AMERICAN PSYCHOLOGICAL ASSOCIATION | SERVICES, INC.

April 9, 2021

The Honorable Patty Murray
Chair
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, DC 20510

Dear Chair Murray and Ranking Member Burr:

On behalf of the American Psychological Association (APA) and the Society for Industrial and Organizational Psychology (SIOP), we want to thank you for the opportunity to provide information and policy solutions to inform the Committee's work on workforce policies and development in a post-COVID environment. Specifically, we would like to address the impact of COVID-19 on the public and BIPOC communities, on women, and on the overall workplace, as well as offer specific recommendations based on psychological science to respond to current concerns and prepare our workforce and workplaces for the future.

APA is the largest scientific and professional organization representing psychology in the United States, numbering more than 122,000 researchers, educators, clinicians, consultants, and students. SIOP is an affiliate organization and division of APA representing more than 10,000 members in the field of industrial and organizational (I-O) psychology. (I-O) psychology is the scientific study of work and the application of that science to workforce issues to enhance individual, team, and organizational effectiveness and well-being. I-O psychologists bring over a century of expertise in understanding and predicting workplace behavior. Specifically, I-O psychologists advise federal agencies and employers alike on: hiring and recruitment tactics; effective employee development programs; improving morale and retention; leadership; worker health, well-being, and safety; organizational development; and a variety of other workplace topics. I-O psychology research can also inform evidence-based policy on adoption of technology, remote work, bias reduction in selection and promotion, and other factors facing the workforce.

*Impact of COVID-19 on the Public and BIPOC Communities*

Data collected by APA over the past several months tell a compelling story about the pandemic's impact on the public's growing mental health needs, as reflective of the public health and economic impact of the pandemic causing greater levels of stress, anxiety, depression, and trauma. Last fall, our members who provide psychological services to individuals at the forefront of this crisis reported an increase in patient demand for the treatment of anxiety disorders (74%), depressive disorders (60%), and trauma- and stress-

related disorders (51%) since before the pandemic (American Psychological Association, November 2020).

Two months later, according to APA's January 2021 Stress in America Survey, 84% of U.S. adults reported feeling at least one negative emotion—such as anxiety, sadness, and anger— associated with prolonged stress within the previous two weeks, with the COVID-19 pandemic reported among the top sources of stress (American Psychological Association, January 2021). The March edition of this survey likewise found that a significant number of individuals reported physical manifestations of stress, such as undesired weight gain or loss (61%), significant changes in sleep patterns (67%), and greater consumption of alcohol (23%). Increased stress levels were especially experienced by essential workers, with 75% of them reporting that they could have used more emotional support than they received, 34% having received treatment from a mental health professional, and 1 in 4 (25%) have been diagnosed with a mental health disorder since the start of the pandemic (American Psychological Association, March 2021).

The toll that the pandemic is taking on Black, Indigenous and People of Color (BIPOC) communities is well-documented with African Americans and American Indians/Alaska Natives at higher risk of infection and death from the COVID-19 virus than other populations because of a higher incidence of co-occurring chronic medical conditions, such as diabetes and hypertension, as well as a lesser likelihood of access to health insurance or a health care provider (Gold et al., 2020). COVID-19 is also exacerbating existing mental health disparities among individuals from BIPOC communities, as these equity issues are rooted in historic and contemporary racism and discrimination (Smedley, 2019).

A key strategy to address such systemic issues while also expanding access to services for these disadvantaged communities is to continue development of the mental and behavioral health workforce to reach underserved and marginalized communities. To effectively address the long-term mental health impact of this crisis, Congress must ensure that quality and affordable mental health assessment and treatment are available in low-income and marginalized communities that have been especially affected by the crisis due to both these preexisting disparities and the relatively high rates of low-wage essential workers within these communities (Kinder & Ross, 2020).

*Impact of COVID-19 on Women*

The pandemic continues to have a pronounced adverse effect on women in the workforce. More than 2.3 million women have left the labor force since February 2020, leaving women's overall labor participation rate at its lowest level since 1988 (Ewing-Nelson, 2021). Moreover, the World Economic Forum predicts that it will now take over 135 years to reach gender equity with the pandemic setting gender parity efforts back a generation (Crotti et al., 2021). The negative impact of the pandemic on women is especially significant in science, technology, engineering, mathematics, and medical (STEMM) fields (National Academies of Sciences, Engineering, and Medicine, 2021).

The pandemic placed work and family roles on a collision course. Historically, working women spend more time caring for dependent children than did working men (Shockley & Shen, 2016). In addition, women comprise the majority of caregivers (61 percent) for elderly parents or other aging family members (National Alliance for Caregiving and AARP Public Policy Institute, 2020). Six in ten elder care providers works while caregiving, and most report that caregiving has a negative impact on their work (National Alliance for Caregiving and AARP Public Policy Institute, 2020).

