

11-40

App - 10/4/11
Senate Info - 11/8/11

Undergraduate Distance Education Review Form

(Required for all courses taught by distance education for more than one-third of teaching contact hours.)

Existing and Special Topics Course

Course: HPED 441, Psychosocial Implications for Health and Physical Education

Instructor(s) of Record: Dr. Elaine H. Blair

Phone: 724-357-2770 Email: eblair@iup.edu

Step Two: Departmental/Dean Approval

Recommendation: Positive (The objectives of this course can be met via distance education)

Negative

[Signature] 09/26/2011
Signature of Department Designee Date

Endorsed: [Signature] 9/26/11
Signature of College Dean Date

Forward form and supporting materials to Liberal Studies Office for consideration by the University-wide Undergraduate Curriculum Committee. Dual-level courses also require review by the University-wide Graduate Committee for graduate-level section.

Step Three: University-wide Undergraduate Curriculum Committee Approval

Recommendation: Positive (The objectives of this course can be met via distance education)

Negative

[Signature] 10/4/11
Signature of Committee Co-Chair Date

Forward form and supporting materials to the Provost within 30 calendar days after received by committee.

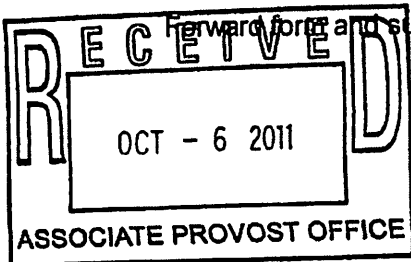
Step Four: Provost Approval

Approved as distance education course

Rejected as distance education course

[Signature] 10/11/11
Signature of Provost Date

Forward form and supporting materials to Associate Provost.



Received
SEP 26 2011
Liberal Studies

Undergraduate Distance Education Review Form

Required for all courses taught by distant education for more than one-third of teaching contact hours

Existing and Special Topics Courses

Course: HPED 441, Psychosocial Implications for Health and Physical Education

Instructor: Dr. Elaine H. Blair

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Email: eblair@iup.edu

Step One: Proposer

A. Provide a brief narrative rationale for each of the items, A1- A5.

1. How is/are the instructor(s) qualified in the distance education delivery method as well as the discipline?

Dr. Blair has taught HPED 441, Psychosocial Implications for the past 15 years using traditional classroom delivery format. She has regularly integrated online assignments and web-based technology in this course. She has also used Web-CT in the past and is currently using Moodle in another course, HPED 634, Current Literature in Sport. She has attended technology workshops offered by the IUP IT Center and plans to convert both HPED 634 and 441 (pending approval) to D2L format.

2. How will each objective in the course be met using distance education technologies?

Objective A: Distinguish between the Traditional Model of Medicine and the Health Psychology Model and shifting trends in morbidity and mortality

Assigned readings will trace historical trends in leading causes of morbidity and mortality that have influenced definitions of health and strategies to treat disease, identify health risks, and promote health through primary, secondary, and tertiary prevention strategies. The biomedical approach to treatment of infectious disease of the Traditional Model of Medicine will be compared to the evolving biopsychosocial approach currently employed to address chronic disease and risk factors related to lifestyle and personal decision-making. Web-based resources will also be provided to identify goals and key objectives of the Healthy People 2020, and to illustrate integrated and multidisciplinary approaches to health education and health promotion. Students will take an online quiz, and submit a brief 1-2 page paper summarizing key concepts related to current primary prevention strategies for health education and chronic disease prevention.

Objective B: Discuss cultural and social factors that influence health and risk behaviors

Various dimensions of culture and demographic variables (ethnicity, race, religion, gender, age, geographic location, and socioeconomic status) that impact behavior and influence health will be presented. Students will examine differences and similarities of various cultural philosophies regarding health and illness and corresponding influences on health-related behavior, treatment approaches, and health education strategies. This will be accomplished through assigned

readings, Power Point summary, web-based resources, and video presentation. Students will be required to post questions and participate in an **online discussion** and submit a **1-2 page** individual response to the group discussion.

Objective C: Explore models of behavior change and apply current theories to personal health behavior management

Determinants of health, such as genetic predisposition, psychological and social predictors, and learned behaviors will be introduced in required readings and reinforced through power point summary presentations. Key theories of health behavior change, including the Health Belief Model, Theory of Planned Behavior, and Transtheoretical Model, will be analyzed and applied to specific health-related behaviors. In addition to assigned reading, students will take a **quiz** at the end of the module, and they will further apply their learning in a personal behavior change **project** culminating in a **3 page written analysis**. Rubrics will be provided to students with clearly defined criteria for this assignment. The same rubrics will be used by the instructor to assess and evaluate students' completion of their project. This assignment will continue throughout the semester and students will submit their analysis at the end of the 2nd unit.

Objective D: Explain the science of Psychoneuroimmunology and implications for the integrated model of mind/body health

Required reading assignments introduce students to Psychoneuroimmunology and the impact this evolving science has had upon theory of mind/body dualism and the biopsychosocial model of health and illness. Students will review results of current research demonstrating interaction of nervous, endocrine, and immune systems and psychological activity and behavior. Web-based resources and video will also be used to illustrate this multidisciplinary science and the integration of mind/body health. In addition to taking a **quiz** for assessment of content knowledge, students will apply their learning and discuss related implications for health education and personal health management in a brief **2 page** written essay.

