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Abstract

The COVID-19 pandemic has shed light on the norms, patterns, and power structures in the United States that privilege certain groups of people over others. This manuscript describes COVID-19 as an unprecedented catalyst for social transformation that underscores the need for multi-level and cross-sectoral solutions to address systemic changes to improve health equity for all. The authors propose that the American Psychological Association and its membership can initiate systemic change, in part, by: (a) supporting mutual aid organizations that prioritize the needs of vulnerable communities; (b) leveraging the efforts and strides APA psychologists have already made within the association, in the profession, and in policymaking to attend to the health equity and the needs of marginalized communities; (c) building capacity for collaboration between a broad coalition of health associations, health experts, and policymakers to address the physio-psycho-socioeconomic needs of disadvantaged communities, and (d) increasing APA's participation in the formulation and implementation of an advocacy agenda that prioritizes the physical and psychological health of the communities whose lives are most endangered by COVID-19.

Public Significance Statement. Our article aims to emphasize the important role that social determinants of health play for marginalized communities. It has the potential to inform health professionals, including psychologists, about support and advocacy strategies that seek to improve health equity during and after the COVID-19 pandemic is contained.

Keywords: Social Determinants of Health, COVID-19, pandemic, systemic change, equity

Leveraging the Power of Mutual Aid, Coalitions, Leadership, and Advocacy During

COVID-19

The COVID-19 pandemic has shed light on the preexisting norms, patterns, and power structures in the United States that privilege certain groups of people over others (Dickson, 2020; Nixon, 2019). U.S. society has witnessed the shortcomings of its health care system and how its structure has created persistent barriers to health care access for marginalized communities (Belgrave & Abrams, 2016; Devakumar, Shannon, & Abubakar, 2020). The COVID-19 pandemic has increased pressure on psychologists to more actively participate in systemic changes that address the health inequities and the social determinants of health that impact disadvantaged communities. Social determinants of health are defined as the "conditions in the places where people live, learn, work, and play [that] affect a wide range of health risks and outcomes (Centers for Disease Control and Prevention, 2018)." Systemic (or structural) change is particularly important because previous research shows that health care alone, including mental health care, is not sufficient to alleviate the detrimental effects of poor social environmental conditions (Bullock, 2019; Embrett & Randall, 2014). The COVID-19 pandemic has demonstrated that targeted systemic changes are critical because the root causes of health inequities are social, political, and economic rather than simply behavioral (Nixon, 2019); health inequities often begin at birth and persist in adulthood (Hostinar & Miller, 2019).

Psychology research has shown that health disparities in disadvantaged communities can be reduced through access to safe housing, social connection, economic security, adequate nutrition and education, affordable health care, and quality childcare (Bullock, 2019; Holt-Lunstad, Robles, & Sbarra, 2017). Scholars have indicated, however, that systemic changes to address health disparities cannot be achieved without the collaboration of multiple partners and

systems (Kazak et al., 2010), the political will to change the national discourse (Crowley, Supplee, Scott, & Brooks-Gunn, 2019), and the commitment to engage in intersectoral antipoverty, health, and economic justice initiatives (Bullock, 2019). Although previous public health, education, and justice systems literature has addressed the importance of addressing social determinants of health to improve the quality of life and well-being of diverse communities across the life span (Chen, Brody, & Miller, 2017; Pietromonaco & Collins, 2017; Rook & Charles, 2017), additional literature in the field of psychology is needed on the *urgent* need for systemic change to improve the psychological health outcomes of individuals living in underprivileged conditions (Solar & Irwin, 2010). In line with the World Health Organization's (2011) conceptual framework for action on the social determinants of health (SDH), the authors use the terms marginalized, disadvantaged, and underprivileged to refer to individuals who due to their lower position in the U.S.'s social hierarchy, experience higher exposure and vulnerability to health-compromising conditions such as COVID-19.