As workplaces, schools, and dependent care centers closed in response to the COVID-19 pandemic, many working parents faced increased and novel dependent care and domestic demands, including the homeschooling of children. Studies conducted during the spring and summer of 2020 showed that

caregiving time fell to mothers more so than to fathers, unduly impacting the work productivity of women (Carlson et al., 2020; Craig & Churchill, 2020; Meyers et al., 2020; Shockley et al., 2020). Employees who had to rapidly shift to remote work reduced their exposure to COVID-19 but faced the disintegration of any boundary between work and nonwork roles (Allen, Merlo et al., 2021). The pandemic has increased and shifted both work demands (e.g., use and adaptation to new virtual work tools) and non-work demands (e.g., lack of dependent care), creating increased vulnerability to conflicts between work and non-work demands (Allen, Merlo et al., 2021; Schieman et al., 2021).

*Impact of COVID on the Overall Workplace*

COVID-19 has disrupted and transformed work and organizations across the globe (Kniffin, et al., 2021). Almost overnight, workers found themselves transitioning from traditional labels of "full-time" and "part-time" work to new labels such as "essential", "remote," "work-from-home," "emergency personnel," and "furloughed." The pandemic accelerated digital transformation in our economy and altered the workplace, including shifts in behavior that are likely to stay in place. Sudden and unexpected changes like these, compounded by increased rates of furloughs and layoffs in many workplaces, contributed to higher levels of stress and unmet mental health needs among employees (Mental Health America, 2021).

There is evidence that workers are able to remain productive working remotely; however, adjustment to remote work is dependent on features of the home environment, such as proper equipment, including access to broadband Internet service and a computer with a monitor (Shockley et al., 2020). While workplaces are held to Occupational Safety and Health Administration (OSHA) standards designed to help ensure safe worksites, OSHA does not conduct inspections of home offices, hold employers liable for employees' home offices, or expect employers to inspect the home offices of their employees (United States Department of Labor, 2020). Thus, employees, rather than employers, are expected to ensure their own safety while working remotely (Allen, Regina, & Waiwood, 2021). The effects of remote work on physical health have received little attention in the research literature (Allen et al., 2015).

To be clear, many workplaces capably shifted their practices amidst an unstable environment and rose to the challenges of employment during the pandemic. However, amidst broader distribution of vaccines and greater discussion of returning to a more "normal" workplace environment, Congress must now play "catch-up" and focus on policies that ensure a safe and healthy workforce in work-from-home and remote arrangements, as well as a safe return to traditional workplaces.

Many challenges lay ahead. A primary challenge revolves around attracting, training, and retaining workers in a virtual environment, as well as predicting if and how the pandemic will change the demand for certain jobs and skill sets. Additionally, there is a lack of agreement on the relative priority of safety concerns in the workplace, known as the "safety climate" (Zohar, 1980). The pandemic has altered the beliefs and behaviors of employees who may now mistrust employer workplace safety policies, procedures, and practices (Hatfield et. al., 2020). I-O psychologists are well-equipped to inform employers on how best to intervene to create and restore a positive, safe climate (Hale et al., 2010; Lee et al., 2019; Robertson et al., 2013).

*Recommendations*

Targeted research on health and the workplace is needed to better understand and distinguish between successful and unsuccessful policies to better enable our nation to prepare for future emergencies. Fortunately, some of these research efforts are already underway; for example, under President Biden's American Rescue Plan, $100 million was allocated for the Department of Education's Institute of Education Sciences (IES) to study the impacts of learning loss due to school closures.

The long-term impact on the future job market is not fully known. APA is asking for $20 million in additional funding to the NIH Office of Behavioral and Social Sciences Research (OBSSR) to direct an initiative to plan and co-fund research with NIH institutes that would evaluate the direct effects of pandemic mitigation efforts, the indirect effects of the pandemic's economic impact, the role of health care access on health outcomes, and the consequences of recent public policy interventions—including telehealth and digital health interventions—in reducing these impacts.

OBSSR's initiative includes examining the social, behavioral, and economic impacts these efforts have had on society. Understanding the disruption in work and schooling, the economic uncertainty, grief, stress, unhealthy coping mechanisms, and the mechanisms that convey risk and resilience will help policymakers improve the long-term response to the current pandemic and plan for the next public health emergency. Additionally, more review is needed of the impact of dislocated worker grants to provide mental health support to job seekers with opioid and other substance use disorders to reenter the job market. Lack of clarity and restrictions kept psychologists from participating in high-risk communities.

APA also supports and promotes health equity-focused policies that reduce or eliminate disparities in health attributed to race, ethnicity, sexual orientation, gender identity, disability, age, national origin, and low socioeconomic status. However, addressing the social determinants of health that contribute to the underlying causes of these disparities must be a part of the overall strategy. These include, but are not limited to, poverty, discrimination, lack of access to good jobs with fair pay, substandard housing, and environmental safety. While the economic devastation caused by the pandemic resulted in greater levels of stress, anxiety, depression, and trauma, it also serves as the latest example—even in the absence of a global pandemic—of the impact that the lack of access to basic human needs, such as safety, food, and shelter, can have on a person's mental and physical health. Addressing broader issues like these must be incorporated in any strategy to reduce the risk of more individuals falling deeper into poverty and the cumulative effects of the related trauma.