Objective E: Describe the major constructs of stress theory and explain both direct and indirect models relating to stress and illness

Key concepts of stress theory (e.g., Cannon's fight-or-flight theory, Selye's General Adaptation Syndrome, Lazarus' Cognitive Appraisal Model), basic terminology, and physiology of the stress response will be presented through required reading assignments, Power Point, and video illustration. Students will apply this knowledge by completing a variety of **self-assessments** and by writing a brief **2 page** evaluation of their assessment results.

Objective F: Analyze coping styles and strategies for managing stress and discuss their efficacy and impact upon health.

Required reading assignments will provide examples and descriptions of coping styles (general dispositions) and strategies (specific behavioral and cognitive efforts) to manage stress. A **quiz** will be administered to assess content knowledge, and **self-assessments** and web-based resources will be used to enhance learning and to guide students in the study of relaxation approaches, cognitive-behavioral strategies, and evaluation of social support.

Objective G: Examine psychosocial issues that impact physical activity and sport participation throughout the lifespan

A growing body of research supports recommendations by the American College of Sports Medicine and the Centers for Disease Control and Prevention regarding the efficacy of regular

physical activity to promote and health and prevent premature morbidity and mortality. Multiple psychosocial factors present incentives for activity, as well as barriers, at different stages of growth and development throughout the lifecycle. These factors will be addressed through assigned readings, **journal article review**, and web-based resources. Students will respond to questions and participate in an online class **discussion** to express their ideas on topics of intrinsic and extrinsic motivation, lack of support for school physical education, geographic and environmental obstacles and incentives for physical activity, and availability of resources to maintain an active lifestyle.

Objective H: Discuss the basic tenets of the field of applied sport and exercise psychology

The field of Sport Psychology addresses individual attributes and processes, such as motivation, perception, cognition, self-esteem, self-confidence, attitudes, and personality that may affect activity and/or sport performance. These concepts, as well as the impact of interpersonal dynamics, including communication, leadership, and social influences will be presented in required reading assignments and Power Point presentation. In addition to a **quiz** at the end of the module, students will write a **(2 page) personal response** to a self selected attribute or interpersonal dynamic related to physical activity or sport performance that has influenced them personally or that has impacted them in a professional capacity such as while coaching, personal/athletic training, or teaching.

Objective I: Identify and discuss psychological variables that contribute to successful physical performance

Goal setting, stress management, visual imagery, and use of relaxation and concentration techniques will be presented in assigned readings. Also, students will be guided through an exercise on visual imagery via an online tutorial. Finally, students will read and submit a written **summary (2-3 pages) on a journal article** about identifying and preventing injuries resulting from psychosocial factors.

Objective J: Explore the basic principles and benefits of mindful exercise

Required reading assignments will introduce students to principles and benefits of mindful exercise, with specific focus on intrapersonal awareness and self-monitoring of breathing and proprioception of "muscle sense" combined with moderate level muscular activity. This approach is increasingly used to complement conventional exercise programs or offered as an alternative to more competitive, goal oriented exercise/sport programs. In addition to reading assignments, students will view video demonstrations of selected mindful exercises, such as yoga, pilates, and Tai Chi. They will also take a **quiz** and **critique a journal article** addressing benefits of this exercise approach and potential application in varied settings, including fitness centers, schools, cardiovascular disease prevention and management programs, and health clubs.

Objective K: Discuss current social issues related to organized sport participation

Distinction between Sport Sociology and Sport Psychology will be clarified. Sport as a social phenomena and current, often controversial, social issues related to organized sport and athletics will be explored. Issues such as aggression and violence, competition and eating disorders, gender and race discrimination, performance enhancing supplements, and sport spectator behavior will be introduced through reading assignments and review of video clips. Students will write a brief **(2 page) personal response** to a self-selected social issue related to sport. Students will complete this module by participating in an **online discussion** on a social issue selected by the instructor.

In conclusion, Moodle technology will be used primarily to enable students to meet the course objectives listed above. Lesson Modules, discussion boards, and assignment drop boxes will be used to enhance student participation and enhance learning. While completing the instructional Modules, students will be required to respond to discussion questions, submit multiple writing assignments, and participate in online class discussions. This format for delivery of the course content is designed to promote self-motivation and independent learning skills.

3. How will instructor-student and student-student, if applicable, interaction take place?

As stated above, use of Moodle applications provides multiple opportunities for students to interact with the instructor and with other students through an online class bulletin board, assignment drop box, and discussion board. Students will also interact with the instructor through completion of online tests and quizzes and will have access to the instructor throughout the course via email for additional questions and assistance.

4. How will student achievement be evaluated?

This course is divided into 2 units of instruction, including 1) psychosocial implications for health/health education and 2) psychosocial implications for physical activity/education and sport. Each unit is divided into 7 modules for a total of 14 modules of instruction. Four quizzes will be given during the first unit and 2 quizzes will be given during the 2nd unit (6 quizzes) and a test will be given after each unit (2 tests). Additionally, students will be required to participate in 3 online discussions, complete 3 journal article reviews, a variety of self-assessments, 6 short essay papers, and complete a behavior change project and 3 page written analysis of their progress toward their stated goal. These additional assignments are designed to enable students to express personal opinions and to synthesize, think critically, and personally apply course content.

