

PSYC 6800-01 (CRN: 26390)

HEALTH PSYCHOLOGY

Th 3:30-6:00pm, Jones 108

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Course Web Site: <http://psychmike.com/health>

Course Overview: In light of recent healthcare reforms under the Affordable Care Act (ACA), there is no more exciting time to study health psychology than today. Historically, psychology has often been perceived as confined to the realm of mental health. As Puente (2011) argues, the coming decade will give rise to a “paradigm shift from primarily mental health to health,” and for good reason. Namely, psychologists are uniquely armed with knowledge and skills – in personality, multiculturalism, communication, decision-making, intervention design and implementation, and measurement – well-suited for understanding and enhancing the health and well-being of the nation. In fact, the Patient-Centered Outcomes Research Institute (PCORI), a new funding agency established under the ACA, calls for more research in these very areas. Rather than a fleeting fad, PCORI’s policy priorities represent a culmination of research evidence and policy recommendations accumulating over the past 30+ years as the healthcare system has begun to evolve from a biomedical model of disease to a bio-psycho-social model of community health. This course provides an overview of contemporary topics in health psychology with direct relevance to the priorities outlined in recent healthcare reforms.

The course will use a combination of lecture, discussion, and student presentations surrounding these topics. A major focus of the course is the term paper, which is designed pragmatically to facilitate students’ scientific programs and potentially reach publishable form. By the end of the course, students are expected to develop knowledge and skills relevant to a broad range of topics in health psychology directly relevant to future careers in research, clinical practice, or policy.

Readings: Weekly readings are noted in the reading list. You can download and print the readings from the website. The username and password are both _____. You are also responsible for joining APA Division 38 – Health Psychology as a Student Affiliate (\$23, <http://www.health-psych.org/JoinTypes.cfm>) and enrolling in their General Communications listserv (<http://www.health-psych.org/Listservs.cfm>), unless you have a religious or other objection. The following optional readings are recommended in order to facilitate writing the term paper:

APA (2009). *Publication manual of the American Psychological Association – Sixth Edition*. Washington, DC: APA.
<http://www.amazon.com/Publication-American-Psychological-Association-Edition/dp/1433805618>

Gruber, J. (2011). *Health care reform*. New York: Farrar, Straus, & Giroux.
<http://www.amazon.com/Health-Care-Reform-Necessary-Works/dp/0809053977>

Wikipedia. http://en.wikipedia.org/wiki/Patient_Protection_and_Affordable_Care_Act
http://en.wikipedia.org/wiki/Provisions_of_the_Patient_Protection_and_Affordable_Care_Act

The Affordable Care Act. <http://www.hhs.gov/healthcare/rights/law/>

Special Needs: Tulane provides individuals with disabilities reasonable accommodations to participate in educational programs, activities, and services. Students requiring accommodations to participate in class activities or meet course requirements should first register with the Office of Disability Services (<http://tulane.edu/studentaffairs/disability/index.cfm>), and then contact me as early as possible.

Classroom Civility: Students are responsible for adhering to the Tulane Policy on Disruptive and Threatening Student Behavior (<http://tulane.edu/studentaffairs/upload/Disruptive-and-Threatening-Student-Behavior-Final.pdf>). Violations include persistently arriving late or leaving early without prior authorization, talking incessantly during lecture, making frequent interruptions, belligerence, threats or bribes (written, spoken, or non-verbal, even jokingly), substance use, and inappropriate use of electronics. Computers can be used for note-taking only. Electronics should be silenced, including alerts and vibrations. Violations will be handled informally where possible. Repeated or severe violations may result in dismissal from the classroom, referral to the Office of Judicial Affairs, and/or police response.

Academic Dishonesty: Students are responsible for adhering to the Code of Academic Conduct (<http://tulane.edu/provost/upload/Unified-Code-of-GS-Academic-Conduct-11-14-07.pdf>). Violations include plagiarism, cheating, unauthorized collaboration, fabricating or providing false information, submitting the same work in different courses without approval from both instructors, facilitating others' misconduct, and sabotage. Any suspected violation will be reported to the Dean and can result in an automatic course failure, probation, suspension, expulsion, a letter in one's permanent record, and/or revocation of any Tulane degree.

Plagiarism: Plagiarism means presenting someone else's ideas as your own without properly giving credit. For papers, use a citation when expressing another's idea that is not common knowledge. Use a citation and page number when paraphrasing closely, providing a figure, or providing a number/statistic. Use a citation, page number, and quotation marks when directly copying.