APA and SIOP would like to provide these additional recommendations based on psychological science to the Committee:

1. Strengthen OSHA initiatives and programs that prioritize designing and re-designing workplaces and workspaces that are safe, healthy, and productive. This can involve educating workers about how they can help create a safe and healthy workplace and giving organizations tools to help instill worker confidence and reduce employee stress regarding workplace safety.

2. Adopt CDC/National Institute for Occupational Safety and Health (NIOSH)'s Total Worker Health perspective, which recognizes that safety concerns are fundamentally linked to employee health and well-being concerns, and should be addressed simultaneously with them. For example, employees experiencing a great deal of job strain or health problems may have difficulty changing their behavior to work more safely.

3. Encourage and provide incentives for organizations to consider "permanent" remote work options when this can be accomplished without reducing productivity; educate organizations on both the costs and benefits of remote work policies, which includes providing evidence-based tips and guidance for organizations on how to implement remote work effectively.

4. Adopt family-supportive policies to enable parents, especially those in families with young children and in households with individuals who have significant healthcare risks and needs, to continue working or return to work; incentivize employer-supported mental health and family counseling support for families who have suffered significant stress and disruption as a result of

the pandemic that impacts their well-being at home and makes it difficult for them to focus on and engage in their work.

5. Support individuals whose jobs have been permanently eliminated, dislocated or transformed as a result of the pandemic, especially workers who are from disproportionately BIPOC or other underserved communities and have very limited financial security; address a broad range of needs that can range from temporary economic security to stress management/mental well-being to vocational counseling and retraining; adopt a "whole person approach" through improved alignment across programs; establish permanent training curricula for American Job Centers employees to recognize and respond to job seekers exhibiting stress and signs of suicidal ideation.

6. Address racism in the workplace; provide evidence-based guidance for organizations on how to have productive and respectful conversations about race,
how to create a workplace where inclusion and equity are valued, how to assess and audit workplace policies with an eye towards adverse impact, and enable policies that support equal opportunity and fair outcomes for all individuals and groups.

7. Invest in programs that support critical essential workers who have been on the frontlines of the pandemic and in many cases are suffering from posttraumatic stress disorder (PTSD), depression, anxiety, sleep disorders, or burnout.

8. Explore and create a new federal advisory committee to provide evidence-based recommendations to federal departments and agencies on how to maintain worker engagement in the midst of multiple workplace disruptions (including remote work, workplace redesign, return to work, and shifts in organizational strategy that require re-skilling and new ways of working); assess key factors that drive employee engagement and practices that support engagement; provide guidance, training, and other support to those in leadership and management roles regarding practices that promote worker engagement, productivity, and well-being; advise on evidence-based organizational and management practices that, if in place, help enable an organization's quick recovery from acute disruptions, as well as establishing preparedness to cope with future disruptions (Barasa, Mbau, & Gilson, 2018).

9. Create new guidelines for home workplaces, which include recommendations to individuals and organizations on how to create a productive and healthy home workplace (e.g., technology guidelines and workspace design recommendations, including ergonomic requirements), as well as recommendations for home-based workers on how to avoid burnout and social isolation, as well as establish effective work-life balance and work-life boundaries.

10. Continued investment and support for federal research into how workplace disruptions affect historically disadvantaged groups (e.g., BIPOC communities, women, individuals with lower levels of educational attainment, individuals with disabilities or health conditions) and those who are living and working in financially precarious situations (e.g., low-income workers, "gig economy" workers) to better understand inequities and enable the development of solutions by both policy makers and employers.

11. Invest in DOL Veterans' Employment and Training Service (DOLVETS) reemployment initiatives by cultivating partnerships with major online job boards and talent organizations, and applying psychological science to inform hiring and recruitment practices, training, and development programs for improved job fit.

Thank you for the opportunity to provide feedback. In addition to the specific sources cited in this letter, APA and SIOP have at their disposal a number of evidence-based resources that may inform your decisions, including a 2020 COVID-19 policy statement, a recent article in the American Psychologist, and a series of articles in Occupational Health Science. In addition, SIOP has a new Health and Well-being advocacy area containing additional guidance in the development of evidence-based policies to improve health and safety in the workplace. An example of their policy work can be found here. We look forward to offering our expertise to your legislative activities to help shape our nation's future workforce needs and ensure a thriving and healthy workforce.

Please contact Katherine McGuire, Chief Advocacy Officer, at kmcguire@apa.org should you have additional questions.

Sincerely,

Arthur C. Evans, Jr. Ph.D.
CEO and Executive Vice President
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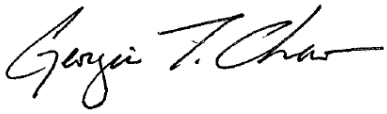

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