

**Psychology 4460 Sections 001 & 002  
Social Psychology of Health and Illness  
Spring 2022**

**Professor**

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(please put “4460” in the subject header)

**Teaching Assistant**

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**Note:** Office hours are subject to change with advance notice. Please attend class for up-to-date information and check the announcements section of the class web site.

**Time & Location of Course**

Class meets Tuesdays and Thursdays, 10:45 AM-12:05 PM, in Gardner Commons Room 4700.

In recognition of the evolving nature of the COVID-19 pandemic, we are committed to working with you to ensure you have access to all resources and a fulfilling learning experience in this course. This course is scheduled to be held in person. Except in cases of ADA accommodations or quarantining due to COVID-19 exposure or infection, you will be expected to attend class in person and complete activities in person. Changes to this policy are up to the discretion of the instructor. We will continue to monitor campus recommendations regarding safety, and will announce any changes to the class on the Canvas site. Please be sure that your contact information is up to date so that you receive these announcements.

The Marriott Library, UIT, and TLT are expanding the number of laptops and hotspots available for checkout; see: <https://lib.utah.edu/coronavirus/checkout-equipment.php>

Additional information about University policies, CDC recommendations, and testing and vaccination resources appears on last page of this syllabus.

**Required Text**

There is no textbook. Required readings are available at no cost for individual download on the class website.

**Class Website**

All course materials (including readings and paper assignments) may be found on the class website on Canvas. Lecture notes will be posted each morning before class.

## Learning Goals

The lectures, activities, and assignments in this course will advance your proficiency in three critical learning goals, specifically 1) improving your knowledge base in psychology and its applications, 2) developing critical thinking, interpreting basic research findings, and incorporating sociocultural factors in scientific inquiry, and 3) improving your oral presentation and written communication skills.

## Overview of the Course

Through a series of lectures, readings, discussions, and short paper assignments, this course examines the multiple pathways through which people influence each other's health beliefs, behaviors, and outcomes. We will consider the following topics in detail:

**Health cognitions & behavior:** We will examine social influences on undertaking and maintaining preventive health behavior, seeking care for acute and chronic illnesses, understanding mental models of illness, changing health behaviors, and preventing relapse. We will also examine these questions for contagious diseases like the coronavirus.

**Risk perception & risk communications:** We will also examine individual and social determinants of risk perceptions and how these may be influenced by health-promotion and risk-communication campaigns on the one hand and marketing campaigns on the other. We will examine social aspects of advances in medicine, such as predictive genetic testing, that highlight the importance of understanding how human beings think about -- and respond to -- potential health risks.

**Personality, religion, identity, & health:** We will consider multiple individual differences (e.g., optimism, hostility, religious or spiritual beliefs, other aspects of worldview, social identity) linked to health behavior and outcomes, and we will consider multiple explanations for these links.

**Social processes & the management of illness:** We will consider a wide range of social processes involved in managing illness, including social support, stigma, disclosure, and social comparison processes. We will examine how technology is changing social processes related to illness (for example, Internet-based support groups for people with chronic illness).

**SES, ethnicity, discrimination, stigma, & health:** We will examine the effects of ethnicity and socioeconomic status on health behaviors and outcomes, focusing on the social aspects of this question. We will consider such phenomena as discrimination and stigma related to racism, sexism, and heterosexism, how people manage these potential sources of stress, and how such efforts are related to health outcomes over time.

**Social and interpersonal aspects of specific mental & physical health issues:** We will bring all of the previous topics to bear in detailed considerations of specific mental and physical health issues, including HIV/AIDS, depression, and bereavement. We will also discuss specific mental and physical health topics selected by students in the course.

A detailed schedule of topics, readings, and paper assignments appears on pages 9-14.

## Requirements of the Course & Grading

This course has two sections. The small project assignments, article share exercise, and class participation expectations are the same in both sections, but there are important differences in how the assignments contribute to your final grade. The Honors section 002 has an additional final research paper. There are no exams in either section of this course. Please see details specific to the section in which you have enrolled.

### **Section 001 (regular section):**

**1. Small Projects (16% x 5 = 80%):** Students will complete 5 short paper assignments (4-5 pages each), due roughly every 2-3 weeks. An extra project may be completed for extra credit.

**2. Article share (10%):** Social psychology is a huge and active field, with multiple applications to understanding health and illness. To ensure that we are covering contemporary issues and to focus class discussion on students' interests, we will have brief presentations that are based on articles selected by students. These articles should be related to each week's topic and have been published within the last 10 years (see me to discuss exceptions). Students should be prepared to describe the rationale for and findings of this article in sufficient detail that those of us who have not read the article will be able to understand it and learn from their presentation. Students will also prepare two discussion questions that follow from their article. A sign-up sheet for these presentations will be made available early in the semester. A list of academic social psychology journals appropriate for this assignment appears on page 7.