Grades:

A = 920, A- = 890, B+ = 860, B = 820, B- = 790, C+ = 760, C = 720, C- = 690

Category	Number	Points Each	Points Total	Percentage
Term Paper	1	250	250	25.0%
Presentations	2	100	200	20.0%
Quizzes	2	150	300	30.0%
Student Engagement	--	--	250	25.0%
Total			1,000	100.0%

Absences

Each unexcused absence will result in a loss of 20 points. Planned absences for legitimate reasons (e.g., conference, job interview) can be excused by contacting me in advance and writing a reaction paper 300+ typed words in length due by email before the start of class. Unplanned absences due to acute crises (e.g., funeral, documented illness) can also be excused by contacting me ASAP and writing the reaction paper, but are due by email within 48 hours of the resolution of the crisis.

Term Paper

Write a term paper that explains the implications of the Affordable Care Act for a domain of psychology (e.g., survey development, school psychology, prejudice research, adolescent mental health, communication research, etc.). The paper should be relevant to one's personal career goals, and can be written individually or in teams of up to four.

The term paper should be written in APA style, cite references appropriately, and include at least one table or figure. The paper should be at least 10 pages, excluding the cover page, abstract, table/figure(s), and references, though longer papers are also welcome. Any-and-all requirements (e.g., page limit, APA style, topic) can be modified to meet external requirements, if given prior authorization from me. On the cover page, be sure to indicate three research journals that might be interested in publishing a paper on this topic. If working as a team, (a) discuss the authorship order well in advance, (b) clearly note the order on the cover page, (c) and include a brief paragraph or list noting each author's contributions.

The online Course Calendar provides dates for the following tasks:

- Topic (10 points). * Come to class prepared to discuss your topic and the organization of your authorship team. Have two backup topics in mind.
- Outline (20 points). * Develop a detailed outline of your term paper and bring copies for everyone in class to discuss.
- Draft 1 (220 points). ** Submit your term paper as though it were your final draft. I will supply comments to enhance the quality of the paper, either for a second draft or any potential future publication. Submit the draft via email before the start of class and make sure everyone in the team is included on the email.
- Draft 2 (optional). * A second draft can be submitted to earn back half the points missed on the prior draft. All updates should be made using the track-changes feature in Word. Use the comment feature to respond to the issues I will have noted in the prior draft.

* Late work not accepted. ** Late work accepted. Same day = 10% off, then 10% per day.

Presentations

Students are expected to complete two presentations during the semester.

(1) Special Topic Presentation. Provide a 20-minute presentation on a topic in health psychology that is relevant to your personal career goals and of broad interest to students in the course. The presentation should (a) provide an overview of the topic, incorporating relevant recent research findings or policy statements, (b) carefully explain any diagnosis, condition, or technical terms, (c) demonstrate the relevance of the topic to health and to psychology, and (d) make clear the importance of the topic for society's health and well-being. Use Powerpoint or a similar format, and provide a printout of the presentation for each person in the class. Expect to answer at least 3 questions afterward.

Sample Topics:

- How a specific health condition (e.g., thyroid problem, low blood sugar, tumor) can masquerade as a mental health problem
- Issues related to managing a health condition (e.g., cancer, diabetes) in a specific population (e.g., older adults, teens)

- Psychology interventions used to prevent, treat, or facilitate adjustment to a specific health condition
- Health concerns facing a specific population (e.g., Louisianans, MSM, recent immigrants)
- Available decision aids for a particular health decision (e.g., colorectal cancer screenings)
- A novel research method or statistical approach relevant to health psychology
- A new funding initiative or policy statement relevant to health psychology

(2) Term Paper Presentation. Provide a presentation summarizing or expanding upon your term paper. The length of the presentation should be 15 minutes for sole-authored term papers, 25 minutes for two-author papers, 35 minutes for three-author papers, and 45 minutes for four-author papers. Use Powerpoint or a similar format, and provide a printout of the presentation for each person in the class. Expect to answer at least 3 questions afterward.

Quizzes

Each quiz will include a combination of multiple choice and short answer. More details will be provided the week before each quiz.

Student Engagement

Students are expected to actively engage in the course, which will be assessed in two ways.

(1) Quick Writes. Students are expected to complete the required readings before class. Periodically, I will use “quick writes” to examine the extent students are deeply reflecting on the readings. For the quick writes, I will select one or more of the day’s Discussion Questions (see online Course Calendar), and students will be given ample time to respond to the question in class in writing.

(2) Discussion. Students are expected to contribute to class discussions by asking clarifying questions, asking their own discussion-provoking questions, commenting on messages from the Division 38 listserv, expressing their informed opinions, and engaging in polite debate.

