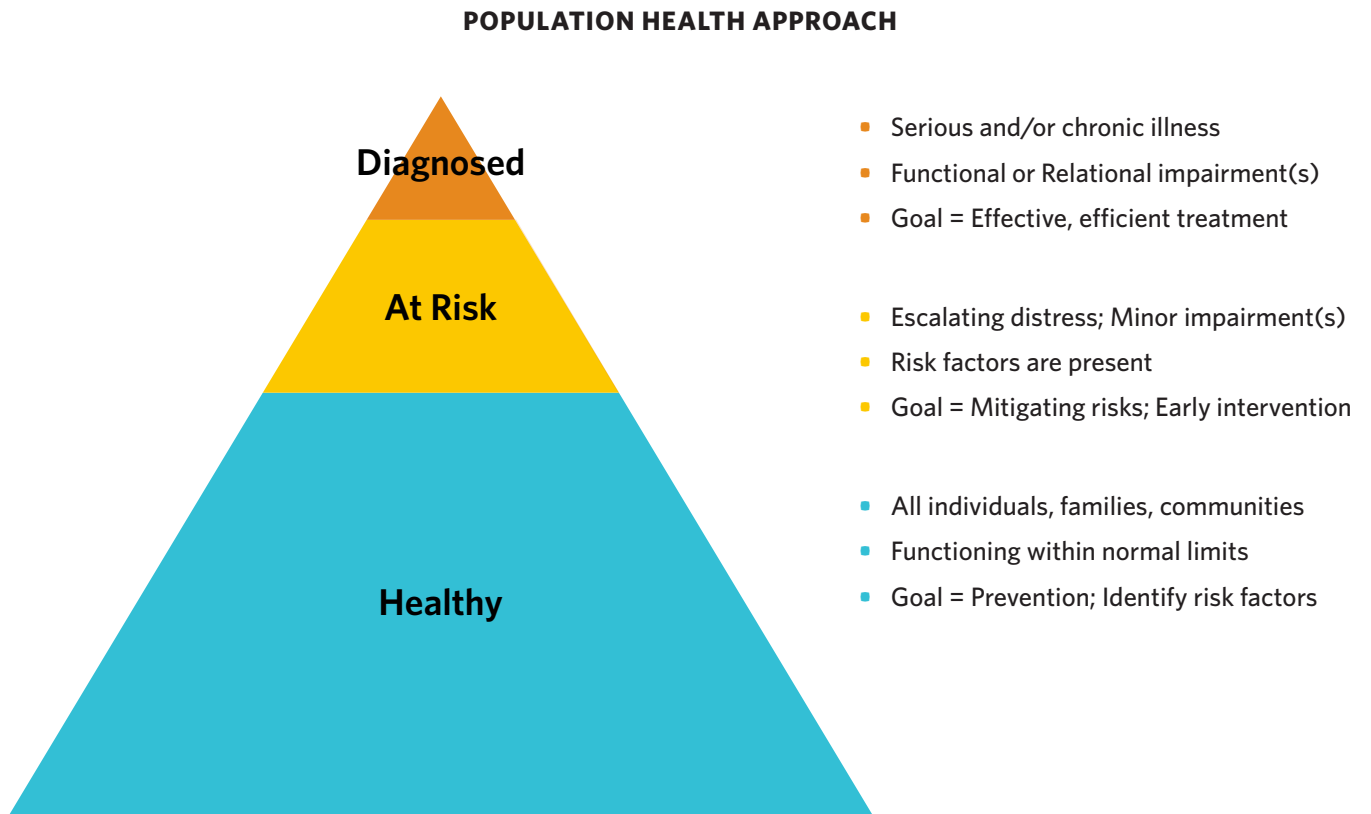
APPENDIX

FIGURE 1
Social-Ecological Framework

Individual	Relationship	Community	Societal

Retrieved from: https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html

FIGURE 2
Biopsychosocial Population Health Pyramid

POPULATION HEALTH APPROACH

Diagnosed
- Serious and/or chronic illness
- Functional or Relational impairment(s)
- Goal = Effective, efficient treatment

At Risk
- Escalating distress; Minor impairment(s)
- Risk factors are present
- Goal = Mitigating risks; Early intervention

Healthy
- All individuals, families, communities
- Functioning within normal limits
- Goal = Prevention; Identify risk factors

People in any category can shift to another category as circumstances change. (i.e., these are not permanent characteristics of individuals.)

REFERENCES

American Psychological Association. (2021). *Report to the White House COVID-19 Health Equity Task Force.* Author.

American Psychological Association. (2021, October 29). *Resolution on Advancing Health Equity in Psychology.* Author. https://www.apa.org/about/policy/resolution-advancing-health-equity.pdf

American Psychological Association. (September 22, 2021). *Written testimony of the American Psychological Association submitted to the House Energy & Commerce Oversight and Investigations Subcommittee.* Hearing: Putting kids first: Addressing COVID-19's impacts on children. https://energycommerce.house.gov/committee-activity/hearings/hearing-on-putting-kids-first-addressing-covid-19s-impactson-children

American Psychological Association (2014). Guidelines for Prevention in Psychology. *American Psychologist, 69, (3),* 285–296. http://dx.doi.org/10.1037/a0034569

Boden, M., Zimmerman, L., Azevedo, K. J., Ruzek, J. I., Gala, S., Abdel Magid, H. S., Cohen, N., Walser, R., Mahtani, N. D., Hoggatt, K. J., & McLean, C. P. (2021). Addressing the mental health impact of COVID-19 through population health. *Clinical Psychology Review*, *85*, 102006. https://doi.org/10.1016/j.cpr.2021.102006

Centers for Disease Control and Prevention. (2007*). The social-ecological model: A framework for prevention.* Author. Retrieved from http://wwwcdcgov/ncipc/dvp/social-ecological-model_DVPhtm

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

Halkitis, P. N. (2020). A new public health psychology to mend the chasm between public health and clinical care. *American Psychologist, 75*(9), 1289–1296. https://doi.org/10.1037/amp0000743

Kelly, J. F., & Greene, B. (2010). Diversity within African American, female therapists: Variability in clients' expectations and assumptions about the therapist. *Psychotherapy: Theory, Research, Practice, Training, 47*(2), 186–197. https://doi.org/10.1037/a0019759

McHenry, J. J., & McCall, M. W., (2014). Surviving and growing from international experience: The role great bosses play. *People & Strategy, 37*(3), 22-24. https://link.gale.com/apps/doc/A387060496/AONE?u=anon~14ff7f24&sid.

Riley, W. T., Greene-Schloesser, D., Blachman-Demner, D. R., & Spittel, M. (2020). Twenty-five years of the National Institutes of Health Office of Behavioral and Social Sciences Research. *Translational Behavioral Medicine*, *10* (5), 1243-1248. https://doi.org/10.1093/tbm/ibaa016

Schroeder, S. A. (2007). Shattuck Lecture. We can do better--improving the health of the American people. *The New England Journal of Medicine*, *357*(12), 1221–1228. https://doi.org/10.1056/NEJMsa073350

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (n.d.). *Healthy People 2030: Social Determinants of Health.* https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Warshaw, Susan C. (2019) Historical Roots and Contemporary Perspectives: Mental Health Considerations with Refugee and Asylum Seeking Children, Youth and their Families, Journal of Infant, Child, and Adolescent Psychotherapy, 18:4, 307-312, https://doi.org/10.1080/15289168.2019.1692554

Williams, A.A. (2020). The next step in integrated care: Universal primary mental health providers. *Journal of Clinical Psychology in Medical Settings, 27*, 115–126. https://doi.org/10.1007/s10880-019-09626-2