5. How will academic honesty for tests and assignments be addressed?

The university academic integrity policy will be included in the course syllabus and the expectation for academic integrity, as well as penalty for dishonesty, will be emphasized at the beginning of the course. Additionally, the instructor will employ recommended strategies to prevent academic dishonesty, such as random selection of test questions, timed tests, waiting until exam availability time ends until providing exam feedback, and limiting number of attempts and duration of quizzes. Finally, student learning will be evaluated using a variety of methods, including short essays in response to assigned readings and/or discussion, personal behavior project and analysis, and online discussion participation, in addition to quizzes and exams, which will help the instructor to assess consistency of performance.

- B. Place the Undergraduate Distance Education Review Form on top of the Proposal and then submit to the department or its curriculum committee the responses to items A1-A5, the current official syllabus of record, along with the instructor developed online version of the syllabus, and the sample lesson. This lesson should clearly demonstrate how the distance education instructional format adequately assists students to meet a course objective(s) using online or distance technology. It should relate to one concrete topic area indicated on the syllabus.**

**HPED 441 COURSE SYLLABUS
(Of Record)**

**Dr. Elaine Blair
225 Zink Hall
724-357-2770
eblair@iup.edu**

**Office Hours: T/Th 1:45-2:45 pm
Wed 9:00am-12:00 pm
Additional hours by appointment**

I. CATALOG DESCRIPTION

HPED 441 Psychosocial Implications for Health and Physical Education

A study of psychological and sociological influences, both theoretical and empirical, and their effects upon health and physical performance.

II. COURSE OBJECTIVES

At the completion of this course students will:

- A. Distinguish between the Traditional Model of Medicine and the Health Psychology Model and shifting trends in morbidity and mortality.**
- B. Discuss cultural and social factors that influence health and risk.**
- C. Explore models of behavior change and apply current theories to personal health behavior management and health education programming.**
- D. Explain the science of Psychoneuroimmunology and implications for the integrated model of mind/body health.**
- E. Describe the major constructs of stress theory and explain both direct and indirect models relating stress and illness.**
- F. Analyze coping styles and strategies for managing stress and discuss their efficacy and impact upon health.**
- G. Examine psychosocial issues that impact physical activity and sport participation throughout the lifespan.**
- H. Discuss the basic tenets of the field of applied sport and exercise psychology.**
- I. Identify and discuss psychological variables that contribute to successful physical performance.**
- J. Explore the basic principles and benefits of mindful exercise.**
- K. Discuss current social issues related to organized sport participation.**

III. COURSE OUTLINE

- A. The Changing Field of Health
 - 1. Changing patterns of morbidity and mortality
 - 2. Traditional medical model of disease/health becomes the Health Psychology Model
 - 3. Current issues and health care reform.
- B. Influence of Cultural Factors in Defining the Concepts of Health and Illness
 - 1. Cultural differences: conceptions and perceptions
 - 2. Demographic variables
- C. Health Psychology Model
 - 1. Evolution from emphasis on physical to include psychological, emotional, and social aspects (biopsychosocial)
 - 2. Increased focus on interpersonal relations and healthy behaviors
 - 3. Emergence of Behavioral Medicine as an interdisciplinary field
 - 4. Application to current issues: obesity
- D. Behavior Change Theories: Examination of Psychosocial Influences
- E. Implications for Health Education
 - 1. Personal responsibility/lifestyle management
 - 2. Social incentives/control
 - 3. Behavioral models
 - 3. School, worksite, community, and medical settings
- F. Psychoneuroimmunology
 - 1. Mind-body dualism and the biomedical model
 - 2. Biopsychosocial model: neuroendocrine and immune system interactions
 - 3. Beliefs and health
 - 4. Mind/body Integration
- G. Psychophysiology of Stress
 - 1. Stress theory
 - 2. Models of stress and illness
 - a. Direct physiological connection
 - b. Indirect pathway: unhealthy behaviors
 - c. Social reaction and social definition
 - 5. Stress management and implications for health
- H. Coping Styles and Strategies: Managing Stress
- I. Psychosocial Determinants of Physical Activity Across the Lifespan
 - 1. Physical activity Epidemiology
 - 2. Application of psychological principles to promote and maintain exercise and activity

3. Social and environmental influences on exercise behavior
- J. Applied Sport and Exercise Psychology
 1. Theories and models of exercise behavior
 2. Psychological antecedents and consequences of exercise
 - a. Personality
 - b. Self-esteem/body image
 - c. Stress and anxiety
 - d. Cognitive functioning and emotional well-being
 - K. Physical Performance: Impact of Psychological Factors
 1. Goal setting
 2. Stress and arousal management
 3. Visual imagery and relaxation strategies
 - L. Principles and Benefits of “mindful” exercise
 1. An alternative exercise approach
 2. Intrapersonal awareness and self-monitoring
 - M. Sport and Society
 1. Distinguishing between Sport Psychology and Sport Sociology
 2. Sport as a social phenomena
 3. Current social issues and sport

IV. EVALUATION METHODS

Course requirements include participation in **class activities**, completion of **written exams** (midterm and final), **written essays**, and **behavior change project** (specific criteria will be provided). Point assignments for each of these course requirements is as follows:

<u>Requirement</u>	<u>Points</u>
In class Activities and homework assignments	100
Class activities/homework assignments include small and large group discussions, quizzes, self-assessments, Internet assignments, and in-class writings following assigned reading and class discussions.	
Exams (100 points each)	200
Two exams will be given, one midterm and one final, composed of true/false, multiple choice, and/or short answer essay questions.	
Journal Article Critiques (3 for 25 points each)	75
Personal Behavior Change Project	50
and Self-Assessment	
(A Rubric for evaluation of this project will be provided.)	
425 pts = 100%	

Grading Scale (%)

A	=	100 - 92
B	=	91 - 83
C	=	82 - 74
D	=	73 - 65
F	=	below 64

- V. Required Text: Karren, K.J., Smith, N.L., Hafen, B.Q., & Jenkins, K.J. (2010). *Mind/body health: The effects of attitudes, emotions, and relationships (3rd ed.)*. New York: Benjamin Cummings.