Reading List

1. INTRODUCTION

Puente, A. E. (2011). Psychology as a health care profession. *American Psychologist*, 66, 781-792.

Schroeder, S. A. (2007). We can do better—improving the health of the American people. *New England Journal of Medicine*, 357, 1221-1228.

Hoerger, M. (in press). The Affordable Care Act and healthcare decision science: Implications for psychology research training in personality, multiculturalism, and methodology. *NYS Psychologist*.

PCORI (2012a). Patient-Centered Outcomes Research Institute: National priorities for research and research agenda. *PCORI Board of Governor’s Meeting*. <http://pcori.org/assets/PCORI-National-Priorities-and-Research-Agenda-2012-05-21-FINAL1.pdf>

Nelson, W., Stefanek, M., Peters, E., & McCaul, K. D. (2005). Basic and applied decision making in cancer control. *Health Psychology*, 24, S3-S8.

2. FOUNDATIONS I: THE BIO-PSYCHO-SOCIAL MODEL

Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196, 129-136.

Suls, J., Krantz, D. S., & Williams, G. C. (2013). Three strategies for bridging different levels of analysis and embracing the biopsychosocial model. *Health Psychology, 32*, 597-601.

Marks, D. F., Murray, M., & Evans, B. (2011a). Stress and coping. In *Health Psychology: Theory, Research, and Practice – 3rd Edition* (pp. 268-289). Thousand Oaks, CA: SAGE.

Insel, T. R., Landis, S. C., & Collins, F. S. (2013). The NIH BRAIN Initiative. *Science, 340*, 687-688.

National Institutes of Health (NIH). (2009). NIH science of behavior change meeting summary. http://commonfund.nih.gov/sites/default/files/SOBC_Meeting_Summary_2009.pdf (abridged version).

3. FOUNDATIONS II: COMMUNITY HEALTH PSYCHOLOGY

Marks, D. F., Murray, M., & Evans, B. (2011b). Community approaches within health psychology. In *Health Psychology: Theory, Research, and Practice – 3rd Edition* (pp. 338-361). Thousand Oaks, CA: SAGE (abridged version).

Minkler, M., Wallerstein, N., & Wilson, N. (2008). Improving health through community organization and community building. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health Behavior and Health Education: Theory, Research, and Practice – 4th Edition* (pp. 287-312). San Francisco: Wiley.

Frieden, T. R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health, 100*, 590-595.

Nelson, F., & Mann, T. (2011). Opportunities in public policy to support infant and early childhood mental health: The role of psychologists and policymakers. *American Psychologist, 66*, 129-139.

Springgate, B. F., Allen, C., Jones, C., Lovera, S., Meyers, D., Campbell, L., ... & Wells, K. B. (2009). Rapid community participatory assessment of health care in post-storm New Orleans. *American Journal of Preventive Medicine, 37*, S237-S243.

4. FOUNDATIONS III: THEORIES OF HEALTH BEHAVIOR

Lindner, H., & Sciacchitano, L. (2013). Health behavior change techniques. In M. L. Caltabiano & L. A. Ricciardelli (Eds.), *Applied Topics in Health Psychology* (pp. 3-14). Thousand Oaks, CA: SAGE.

Fishbein, M. (2008). A reasoned action approach to health promotion. *Medical Decision Making, 28*, 834-844.

Arndt, J., Vail III, K. E., Cox, C. R., Goldenberg, J. L., Piasecki, T. M., & Gibbons, F. X. (2013). The interactive effect of mortality reminders and tobacco craving on smoking topography. *Health Psychology, 32*, 525-532.

Slovic, P., Peters, E., Finucane, M. L., & MacGregor, D. G. (2005). Affect, risk, and decision making. *Health Psychology, 24*, S35-S40.

Reyna, V. F. (2012). Risk perception and communication in vaccination decisions: A fuzzy-trace theory approach. *Vaccine, 30*, 3790-3797.

Halpern, J., & Arnold, R. M. (2008). Affective forecasting: An unrecognized challenge in making serious health decisions. *Journal of General Internal Medicine, 23*, 1708-1712.

Sweeny, K. (2008). Crisis decision theory: Decisions in the face of negative events. *Psychological Bulletin*, 134, 61-76.

5. HEALTH DECISION-MAKING

Novack, D. H., Plumer, R., Smith, R. L., Ochitill, H., Morrow, G. R., & Bennett, J. M. (1979). Changes in physicians' attitudes toward telling the cancer patient. *Journal of the American Medical Association*, 241, 897-900.