**4. Class participation (10%):** This will be an active, discussion-focused class. Asking questions and offering comments and examples improves the learning experience for everyone. Additionally, there are two important class discussions that depend on students bringing in examples (health-risk communications, social support websites). Bringing in relevant and thought-provoking examples, and asking questions about other students' examples, are both important ways to contribute to the class discussion.

Participation counts. Additionally, although no attendance will be taken, **strong consistent thoughtful participation** during class may be recognized with a few extra points in cases where a student is very close to a higher grade.

More information about the short paper assignments will be provided in class. A draft list of short assignments appears on page 9.

**Section 002 Honors:**

**1. Small Projects (10% x 5 = 50%):** Students will complete 5 short paper assignments (4-5 pages each), due roughly every 2-3 weeks. An extra project may be completed for extra credit.

**2. Final Research Paper (30%):** Instead of a final exam, an 8-10 page research paper is required. The paper must be based on at least 5 original source journal articles. In consultation with the professor, students will develop their own topics relating to social influences on the etiology, maintenance, and/or prevention or treatment of some mental or physical health issue. This paper should integrate material from the course with your own interests. The paper may be written as a research proposal, literature review, or design of a novel health intervention. The final paper is due Monday, May 2, 12:30 PM.

**3. Article share (10%):** Social psychology is a huge and active field, with multiple applications to understanding health and illness. To ensure that we are covering contemporary issues and to focus class discussion on students' interests, we will have brief presentations that are based on articles selected by students. These articles should be related to each week's topic and have been published within the last 10 years (see me to discuss exceptions). Students should be prepared to describe the rationale for and findings of this article in sufficient detail that those of us who have not read the article will be able to understand it and learn from their presentation. Students will also prepare two discussion questions that follow from their article. A sign-up sheet for these presentations will be made available early in the semester. A list of academic social psychology journals appropriate for this assignment appears on page 7.

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Participation counts. Additionally, although no attendance will be taken, **strong consistent thoughtful participation** during class may be recognized with a few extra points in cases where a student is very close to a higher grade.

More information about the short paper assignments and final paper will be provided in class. A draft list of short assignments appears on page 9.

## **Important Administrative Details**

**NOTE:** The following rules are presented in the interest of fairness for all students.

### **Documented Scheduling Conflicts & Other Hardships**

With two weeks advance notice, we may be able to help you out of a jam (e.g., 3 exams on the same day, 3 papers due in the same week, 3 weddings to attend, etc.). Without advance arrangements, no exceptions will be made. If you have a schedule conflict, submit a written request to the professor as soon as possible. In the request, include the reason, documentation of the reason, your name, student ID number, and e-mail address.

### **Late Papers**

Extensions will usually be granted if you make arrangements in advance. If you do not make advance arrangements or have satisfactory written documentation for a late paper, your grade will drop one half of one letter grade per business day or part of business day late.

### **Grading Reviews**

You have a maximum of 2 weeks after the return of any graded assignment to ask me to review your grade. Delays beyond 2 weeks must be accompanied by written documentation. Questions about final grades must be addressed in writing by May 31, 2022.

### **Missing Class to Observe Religious Holidays**

Every effort will be made to ensure that students observing religious holidays are not placed at a disadvantage. With advance notice, we will tape lectures. You can facilitate this process by giving the professor written notice of days on which you will be unable to attend by the end of the second week of class.

### **Accommodations for Students with Disabilities**

*The Americans with Disabilities Act.* The University of Utah seeks to provide equal access to its programs, services and activities for people with disabilities. If you will need accommodations in this class, reasonable prior notice needs to be given to the Center for Disability Services, 162 Olpin Union Building, 581-5020 (V/TDD). CDS will work with you and the instructor to make arrangements for accommodations. All written information in this course can be made available in alternative format with prior notification to the Center for Disability Services.

We are committed not only to the letter but also the spirit of the ADA. If you qualify for accommodations in any aspect of the course, *we encourage you to use them, starting with the first class.* Please see the professor as soon as possible so that we can make arrangements.

## Other Accommodations

Students wishing to discuss potential accommodations for religious or other personal reasons should plan to meet with Dr. Aspinwall during the first two weeks of the semester. As part of our consideration of health behaviors and conditions that are stigmatized and that involve interpersonal behaviors, we will spend at least two classes considering social psychological aspects of behaviors such as unprotected sex and IV drug use that place people at risk for HIV infection. Depending on students' interests, we may also consider the social psychological aspects of other sensitive topics. If you do not believe that you will be comfortable considering such topics in an academic context, please discuss your concerns with the professor before registering for this course.