Additional assigned readings, including Sport Psychology and Sport Sociology will be distributed in class, available on the Internet, and placed on e-reserve at the IUP Library. Specific resources will be announced in class at the time of each assignment.

VI. BIBLIOGRAPHY

Ader, R. (2007). *Psychoneuroimmunology (4th ed.)*. Burlington, MA: Elsevier, Inc.

American College of Sports Medicine (2006). *ACSM's guidelines for exercise testing and prescription (7th ed.)*. Philadelphia, PA: Lippincott, Williams, and Wilkins.

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Brannon, L., & Feist, J. (2010). *Health psychology: An introduction to behavior and health (7th ed.)*. California: Wadsworth.

Brownell, K.D., Stunkard, A.J., & Albaum, J.M. (1980). Evaluation and modification of exercise patterns in the natural environment. *American journal of Psychiatry, 137*, 1540-1545. (Historical Reference)

Coakley, J. (2009). *Sports in Society (10th ed.)*. New York: McGraw-Hill.

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- Dishman, R.K., & Jackson, E.M. (2000) Exercise, Fitness, and Stress. *International Journal of Sport Psychology*, 31, 175-203.
- Forge, R. (2005). Aligning mind and body: Exploring the Disciplines of mindful exercise. *ACSM's Health Fitness Journal*, 9 (5), 7-14.
- Friedman, H.S. & DiMatteo, M.R. (1989). *Health psychology*. New Jersey: Prentice Hall. (Historical Reference)
- Freidman, H.S., Hall, J., & Harris, M.J. (1985). Type A behavior, nonverbal expressive style, and health. *Journal of Personality and Social Psychology*, 48, 1299-1315. (Historical Reference)
- Gurung, R.A. (2006). *Health psychology: A cultural approach*. California: Thompson Wadsworth.
- Haskell, W.I., Lee, I., Pate, R.R., Powell, K.E., Blair, S.N., Franklin, B.A., . . . & Bauman, A. (2007). Physical activity and public health: Updated recommendations for adults from the American College of Sports Medicine and the American Heart Association. *Medicine and Science in Sport and Exercise*, 29(39), 1423-1434.
- Kiecolt-Glaser, J.K. & Glaser, R. (1989). Psychoneuroimmunology: Past, present, and future. *Health Psychology*, 8, 677-682. (Historical Reference)
- Kobasa, S.C. (1979). Stressful life events, personality, and health: An inquiry into hardiness. *Journal of Personality and Social Psychology*, 37, 1-11. (Historical Reference)
- Lazarus, R.S. & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer. (Historical Reference)
- Lox, C.L., Martin Ginis, K.A., & Petruzello, S.J. (2010). *The Psychology of Exercise*. Arizona: Holcolmb Hathaway.
- Mattarazzo, J.D. (1980). Behavioral health and behavioral medicine: Frontiers for a new health psychology. *American Psychologist*, 35, 807-817. (Historical Reference)
- Merrill, R.M. & Timmreck, T. C. (2006). *An introduction to epidemiology*. Massachusetts: Jones and Bartlett.
- Miltenberger, R.G. (2001). *Behavior modification: Principles and procedures* (2nd ed.). California: Wadsworth.
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- U.S. Department of Health and Human Services. (2006). *Healthy People 2010 Midcourse Review*. Washington, DC: U.S. Government Printing Office

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- F. Analyze coping styles and strategies for managing stress and discuss their efficacy and potential impact upon health.
- G. Examine psychosocial issues that impact physical activity and sport participation throughout the lifespan.
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E. Implications for Health Education

1. Personal responsibility/lifestyle management
2. Social and environmental incentives
3. School, worksite, community, and medical settings

F. Psychoneuroimmunology

1. Mind-body dualism and the biomedical model
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3. Beliefs and health
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G. Psychophysiology of Stress

1. Stress theory
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 - b. Indirect pathway: unhealthy behaviors
 - c. Social reaction and social definition
5. Stress management and implications for health

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1. Physical activity Epidemiology
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- M. Sport and Society
 - 1. Distinguishing between Sport Psychology and Sport Sociology
 - 2. Sport as a social phenomena
 - 3. Current social issues and sport

IV. EVALUATION METHODS

All course requirements will be completed online via the class Moodle page.