Fagerlin, A., Sepucha, K. R., Couper, M. P., Levin, C. A., Singer, E., & Zikmund-Fisher, B. J. (2010). Patients' knowledge about 9 common health conditions: The DECISIONS survey. *Medical Decision Making*, 30, 355-525.

Braddock III, C. H., Edwards, K. A., Hasenberg, N. M., Laidley, T. L., & Levinson, W. (1999). Informed decision making in outpatient practice. *Journal of the American Medical Association*, 282, 2313-2320.

Woolf, S. H., Chan, E. C., Harris, R., Sheridan, S. L., Braddock, C. H., Kaplan, R. M., ... & Tunis, S. (2005). Promoting informed choice: Transforming health care to dispense knowledge for decision making. *Annals of Internal Medicine*, 143, 293-300.

Oshima Lee, E., & Emanuel, E. J. (2013). Shared decision making to improve care and reduce costs. *New England Journal of Medicine*, 368, 6-8.

Elwyn, G., Stiel, M., Durand, M. A., & Boivin, J. (2011). The design of patient decision support interventions: Addressing the theory-practice gap. *Journal of Evaluation in Clinical Practice*, 17, 565-574.

Cooper Robbins, S. C., Bernard, D., McCaffery, K., Brotherton, J. M., & Skinner, S. R. (2010). "I just signed": Factors influencing decision-making for school-based HPV vaccination of adolescent girls. *Health Psychology*, 29, 618-625.

Quill, T. (1991). Death and dignity: A case of individualized decision making. *New England Journal of Medicine*, 324, 691-694.

6. PERSON-CENTERED OUTCOMES RESEARCH

Sox, H. C., & Goodman, S. N. (2012). The methods of comparative effectiveness research. *Annual Review of Public Health*, 33, 425-445.

Garber, A. M., & Tunis, S. R. (2009). Does comparative-effectiveness research threaten personalized medicine? *New England Journal of Medicine*, 360, 1925-1927.

Dickersin, K. (2010). To reform US health care, start with systematic reviews. *Science*, 329, 516-517.

Chapman, B. P., Roberts, B., & Duberstein, P. (2011). Personality and longevity: Knowns, unknowns, and implications for public health and personalized medicine. *Journal of Aging Research*.

Simpson, L. A., Peterson, L., Lannon, C. M., Murphy, S. B., Goodman, C., Ren, Z., & Zajicek, A. (2010). Special challenges in comparative effectiveness research on children's and adolescents' health. *Health Affairs*, 29, 1849-1856.

Mack, J. W., Weeks, J. C., Wright, A. A., Block, S. D., & Prigerson, H. G. (2010). End-of-life discussions, goal attainment, and distress at the end of life: Predictors and outcomes of receipt of care consistent with preferences. *Journal of Clinical Oncology*, *28*, 1203-1208.

7. HEALTH DISPARITIES

American Psychological Association. (2007). Report of the APA task force on socioeconomic status. Washington, DC: Author. <http://www.apa.org/pi/ses/resources/publications/task-force-2006.pdf> (abridged version).

Braveman, P. A., Cubbin, C., Egerter, S., Williams, D. R., & Pamuk, E. (2010). Socioeconomic disparities in health in the United States: What the patterns tell us. *American Journal of Public Health*, *100*, S186-S196.

Adler, N. E. (2009). Health disparities through a psychological lens. *American Psychologist*, *64*, 663-673.

Yoshikawa, H., Aber, J. L., & Beardslee, W. R. (2012). The effects of poverty on the mental, emotional, and behavioral health of children and youth: Implications for prevention. *American Psychologist*, *67*, 272-284.

Major, B., Mendes, W. B., & Dovidio, J. F. (2013). Intergroup relations and health disparities: A social psychological perspective. *Health Psychology*, *32*, 514-524.

Walton, G. M., & Cohen, G. L. (2011). A brief social-belonging intervention improves academic and health outcomes of minority students. *Science*, *331*, 1447-1451.

8. HEALTHCARE SYSTEMS

Nash, J. M., McKay, K. M., Vogel, M. E., & Masters, K. S. (2012). Functional roles and foundational characteristics of psychologists in integrated primary care. *Journal of Clinical Psychology in Medical Settings*, *19*, 93-104.

Glasgow, R. E., Kaplan, R. M., Ockene, J. K., Fisher, E. B., & Emmons, K. M. (2012). Patient-reported measures of psychosocial issues and health behavior should be added to electronic health records. *Health Affairs*, *31*, 497-504.