This manuscript describes COVID-19 as an unprecedented catalyst for social transformation that emphasizes the pressing need for multi-level and cross-sectoral solutions to address systemic changes to improve health equity for all. The authors propose that the American Psychological Association (APA) and its membership can *initiate* systemic change, in part, by: (a) supporting mutual aid organizations that prioritize the needs of vulnerable communities with actions such as first-aid crisis supplies, professional psychoeducational programming, wellness outreach, fundraising for mental health services, and mental health advocacy; (b) leveraging the efforts and strides APA psychologists have already made within the association, in the profession, and in advocacy and policymaking to address the health inequities impacting marginalized communities; (c) building capacity for collaboration between a broad

coalition of health associations and experts such as health economists, health policy groups, and policymakers to address the physio-psycho-socioeconomic needs of disadvantaged communities, and; (d) increasing APA's participation in the formulation and implementation of an advocacy agenda that addresses the structural barriers to equal health care that prioritizes the physical and psychological health of the communities whose lives are most endangered by COVID-19.

[insert figure 1 here]

As depicted in Figure 1, we propose a multi-level systemic approach to addressing health inequities and offer specific suggestions at every level.

The authors wrote this article during the COVID-19 pandemic while witnessing the ways in which existing health disparities are disproportionately impacting disadvantaged and underserved communities (California Department of Public Health, 2020; Evans, 2020; Johnson & Buford, 2020; New York State Department of Health, 2020; Pew Research Center, 2020). While long-standing systemic changes will be difficult to achieve with a single proposed effort, the authors propose various strategies as additional steps that APA and its membership can take in the direction of improving the mental health trajectories of marginalized communities during and after the COVID-19 pandemic.

An APA Membership Supporting Mutual Aid Organizations that Prioritize Vulnerable Communities

Disasters have historically exposed the inequitable power structures that exist in the U.S. (Domínguez & Yeh, 2018) and COVID-19 is clearly no exception. Historically, these well-established power structures determine who is worthy of care, who is disposable, and who is "American" (Hobart & Kneese, 2020). It is in the midst of the COVID-19 pandemic that the authors have observed serious health inequities connected to structural barriers that

disproportionately impact low-income communities (Dickson, 2020), people of color (Johnson & Buford, 2020; White, 2020), individuals with disabilities (Armitage & Nellums, 2020), undocumented individuals (Devakumar, Shannon, & Abubakar, 2020), the homeless population (Culhane et al., 2020), and people in front-line and precarious jobs who are susceptible to viral transmission (Devakumar, Shannon, & Abubakar, 2020). Individuals from marginalized communities are at higher risk of illness during the COVID-19 pandemic because they often find themselves caught in a "disease-driven poverty trap" in which "the combined causal effects of health on poverty and poverty on health implies a positive feedback system (Bonds, Keenan, Rohani, & Sachs, 2009, p. 1186)."

The economic crisis and recession that the U.S. will experience due to this pandemic (White, 2020), will almost certainly increase the demands on scarce resources and exacerbate existing disparities if systemic changes are not executed to address health inequities. Members within APA can prepare for the times of scarcity by offering and receiving mutual aid support. "Mutual aid is a form of political participation in which people take responsibility for caring for one another and changing political conditions, not just through symbolic acts or putting pressure on their representatives in government but by actually building new social relations that are more survivable (Spade, 2020, p. 136)." Mutual aid is different from empathy because it is more than an ability to understand and share the feelings of another individual; it implies a practice tied to acts of solidarity and a desire to overcome structural injustice through social transformation and action (Gould, 2018). Mutual aid has the potential to fulfill basic survival needs including food, health care, shelter, and social connection through grassroots and local emergency responses (Gould, 2018). APA members can support marginalized communities through mutual aid organizations.