<u>Requirement</u>	<u>Points</u>
Quizzes	120
Six quizzes (short answer essay and multiple choice) will be assigned for 20 points each	
Brief Written Essays	60
Six brief papers will be assigned in response to required readings or class discussion for 10 points each	
Exams (100 points each)	200
Two exams will be given, one at the end of each unit, composed of true/false, multiple choice, and/or short answer essay questions.	
Journal Article Critiques/Essay Responses	30
Three journal articles will be reviewed for 10 points each	
Personal Behavior Change Project	50
(A detailed rubric for evaluation of this project will be provided.)	
460 pts = 100%	

Grading Scale (%)

A	=	100 - 92
B	=	91 - 83
C	=	82 - 74
D	=	73 - 65
F	=	below 64

Academic Integrity/Cheating

This class will follow IUP's Academic Integrity Policy and Procedures which is published in the university's Undergraduate Catalog and also available online. This policy is designed to promote a community of honesty, ethical principles, and personal integrity. It provides a process to guide the academic system toward this end and also to identify procedures whereby violations of the policy will be enforced. In accordance with this policy, you are expected to do your own work for this online class! Plagiarism, or submitting someone else's work as your own, is not acceptable and will result in zero points for that assignment. The second violation will result in a failing grade for the class.

- V. Required Text: Karren, K.J., Smith, N.L., Hafen, B.Q., & Jenkins, K.J. (2010). *Mind/body health: The effects of attitudes, emotions, and relationships* (3rd ed.). New York: Benjamin Cummings.

Required readings (selected chapters) available on IUP Library e-reserve:

Friedman, H.S. & DiMatteo, M.R. (1989). *Health psychology*. New Jersey: Prentice Hall.
(Historical Reference)

Lox, C. L., Martin Ginis, K. A., & Petruzzello S. J. (2010). *The Psychology of Exercise* (3rd ed.). Arizona: Holcolmb Hathaway.

Coakley, J. (2009). *Sports in Society* (10th ed.). New York: McGraw-Hill.

Journal articles will be posted to the class Moodle page.

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Online Course Schedule

Unit 1 Psychosocial Implications for Health/Health Education

- Module 1. Traditional Model of Medicine Becomes Health Psychology Model (Chapters 1,2 Friedman)
 - Module 2. Impact of Social and Cultural Factors on Health and Risk Behavior (Chapter 1, Brannon)
 - Module 3. Behavior Change Theories (Chapter 22, Karren)
 - Module 4. Behavioral Change Project - Personal Application (Exerpts from Chapter 4, Brannon)
 - Module 5. Psychoneuroimmunology and mind/body health (Chapter 1 and exerpts of 21,Karren)
 - Module 6. Psychophysiology of Stress (Chapter 2, Karren)
 - Module 7. Managing Stress: Coping Styles and Strategies (Exerpts from Chapters 9, 17, 18, Karren)
-

Unit #2 Psychosocial Implications for Physical Activity/Education and Sport

- Module 8. Physical Activity Epidemiology (Exerpts from Chapter 2, Lox)
- Module 9. Physical Activity throughout the Lifespan: Impact of Psychosocial Variables (Chapter 22, Karren)
- Module 10. Applied Sport and Exercise Psychology (Exerpts from Chapter 1, Lox)
- Module 11. Psychological Factors Impacting Physical Performance (Exerpts from Chapters 10, 11, 12, Cox)
- Module 12. Principles and Benefits of Mindful Exercise (Exerpts from Chapter 8, Lox)
- Module 13. Sport as a Social Phenomena (Chapter 1, Coakley)
- Module 14: Current Social Issues and Sport (Exerpts from Chapters 5, 7, 8, Coakley)

Sample Module

Module 1: Traditional Model of Medicine Becomes the Health Psychology Model

Objectives:

At the completion of this module, students will be able to:

1. distinguish between the Traditional Model of Medicine and the Health Psychology Model.
2. explain shifting trends of morbidity and mortality over the past century from infectious to chronic disease.
3. identify the leading causes of death for Americans and associated risk factors.
4. Recognize the need for a multifaceted approach to combat premature preventable chronic disease.
5. Analyze the national agenda for health promotion and disease prevention.

Assignments and instructions:

1. Read Chapters 1 and 2 from the historical text by Friedman, H.S. & DiMatteo, M.R. (1989) entitled *Health Psychology*, on e-reserve at the IUP library. The Password for our e-reserve will be posted on Moodle.
2. Review the Power Point presentation entitled *Historical Trends in Health and Illness* that summarizes these chapters. This Power Point will be posted to the class Moodle page, but can also be emailed to students upon request.
3. Review the Power Point presentation entitled *Levels of Prevention*, also posted on the class Moodle page.
4. Research the current national agenda for health promotion and disease prevention by going to the following website: <http://www.healthypeople.gov> Find the link to the overall goals and objectives of Healthy People 2020. Start by linking to "Get Healthy People 2020 Brochure" at this website.
5. Access the website of the Centers for Disease Control and Prevention (CDC) at the following site: <http://www.cdc.gov> Find the link "Preventing Chronic Disease (PCD)" under "Publications." Here you will find access to a peer-reviewed electronic journal, *Preventing Chronic Disease*. The primary focus of articles in this journal is to promote health, prevent and control chronic diseases, and investigate biological, behavioral, and social determinants of health and their impact on quality of life, morbidity, and mortality across the life span. From this link, find the journal dated September 2011, volume 8, issue 5 and the article entitled *Ethical Concerns Regarding Interventions to Prevent and Control Childhood Obesity*. Read this brief (3 page) article.
6. Write a 1-2 page paper based upon this article. In your paper, explain which level of prevention the author's 6 priorities for reversing the epidemic of childhood obesity fall under. Also, in your paper, offer you own opinion regarding the best strategies for combating childhood obesity.
7. Take the online quiz at the end of this module. (See attached)