Marks, D. F., Murray, M., & Evans, B. (2011c). Cancer and chronic diseases. In *Health Psychology: Theory, Research, and Practice – 3rd Edition* (pp. 463-492). Thousand Oaks, CA: SAGE.

Jacobsen, P. B., & Wagner, L. I. (2012). A new quality standard: The integration of psychosocial care into routine cancer care. *Journal of Clinical Oncology*, *30*, 1154-1159.

Byrne, M. K. (2013). Enhancing adherence to medications. In M. L. Caltabiano & L. A. Ricciardelli (Eds.), *Applied Topics in Health Psychology* (pp. 446-461). Thousand Oaks, CA: SAGE.

Marteau, T. M., Ogilvie, D., Roland, M., Suhrcke, M., & Kelly, M. P. (2011). Judging nudging: Can nudging improve population health? *British Medical Journal*, *342*, 263-265.

Coleman, K. J., Tiller, C. L., Sanchez, J., Heath, E. M., Sy, O., Milliken, G., & Dziewaltowski, D. A. (2005). Prevention of the epidemic increase in child risk of overweight in low-income schools: The El Paso coordinated approach to child health. *Archives of Pediatrics & Adolescent Medicine*, *159*, 217-224.

9. COMMUNICATION AND DISSEMINATION RESEARCH

Berwick, D. M. (2003). Disseminating innovations in health care. *Journal of the American Medical Association*, 289, 1969-1975.

Woolf, S. H. (2008). The meaning of translational research and why it matters. *Journal of the American Medical Association*, 299, 211-213.

Clay, R. A. (2011). Postgrad growth area: Translational science. *gradPSYCH Magazine*.
<http://www.apa.org/gradpsych/2011/01/postgrad.aspx>

Glasgow, R. E. (2013). What does it mean to be pragmatic? Pragmatic methods, measures, and models to facilitate research translation. *Health Education & Behavior*, 40, 257-265.

Lobb, R., & Colditz, G. A. (2013). Implementation science and its application to population health. *Annual Review of Public Health*, 34, 235-251.

Hoerger, M., Epstein, R. M., Winters, P. C., Fiscella, K., Duberstein, P. R., Gramling, R., Butow, P. N., Mohile, S. G., Kaesberg, P. R., Tang, W., Plumb, S., Walczak, A., Back, A. L., Tancredi, D., Venuti, A., Cipri, C., Escalera, G., Ferro, C., Gaudion, D., Hoh, B., Leatherwood, B., Lewis, L., Robinson, M., Sullivan, P., & Kravitz, R. L. (2013). Values and Options in Cancer Care (VOICE): Study design and rationale for a patient-centered communication and decision-making intervention for physicians, patients with advanced cancer, and their caregivers. *BMC Cancer*, 13.

Wallace, C., Leask, J., & Trevena, L. J. (2006). Effects of a web based decision aid on parental attitudes to MMR vaccination: A before and after study. *British Medical Journal*, 332, 146-149.

10. RESEARCH METHODS IN HEALTH PSYCHOLOGY

Gabriel, S. E., & Normand, S. L. T. (2012). Getting the methods right—the foundation of patient-centered outcomes research. *New England Journal of Medicine*, 367, 787-790.

PCORI (2012b). Draft methodology report. Our questions, our decisions: Standards for patient-centered outcomes research. *PCORI Board of Governor's Meeting*. <http://pcori.org/assets/Methodology-Report-072312.pdf> (abridged version).

Marks, D. F., Murray, M., & Evans, B. (2011d). A-Z of research methods in health psychology. In *Health Psychology: Theory, Research, and Practice – 3rd Edition* (pp. 83-111). Thousand Oaks, CA: SAGE.

Wallerstein, N., & Duran, B. (2010). Community-based participatory research contributions to intervention research: The intersection of science and practice to improve health equity. *American Journal of Public Health*, 100, S40-S46.

Hausman, A. J., Baker, C. N., Komaroff, E., Thomas, N., Guerra, T., Hohl, B. C., & Leff, S. S. (2013). Developing measures of community-relevant outcomes for violence prevention programs: A community-based participatory research approach to measurement. *American Journal of Community Psychology*, 52, 249-262.

Cella, D., Yount, S., Rothrock, N., Gershon, R., Cook, K., Reeve, B., ... & Rose, M. (2007). The Patient-Reported Outcomes Measurement Information System (PROMIS): Progress of an NIH Roadmap cooperative group during its first two years. *Medical Care*, 45, S3-S11.