Mutual aid organizations can be particularly helpful for marginalized communities when federal or state governments' responses are delayed (e.g., delayed COVID-19 stimulus checks) or inadequate (e.g., undocumented individuals who are ineligible for federal emergency management assistance). Examples of mutual aid organizations supporting communities of color include: "Al Otro Lado," a group that is organizing emergency funds for migrant families; "Mask Oakland," a group providing vulnerable communities with respirator masks; "COVID-19 NYC Black Folk Mutual Aid Fund," a group raising funds to offer financial and quarantine support to black-identified individuals in New York City; and "Ayudando Latinos a Soñar" a group that is sewing masks and supplying food to farmworkers in rural California (Al Otro Lado, n.d.; Ford, 2020; Mask Oakland, n.d.; Onyenacho, 2020). APA members can partner with these or similar mutual aid organizations to provide immediate support to under-resourced communities in the face of the government's slow and insufficient crisis-oriented responses. They can visit The Town Hall Project's (i.e., a 501(c)(3) non-profit organization) "Mutual Aid Hub" to find, learn more about, and contact mutual aid organizations where they can volunteer and support community efforts that aim to decrease disparities in health outcomes.

APA members can make unique contributions to mutual aid organizations given their expertise in mental health. Professional contributions may include: providing training and psychoeducational programming to mutual aid volunteers (e.g., stress-management training and peer support training); participating in first-aid crisis supplies distribution (e.g., volunteer to deliver masks and groceries to vulnerable communities); fundraising efforts (e.g., crowdfunding to pay for mental health care services for uninsured and underinsured individuals); engaging in mental health advocacy (e.g., organizing campaigns to increase access to psychological services for underserved communities); and delivering direct psychological support (e.g., conducting

'wellness checks' to assess the mental health of at-risk-individuals or communities). For example, the first author of this manuscript, in partnership with a Bay Area mutual aid organization (i.e., Marinship Emergency Medical Manufacturing Group) assembles and delivers personal protective equipment (PPE) to frontline workers in rural communities. The first author is also leveraging her power as a university professor to request health literature on COVID-19 for monolingual Spanish-speaking families in Sonoma County. Supporting the work of a grass-roots community organization (i.e., "Ayudando Latinos a Soñar"), the fourth author is organizing immigrant mothers to sew cloth masks for farmworkers, delivering food to ranches, collecting sweatshirts for those in the field, and conducting telephone 'wellness checks ' to assess the safety of undocumented individuals who are sheltering-in-place. APA members can also offer crisis aid from a physical distance through the social media platforms of mutual aid organizations to increase access to vital resources (Gould, 2018).

APA members' local response is important as COVID-19 hotspots continue to emerge as shelter-in-place orders are lifted and cities reopen particularly in areas with a high density of vulnerable populations (Elassar, 2020). For example, APA and community members who reside in areas considered to be the next fronts in the fight against the COVID-19 pandemic (e.g., Louisiana, Washington, DC, Baltimore, and Philadelphia; Louisiana Department of Health, 2020; Soucheray, 2020), may benefit from the more immediate and available mutual aid support that exists within their state or city. Through mutual aid organizations, psychologists can offer instrumental support in these hotspot areas by providing professional psychoeducational programming on topics such as the health benefits of social-distancing, sharing evidence-based strategies to mitigate the psychological distress of social isolation, parenting tips for child and

family health, and providing tips for staying connected to social support systems while sheltering-in-place.

The authors are not implying that APA would be responsible for endorsing specific mutual aid organizations, but rather to encourage leaders within the association to continue referring its membership to mutual aid hubs (e.g., Town Hall Project's mutual aid hub) where members can potentially offer or receive local assistance (American Psychological Association, 2020). Making mutual aid hubs more visible on APA list-servs and web pages may help APA members to connect with and support local organizations in strategic and tailored ways.

Leveraging APA's Multi-Level Approach in Response to COVID-19

It is clear that APA has leaders who are actively engaged in mental health advocacy in support of health equity among marginalized communities. In 2020 alone, the association responded to possible religious discrimination in federal programs (American Psychological Association, n.d.-a), endorsed federal legislation to address increasing suicide rates and mental health disorders among black youth (H.R. 5469; American Psychological Association, n.d.-b), and most recently endorsed legislation that aims to end school discipline practices that contribute to the "school-to-prison pipeline" (H.R. 5325; American Psychological Association, n.d.-c). In addition, the APA's Health Disparities Office has developed a number of initiatives that seek to reduce health inequities (to learn more, visit https://www.apa.org/pi/health-disparities/). Leveraging initiatives that aim to reduce health inequities with the goal of effecting systemic change is vital. As Bullock (2019) has articulated, "psychologists must place our focus squarely on power and the structural roots of poverty and inequality (p. 638)." The COVID-19 pandemic has demonstrated that this focus on power and the structural roots of inequity must be a top priority for APA.