Historical Trends in Health and Illness

- Past era of Infectious Disease
- . . . led to Traditional Medical Approach to treatment of illness

Traditional Medical Model

- Disease Model
- Mechanical approach to health & illness
- Influencing factors:
 1. Sulfa drugs & penicillin (1930's-1940's)
 2. Sheer quantity of biomedical information becoming available = specialists
 3. Increasing centralization of medical care

**Traditional Medical Model
no longer adequate:**

**led to newer Health Psychology
Model**

Traditional (Biomedical/Disease) Model

- Assumes health & illness result from agents beyond one's control
- Defines health as "absence of disease"

Health Psychology Model

- Assumes health & illness result from combined **biological, psychological, & social factors . . .** and that one has considerable control over psychological & social forces
- Defines health as **multidimensional & dynamic**
- Emphasizes keeping people **healthy**, not just treating them after they become ill

Model of Health Promotion assumes health is influenced by:

- **Biological factors:** invading pathogens and immune system response
- **Psychological factors:** thoughts and feelings
- **Social factors:** influence of others and the environment

Primary Focus of Health Promotion

- **Healthy interpersonal relations**
- **Healthy behavior**

Emphasis Upon:

- **Physically active lifestyle**
- **Avoidance of tobacco use**
- **Eating well (varied, low fat, high fiber diet)**
- **Enthusiastic cooperation with prescribed medical regimens**
- **Immunization & well baby care**
- **Social & psychological management of stress**
- **Prevention of injury & contagion**
- **Sensitive care of aged, dying, & bereaved**
- **Proper use of traditional drugs & surgery when needed**

Levels of Prevention

1. Primary
2. Secondary
3. Tertiary

Primary Prevention

- Focus on healthy people
 - Strategies to keep healthy people healthy: health promotion
 - Examples: weight management, physical activity; low fat, high fiber diet; stress management; healthy relationships
-

Secondary Prevention

- Target people at risk (who may not know they're at risk)
 - Strategies to identify and modify risks
 - Examples: screenings (blood pressure, glucose, cholesterol), mammograms, colonoscopy, dental check ups
-

Tertiary Prevention

- Target populations with disease
 - Strategies to treat disease, prevent progression or reoccurrence of disease
 - Examples: cardiac rehabilitation, medical treatment of sick populations
-

Cost Effectiveness

- Primary Prevention: less costly, more effective
 - Tertiary Prevention: most costly, less effective
-

Healthy People 2020



www.healthypeople.gov

Healthy **People** in Healthy **Communities**

What Is *Healthy People*?

Healthy People is a set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States.

Released by the U.S. Department of Health and Human Services each decade, *Healthy People* reflects the idea that setting objectives and providing science-based benchmarks to track and monitor progress can motivate and focus action. *Healthy People 2020* represents the fourth generation of this initiative, building on a foundation of three decades of work.

Healthy People is used as a tool for strategic management by the federal government, states, communities, and many other public- and private-sector partners. Its comprehensive set of objectives and targets is used to measure progress for health issues in specific populations, and serves as (1) a foundation for prevention and wellness activities across various sectors and within the federal government, and (2) a model for measurement at the state and local levels.

What's New in *Healthy People 2020*?

Healthy People 2020 is committed to the vision of a society in which all people live long, healthy lives. This decade, several new features will help make this vision a reality:

- Emphasizing ideas of health equity that address social determinants of health and promote health across all stages of life
- Replacing the traditional print publication with an interactive Web site as the main vehicle for dissemination
- Maintaining a Web site that allows users to tailor information to their needs and explore evidence-based resources for implementation



The **Mission, Vision, and Goals** of *Healthy People 2020*

Vision—A society in which all people live long, healthy lives.

Mission—*Healthy People 2020* strives to:

- Identify nationwide health improvement priorities
- Increase public awareness and understanding of the determinants of health, disease, and disability, and the opportunities for progress
- Provide measurable objectives and goals that are applicable at the national, state, and local levels
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge
- Identify critical research, evaluation, and data collection needs

Overarching Goals

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all
- Promote quality of life, healthy development, and healthy behaviors across all life stages

Foundation **Health Measures**

Healthy People 2020 includes broad, cross-cutting measures without targets that will be used to assess progress toward achieving the four overarching goals.

Overarching Goals of <i>Healthy People 2020</i>	Foundation Measures Category	Measures of Progress
Attain high quality, longer lives free of preventable disease, disability, injury, and premature death	General Health Status	<ul style="list-style-type: none"> • Life expectancy • Healthy life expectancy • Physical and mental unhealthy days • Self-assessed health status • Limitation of activity • Chronic disease prevalence • International comparisons (<i>where available</i>)
Achieve health equity, eliminate disparities, and improve the health of all groups	Disparities and Inequity	Disparities/inequity to be assessed by: <ul style="list-style-type: none"> • Race/ethnicity • Gender • Socioeconomic status • Disability status • Lesbian, gay, bisexual, and transgender status • Geography
Create social and physical environments that promote good health for all	Social Determinants of Health	Determinants can include: <ul style="list-style-type: none"> • Social and economic factors • Natural and built environments • Policies and programs
Promote quality of life, healthy development, and healthy behaviors across all life stages	Health-Related Quality of Life and Well-Being	<ul style="list-style-type: none"> • Well-being/satisfaction • Physical, mental, and social health-related quality of life • Participation in common activities

Topic Areas

The Topic Areas of *Healthy People 2020* identify and group objectives of related content, highlighting specific issues and populations. Each Topic Area is assigned to one or more lead agencies within the federal government that is responsible for developing, tracking, monitoring, and periodically reporting on objectives.