The leadership of APA, one of the leading scientific and professional organizations in the U.S., is using a multi-level approach in response to the COVID-19 pandemic at the: (a) association level, (b) profession/discipline level, and (c) policymakers and public level (Shullman & Evans, 2020). APA has provided recommendations related to social distancing, teleworking practices, distance teaching and learning, self-care, the prevention of burnout, and student loan repayment, among others. They have done this while closing APA's physical offices; moving their operations online via telehealth (Shullman & Evans, 2020); offering scholarly articles at no cost during the pandemic (American Psychological Association, n.d.-d); launching a telehealth advocacy campaign across 50 states and Washington, D.C (Shullman & Evans, 2020); and addressing the impact of bias, stigma, and xenophobia that has spread alongside coronavirus (American Psychological Association, n.d.-e). APA responded quickly to support its membership and the community. To underscore APA's work and the rapid changes occurring during this pandemic, during our work on this manuscript APA leadership submitted a letter to the White House calling on the government to make COVID-19 data available for health professionals to be better able to discern the impact of the virus on various communities based on socio-demographic profiles (Evans, 2020).

At the *association level,* now more than ever, it is important for APA's leaders to ensure that the infrastructure of the association sheds light on the health disparities that impact APA researchers, practitioners, trainees, and students from marginalized groups. With over 121,000 members (e.g., researchers, consultants, practitioners, educators), APA has a diverse membership that includes and is not limited to, undocumented, brown, black, queer, indigenous, members with disabilities, and low-income individuals (American Psychological Association, n.d.-f). APA must consider steps to protect underprivileged members from experiencing the combined causal

effects of health on marginalization and marginalization on health. The long-term

implementation of initiatives such as creating sliding scale membership fees, discounted

conference registration rates, and free scholarly articles for psychologists and students living on

the margins of society, may help to offer support during and after the COVID-19 pandemic. This

is not to say that the needs of other membership groups should be ignored, but rather that it may

help for psychologists in positions of power to consider allocating additional support for those

who are most in need of assistance.

At the *professional level,* APA members must study and address the systems of

exploitation experienced by oppressed communities at the hands of dominant groups in society

(Martín-Baró, 1991, 1994). Focusing on systems of power is important because advocating for a

single psychological outcome (e.g., self-regulation skills) or individual wellness may not

significantly reduce health disparities if the environmental factors around marginalized

communities continue to impact multiple areas of their lives (Hostinar & Miller, 2019). For

example, when clients from marginalized communities present for psychological treatment,

psychologists should consider how mental health concerns, including concerns related to

COVID-19 treatment, are connected or rooted in oppressive environmental forces (Goodman,

2015). APA psychologists may find in Liberation Psychology (Martín-Baró, 1994) and similar

approaches based on critical consciousness (Freire, 1973), useful roadmaps to help psychologists

move away from an emphasis on intrapsychic processes to focus on the macro-level forces (e.g.,

racism, income inequality, anti-immigrant sentiments) that predispose marginalized communities

to poor health outcomes. Liberatory frameworks, for example, have the potential to increase

clients' awareness of the structural and institutional barriers that have resulted in their

marginalization. This may, in turn, place clients in a better position to transform their

understanding of themselves as dysfunctional or unhealthy, and begin to see themselves as stronger and resilient survivors within an inequitable U.S. society (Domínguez et al., 2020; Goodman et al., 2015). It may also be helpful for APA leaders to further emphasize in their professional statements the importance of using models and approaches that take into consideration how social determinants of health continue to impact vulnerable communities.

At *the policymakers and public level,* APA would benefit from the implementation of a transformative agenda that boldly aims for systemic change. Our association has talented leadership with a unique platform to hold local, state, and federal governments accountable to protect frontline health personnel (e.g., psychologists and trainees), patients or clients, and marginalized communities who are disproportionately impacted by public health crises. APA's Chief Executive Officer, Arthur C. Evans, is already using his powerful platform to make urgent requests to the White House for the comprehensive surveillance and reporting of public health data related to COVID-19 (Evans, 2020). APA may also benefit from expanding the association's Congressional Fellowship program (at this time, only two fellows benefit from this experience; American Psychological Association, n.d.-g) and providing additional advocacy training such as editorial writing and editing, learning to conduct a successful conversation with a policymaker, and local and state coalition building (Bullock, 2019). Leveraging these policymaking efforts and building capacity for additional advocacy will be vital to support communities living on the margins of society. Psychologists may be in a better position to address health inequities with the support of a broad coalition of associations, as discussed next.

Building Capacity for Collaboration Between a Broad Coalition of Associations

In a society experiencing significant health disparities, a multi-level approach is needed to achieve long-term systemic change (Belgrave & Abrams, 2016; Hostinar & Miller, 2019). For

multisectoral solutions to address systemic change, psychologists may want to consider breaking down traditional professional silos that limit interdisciplinary partnerships and collaborations (Hostinar & Miller, 2019). Health care professionals can no longer work in isolation as health inequities are too complex to tackle alone. In response to COVID-19 and future crises, the U.S. healthcare system needs an "all hands on deck" approach that shows solidarity with those who are frequently excluded or marginalized by certain economic or political systems of power (e.g., health insurance industry). Unprecedented times call for unprecedented action and long-term interdisciplinary collaborations are urgently needed (Evans, 2020).

The COVID-19 pandemic is pressuring associations to think boldly about how health professionals across disciplines and sectors engage with one another to promote policy changes that address the root causes of systemic injustices. APA is in a unique position as a leader in the field of mental health to energize a united and interdisciplinary coalition of providers to address health disparities during and post COVID-19. The rich fabric of diversity in APA opens opportunities for unique experiences and knowledge to be shared with other health professionals and policymakers. Psychologists can make important contributions to our understanding of public health interventions in response to COVID-19 (Evans, 2020). As Kazak and colleagues have stated (2017), "psychology must embrace its rightful place as a health profession and appreciate and highlight the ways in which psychologists can play unique and critical roles in transforming present and future health care delivery models (p.1)."

A way to embrace our rightful place as health service psychologists is to create innovative pathways with other professions through sustainable community engaged approaches to address health disparities. Interdisciplinary community action approaches have successfully increased access to care for mental health disorders (Chibanda et al., 2015); substance use

treatment (Rane et al., 2017); and HIV testing (Berkley-Patton et al., 2016) among marginalized communities. Community action models play a central role in increasing access to mental and physical health services as well as decreasing stigma, and promoting inclusion, recovery, and prevention (Jorm et al., 2012; Kohrt et al., 2018; Marmott et al., 2008). Thus, community action approaches that focus on community mental health would be strengthened by collaborative work with other disciplines such as health economists, health policy groups, lawmakers, social workers, and professionals in other health disciplines.

Coalitions are currently being formed and partnerships are being proposed in response to the COVID-19 pandemic. For example, the American Hospital Association, the American Medical Association, and the American Nurses Association collaborated on a letter sent to the U.S. House of Representatives and the U.S. Senate to advocate for funding that would enable the U.S. healthcare system to overcome medical supply and staffing shortages to continue their operations during this pandemic. Although these partnerships are being formed in response to specific COVID-19 advocacy initiatives, the authors emphasize that these partnerships must (a) include the participation of mental health associations such as APA, (b) move beyond crises responses to engage in sustainable long-term rooted collaboration, (c) and develop improved practice recommendations that can be implemented at various levels and across systems. For systemic change to be initiated, coalitions cannot simply form in response to a crisis and then disappear after disaster recovery or containment. If APA and other health associations want to tackle health disparities, cross pollinating strengths and resources through strong and sustainable interdisciplinary coalitions is vital.