1. Access to Health Services
2. Adolescent Health
3. Arthritis, Osteoporosis, and Chronic Back Conditions
4. Blood Disorders and Blood Safety
5. Cancer
6. Chronic Kidney Disease
7. Dementias, Including Alzheimer's Disease
8. Diabetes
9. Disability and Health
10. Early and Middle Childhood
11. Educational and Community-Based Programs
12. Environmental Health
13. Family Planning
14. Food Safety
15. Genomics
16. Global Health
17. Healthcare-Associated Infections
18. Health Communication and Health Information Technology
19. Health-Related Quality of Life and Well-Being
20. Hearing and Other Sensory or Communication Disorders
21. Heart Disease and Stroke
22. HIV
23. Immunization and Infectious Diseases
24. Injury and Violence Prevention
25. Lesbian, Gay, Bisexual, and Transgender Health
26. Maternal, Infant, and Child Health
27. Medical Product Safety
28. Mental Health and Mental Disorders
29. Nutrition and Weight Status
30. Occupational Safety and Health
31. Older Adults
32. Oral Health
33. Physical Activity
34. Preparedness
35. Public Health Infrastructure
36. Respiratory Diseases
37. Sexually Transmitted Diseases
38. Sleep Health
39. Social Determinants of Health
40. Substance Abuse
41. Tobacco Use
42. Vision



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What's this?

September 2011

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HIGHLIGHTS

[Ethical concerns regarding interventions to prevent and control childhood obesity](#)

[A question of competing rights, priorities, and principles: a postscript to the Robert Wood Johnson Foundation symposium on the ethics of childhood obesity policy](#)

[A common denominator: calculating hospitalization rates for ambulatory care-sensitive conditions in California \(includes podcast interview with Camillia Lui, winner of the inaugural Preventing Chronic Disease Student Paper Competition\)](#)



Selected abstracts and articles in Spanish.

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In This Issue

- [Table of contents](#)
- [State requirements and recommendations for school-based screenings for body mass index or body composition, 2010](#)
- [Using a concept map as a tool for strategic planning: The Healthy Brain Initiative](#)
- [A midpoint process evaluation of the Los Angeles Basin Racial and Ethnic Approaches to Community Health Across the US \(REACH US\) Disparities Center, 2007-2009](#)

Original Research

- [Vigorous physical activity among tweens, VERB Summer Scorecard program, Lexington, Kentucky, 2004-2007](#)
- [Regional and racial differences in smoking and exposure to secondhand smoke: the Reasons for Geographic and Racial Differences in Stroke \(REGARDS\) Study](#)
- [Awareness of direct-to-consumer genetic tests and use of genetic tests among Puerto Rican adults, 2009](#)

Announcements

- [CDC Launches New Data and Analysis Website](#)
- [2012 Student Research Contest](#)
- [CDC Vital Signs Now Available](#)


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Volume 8: No. 5, September 2011

ESSAY

Ethical Concerns Regarding Interventions to Prevent and Control Childhood Obesity

John Govea, JD, MPA

[TABLE OF CONTENTS](#)

Suggested citation for this article: Govea J. Ethical concerns regarding interventions to prevent and control childhood obesity. *Prev Chronic Dis* 2011;8(5):A91.

http://www.cdc.gov/pcd/issues/2011/sep/10_0288.htm
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In 2001, US Surgeon General David Satcher stated that childhood obesity was spreading through our nation like an epidemic, threatening the health and future of our children and incurring large health care costs (1). During the past decade, people throughout the country — from rural communities to the White House — have joined efforts to promote change. The growth of the movement to prevent childhood obesity is impressive and inspiring, but we still have far to go.

The most recent National Health and Nutrition Examination Survey (NHANES) statistics report that rates of childhood obesity may be stabilizing among certain groups after a long period of sharp increase, but we do not know if this stabilization marks the start of a meaningful downward trend (2). Moreover, even if obesity rates among children have plateaued, the level still is too high. NHANES also indicates that older children are struggling with their weight more than ever before and that racial and ethnic disparities remain in obesity and the factors that contribute to it.

A goal of the Robert Wood Johnson Foundation (RWJF) is to reverse the childhood obesity epidemic by 2015 by improving access to affordable, healthful foods and safe places for children to walk, bike, and play in communities across the nation, especially those that are most affected by the epidemic and have the fewest resources. With help from our partners in the field, we developed 6 policy priorities to help maximize our impact (3). Each priority is grounded in scientific research and is likely to affect obesity prevalence:

Navigate This Article

- [Acknowledgment](#)
- [Author Information](#)
- [References](#)

1. Ensuring that all foods and beverages served and sold in schools meet or exceed the most recent Dietary Guidelines for Americans (4).
2. Increasing access to affordable foods through new or improved grocery stores and corner stores and bodegas that sell more healthful foods.
3. Increasing the time, intensity, and duration of children's physical activity, during the school day and out-of-school programs.
4. Increasing children's physical activity by improving the built environment in communities.
5. Using pricing strategies — both incentives and disincentives — to promote the purchase of more healthful foods.
6. Reducing youth exposure to marketing of unhealthful foods through regulation, policy, and effective industry self-regulation.