To assess how to best forge partnerships in ways that best serve the interests and needs of disadvantaged communities, it may be helpful for APA to consult with the Council of National

Psychology Associations for the Advancement of Ethnic Minority Interests (CNPAAEMI). With

interdisciplinary support and diverse leadership representation, a coalition of national

organizations has the potential to work synergistically to ensure that "healthy public policies" are

reaching governments' policy agendas (Embrett & Randall, 2014). "Healthy public policies" are

defined in the literature as "policies that can prevent disease and promote population health;"

"these policies are developed through health focused cross-sector collaboration" (Rigby &

Hatch, 2016, p. 2044). They seek to ensure that every person has the opportunity to reach their

full health potential regardless of their social position or other socially determined circumstances

(Commission on Social Determinants of Health, 2008).

Preventing disease and promoting population health will only be possible by rising out of

silos to strengthen relationships across health professions and formulate and implement an

inclusive advocacy agenda, as discussed next.

Inclusive Advocacy Agenda that Prioritizes the Needs of Marginalized Communities

While COVID-19 has impacted "privileged" and "marginalized" communities across the

globe, recent investigations reveal that communities of color are at higher risk for infection and

have higher mortality rates (California Department of Public Health, 2020; Evans, 2020;

Johnson & Buford, 2020; New York State Department of Health, 2020; Pew Research Center,

2020). According to the Centers for Disease Control (CDC), U.S. data from the first month of the

COVID-19 pandemic uncovered disparities among vulnerable populations; while African

Americans constitute 13% of the U.S. population they represented approximately 33% of people

who became sick enough to require hospitalization from COVID-19 symptoms (Garg et al.,

2020). In New York City, Latinx people represent 29% of the population and Black people 22%,

yet 34% of COVID-19 related deaths were Latinx and 29% were Black (New York State

Department of Health, 2020). These differences in health outcomes for people of color and other marginalized groups may be preventable through "healthy public policies" that address the underlying socioeconomic, physical, and health problems that disproportionately impact them (Hostinar & Miller, 2019; Marmot et al., 2008). If "healthy public policies" are not executed to protect marginalized communities (Hostinar & Miller, 2019, p. 649), the U.S. will continue to see long-term negative health effects on its society and the federal government's response to future pandemics will continue to be reactive instead of proactive.

Evidence suggests that society has benefited from the expertise and advocacy of APA members and the collaborative relationships between psychologists and policymakers (Crowley, Scott, & Fishbein, 2017; Crowley & Scott, 2017). Given that one out of every nine bills introduced by Congress becomes law (Crowley, Supplee, Scott, & Brooks-Gunn, 2019), for "healthy public policies" to be successful, they need to be formulated, endorsed, and implemented by a broad coalition of health associations, health experts, and policymakers. For example, in partnership with lawmakers, APA congressional fellows have played a key role in contributing to legislative successes including participating in the passage of the Patient Protection and Affordable Care Act of 2010 from which millions of individuals have benefited (American Psychological Association. n.d.-h). Those who have benefited include "children with pre-existing conditions (including mental health disorders), young adults who can now stay on their parents' health plan until age 26, and older adults via access to prescription drugs at affordable rates" (American Psychological Association, n.d.-i). Advocacy initiatives, such as APA's Congressional Fellowship (American Psychological Association. (n.d.-g), can have long-lasting benefits that reduce health disparities, in this particular case by expanding the scope of coverage to include additional mental health and substance abuse benefits.

Identifying "healthy public policies" that target issues specific to certain populations may be important as millions of people have lost their jobs and in many cases their health coverage due to the COVID-19 pandemic (U.S. Department of Labor, 2020). Some health worker groups have endorsed agendas that aim to address health care coverage as a step in the direction of systemic change. Healthcare worker groups such as the National Nurses United and Physicians for Universal Healthcare have embraced a *Medicare for All* agenda with the understanding that the health system itself is a social determinant of health that mediates the differential health outcomes of individuals. For Medicaid and Medicare expansions to take place, bold and cross-sector collaboration will be needed. Psychologists must have a seat at the table when health worker groups discuss advocacy and policy initiatives to help transform the current mental and behavioral health systems.

For more information on how to support "healthy public policies" through policymaking, the Commission on Social Determinants of Health (CSDH) of the World Health Organization (WHO) has provided guidance on policy directions for action (to learn more, visit https://www.who.int/sdhconference/; WHO, 2011) and experts at the CDC have developed a resource to help address the social determinants of health with recommendations on policy initiatives (Brennan Ramirez, Baker, Metzler, & Centers for Disease Control and Prevention, 2008). In addition, previous scholars in the mental health field have provided insight into the role of psychology in policymaking (Crowley, Supplee, Scott, & Brooks-Gunn, 2019; Silver & Silver, 2006; Yarrow, 2011). Accessing the expertise of scholars, from within and outside of APA, who are familiar with the factors that make policymaking successful, will continue to strengthen APA's role in advocacy and policymaking for more inclusive mental health initiatives. The implementation of a transformative and comprehensive advocacy agenda is

needed to improve the ways we respond to the current COVID-19 pandemic and to future outbreaks or crises.

Discussion

This paper raises an important and timely discussion to the profession of psychology given the current issues brought on by COVID-19. For communities who already live on the margins of society due to income, racial/ethnic ancestry, documentation status, and other inequalities, COVID-19 has become yet another hurdle for many communities in the U.S. to overcome. This pandemic has shown us something that empirical studies have long established, that there are pervasive structural and systemic issues that have historically impacted the health and wellbeing of people of color and those with economic disadvantage (Belgrave, & Abrams, 2016; Bonds et al., 2009; Brennan Ramirez et al., 2008). We cannot ignore the disproportionate death toll this pandemic has had on individuals from disadvantaged and marginalized communities. The morbidity and mortality rates serve as a clear indicator of the needed shifts in existing paradigms that further disenfranchise some and privilege others. As psychologists, we are well suited to take our place among other health professions and allow our voices to be heard on how to best assist with the psychological sequelae of COVID-19 and future pandemics.

Today, we find ourselves living in unprecedented times where communities and countries around the globe are being heavily impacted by a novel coronavirus. While the virus itself does not discriminate, there is sufficient and mounting evidence that individuals from disadvantaged communities, who are primarily people of color, are being disproportionately impacted. Every day, the numbers of those infected and of lives lost continues to increase and instill fear and hopelessness in many. Beyond the devastating physical and economic toll, the negative mental health impacts of COVID-19 are undeniable and will have lasting effects. It is our hope to

continue to stand with APA as they lead the way forward and build on the significant work they have already done during this pandemic.

To move this discussion forward, we proposed a multi-level systemic approach to addressing health inequities and offer specific suggestions at every level (see Figure 1). Building interdisciplinary coalitions and partnerships with health experts, developing and engaging in sustainable and targeted community-action approaches, and advocating and formulating health public policies are ways in which health service psychologists can initiate paradigm shifts needed for systemic change.

While some socioeconomically and politically privileged groups work remotely from home due to shelter-in-place mandates, many members of marginalized communities are unable to follow these guidelines and are at increased risk of exposure to COVID-19. For example, agricultural workers picking crops in our fields, people cooking and delivering food, individuals who are homeless or marginally housed, those providing medication and personal care, and others working for companies that provide essential services such as grocery store clerks. For many people in these communities mutual aid organizations have offered a life-line during a time of crisis. For farmworkers, who in a matter of days went from being perceived as "unwelcomed illegal aliens" to "essential workers" vital to our food pipeline, mutual aid groups have stepped in to provide them with PPE, meals for their families, and financial assistance. Thus, organizations such as APA are well positioned to advocate for sustainable resources and policies directly affecting specific under-resourced groups and lead in socially responsible ways.