RWJF has funded evidence-based interventions and made promising efforts at the community, state, and federal levels that are helping to advance these policy priorities. For example, RWJF's Healthy Kids, Healthy Communities program is helping 50 communities across the country support healthy living and prevent childhood obesity by building new farmers' markets, bringing supermarkets back to lower-income areas, bringing more healthful foods into rural areas, and conducting other initiatives. RWJF helps support the Healthy Schools Program, which is working to promote more healthful foods and increased opportunities for physical activity in almost 12,000 schools in all 50 states. RWJF also supports efforts by the Safe Routes to School National Partnership to remove barriers to physical activity in lower-income communities, expand sidewalks and bicycle lanes, and promote neighborhood safety programs that encourage children to be more active.

The articles presented in this collection address a selection of the most important and understudied aspects of childhood obesity interventions, the ethical implications of what we recommend or implement. They examine issues such as the stigma associated with obesity (5), the rights and responsibilities of parents (6), the role of advertising and marketing (7), and consideration for children with special health care needs (8). Investigating these issues is essential in our efforts to advance RWJF's 6 policy priorities, as well as the work of our partners and others who are engaged in addressing the obesity epidemic. For example, we know that communities with the highest rates of childhood obesity also face the greatest challenges with respect to academic achievement. A competition for class time often results, and physical education rarely wins that contest. Therefore, how we enlist schools in our efforts is critical. One paper examines whether schools have an ethical obligation to serve the common good in this area, even if their efforts to prevent obesity conflict with other practical goals or with the desires of children, parents, staff, administrators, or the business community (9).

The Arkansas Act 1220 of 2003 was among the first comprehensive legislative initiatives to address childhood obesity (10). The examination of its implementation in this collection of articles provides an example of the controversies that can arise in policy initiatives that aim to prevent childhood obesity and the tensions that surface between individual rights and public policy (11).

We know that children and adolescents are watching fewer television advertisements for fruit drinks, sugar-sweetened soda, and other sweets, including candy, cookies, and pastries. However, all youth are exposed to substantially more television advertisements for fast-food

restaurants (12). The article that examines the constitutional commercial speech doctrine combined with psychological research on how food marketing affects youth is a critical piece on which to base action (7).

The close examination of the epidemic among children with special needs can not only contribute to health care policies for this vulnerable group but also identify gaps in the data that are needed to evaluate interventions. As we seek to implement interventions in these areas, an article in this collection reminds us that for many obese youth, the consequences of weight bias and stigma are just as serious as the health risks associated with excessive body weight (5).

The research published here comes at an opportune time, as organizations and partners from multiple sectors are engaged in reversing the epidemic of childhood obesity.

- The new federal health reform law, the Patient Protection and Affordable Care Act of 2010, has the potential to address the obesity epidemic through substantial prevention and wellness provisions, expand coverage to millions of uninsured US residents, and create a reliable funding stream through the creation of the Prevention and Public Health Fund (13).
- President Barack Obama created a White House Task Force on Childhood Obesity, which issued a new national obesity prevention strategy that includes concrete measures and roles for every federal government agency (14).
- First Lady Michelle Obama launched the *Let's Move!* initiative to solve the challenge of childhood obesity within a generation (15).
- Twenty states and the District of Columbia set nutritional standards for school lunches, breakfasts, and snacks that are stricter than the US Department of Agriculture requirements. Five years ago, only 4 states had legislation requiring stricter standards (16).
- Twenty-eight states and the District of Columbia have nutritional standards for competitive foods sold at schools in à la carte lines, vending machines, school stores, or through school baking sales. Five years ago, only 6 states had nutritional standards for competitive foods (16).
- Every state has a form of physical education requirement for schools, but these requirements are often limited, are not enforced, or do not meet adequate quality standards (16).

According to RWJF Senior Vice President James S. Marks, Americans are ready for bold action (17). The articles in this collection will contribute to the evidence base for policy debates and to identifying gaps that must be addressed to ensure that the most promising efforts are replicated throughout the nation.

[Back to top](#)

Acknowledgment

This article highlights ideas generated and conclusions reached at the Symposium on Ethical Issues in Interventions for Childhood Obesity, sponsored by RWJF and Data for Solutions, Inc. I gratefully acknowledge the support of RWJF.

[Back to top](#)

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[Back to top](#)

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[Back to top](#)

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Sample Quiz

(Short Answer Essay)

1. Describe the primary difference between the strategic approach of the Traditional Model of Medicine and the Health Psychology Model in addressing issues of health and disease risk. In your description, explain why the traditional approach is inadequate in the context of current trends in chronic disease. (4 pts)
2. What is the purpose of the federal initiative entitled *Healthy People*? In your answer, include at least 4 parts of the core mission. (4 pts)
3. What are the 4 overarching goals of *Healthy People 2020*? List each goal and provide additional explanation, in your own words, to clarify what each goal means. (6 pts)
4. List 3 levels of prevention. For each level, identify the target population, purpose, and 1 example. (6 pts)

Total score: _____/20 points