The main purpose of this paper is to leverage our professional privilege and to advocate for bold systemic changes and advocacy practices in the field of psychology in direct response to the health inequities of the COVID-19 pandemic. The paper highlights the work that APA has

already done and seeks to further encourage psychologists to prioritize protecting vulnerable communities through engagement in mutual aid organizations, bold leadership, partnerships with other health associations, and direct involvement with public health policies (e.g., universal health care coverage) that positively impact disadvantaged groups. These unprecedented times call for socially responsive action and systemic changes that may significantly improve the way we respond to COVID-19 and future outbreaks or crises that affect us all. COVID-19 will unequivocally teach us many difficult lessons and above all will challenge all humanity to realize that the health of their neighbors is interconnected with their own.

Figure 1

How psychologists can address health inequities using a multi-level systemic approach
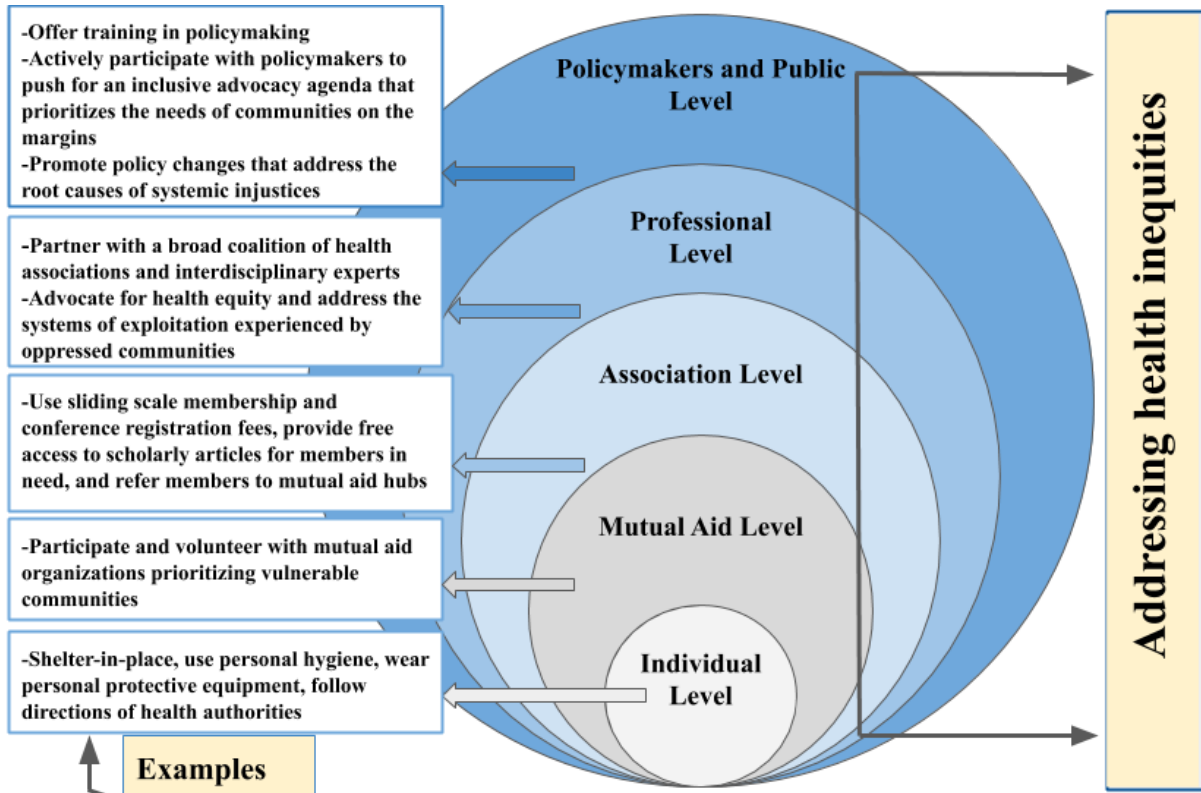
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