### Additional Policies & Resources

***Department of Psychology Academic Misconduct Policy.*** The Department of Psychology has a zero tolerance policy for academic misconduct. Academic misconduct includes cheating, plagiarizing, research misconduct, misrepresenting one's work, and inappropriately collaborating. This applies to any work students turn in for evaluation or course credit. Definitions can be found in the Student Code at <http://www.regulations.utah.edu/academics/6-400.php>.

If you are suspected of academic misconduct, the process proceeds according to the rules found in the Student Code, University Policy 6-400(V). If you are found responsible for misconduct, consequences range from failure on the assignment to dismissal from the program, consistent with both University and Psychology Department Policy. The Psychology Department Policy can be found at: [https://www.psych.utah.edu/undergraduate/files/acad\\_misconduct\\_policy.pdf](https://www.psych.utah.edu/undergraduate/files/acad_misconduct_policy.pdf). Major Offenses include:

1. Cheating on a test, quiz, problem set, or other independent work
2. Plagiarism in written work: Copying any quantity of text from another source or another student without quoting and citing the copied text.
3. Plagiarism in written work: Flagrant misuse of citations, such that a student clearly attempted to represent ideas that were not his/hers as if they were, even if the ideas were presented in the student's own words.

***Addressing Sexual Misconduct.*** Title IX makes it clear that violence and harassment based on sex and gender (which includes sexual orientation and gender identity/expression) is a civil rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, color, religion, age, status as a person with a disability, veteran's status or genetic information. If you or someone you know has been harassed or assaulted, you are encouraged to report it to the Title IX Coordinator in the Office of Equal Opportunity and Affirmative Action, 135 Park Building, 801-581-8365, or the Office of the Dean of Students, 270 Union Building, 801-581-7066. For support and confidential consultation, contact the Center for Student Wellness, 426 SSB, 801-581-7776. To report to the police, contact the Department of Public Safety, 801-585-2677(COPS).

#### ***Additional University policies:***

Student Code: <http://regulations.utah.edu/academics/6-400.php>

Accommodation Policy (see Section Q): <http://regulations.utah.edu/academics/6-100.php>

***Learners of English as an Additional/Second Language.*** If you are an English language learner, please be aware of several resources on campus that will support you with your language development and writing. These resources include: the Department of Linguistics ESL Program (<http://linguistics.utah.edu/esl-program/>); the Writing Center (<http://writingcenter.utah.edu/>); the Writing Program (<http://writing-program.utah.edu/>); the English Language Institute (<http://continue.utah.edu/eli/>). Please let me know if there is any additional support you would like to discuss for this class.

***Wellness Statement and Student Mental Health Resources.*** Personal concerns such as stress, anxiety, relationship difficulties, depression, cross-cultural differences, etc., can interfere with a student's ability to succeed and thrive at the University of Utah.

Rates of burnout, anxiety, depression, isolation, and loneliness have noticeably increased during the pandemic. If you need help, campus mental health resources are available, including counseling, trainings and other support.

For helpful resources contact the Center for Student Wellness -[www.wellness.utah.edu](http://www.wellness.utah.edu) (801-581-7776). The Counseling Center is another excellent resource, offering services that include counseling and a mindfulness clinic (see <http://counselingcenter.utah.edu>). Consider participating in a Mental Health First Aid or other wellness-themed training provided by Student Affairs' Center for Student Wellness to help contribute to creating a healthier and safer campus community. These are designed to equip you to better recognize and respond to signs and symptoms of mental health and substance abuse challenges.

### **More about Plagiarism and Academic Dishonesty**

Don't even consider it. **Get help in office hours, ask for an extension, do anything but cheat.** The time you would spend writing your own paper would be far less than you would spend trying to fight failing the class or being expelled from the university. More importantly, any grade you earn in this course will reflect your own effort and accomplishment.

As a student, it is in your best interest to try to prevent plagiarism and other forms of cheating. Please be attentive to such issues when you are preparing papers for this class.

Although it is often helpful to discuss the paper assignment and course materials with other students, no group projects are allowed; your paper must represent your own individual original work. All papers submitted through canvas will be evaluated by Turnitin. Papers that have substantial overlap in text with other submitted papers or with papers available on the Internet will be referred to the university as potential instances of plagiarism.

It is your responsibility as a student to understand how to discuss other authors' work in an appropriate way. It is our responsibility to answer any questions you may have about such issues. If you have any questions about appropriate ways in which to use and discuss another author's work in your own papers, please ask.

## Other Details

*Withdrawals:* The last date for course withdrawal without instructor's permission is January 21. Following this period, instructor approval for course withdrawal will only be given for medical or personal emergencies and will be considered on a case-by-case basis.

*Incompletes:* Incompletes are given only for extraordinary circumstances. For an incomplete to be given, the student must be passing the course and have completed the majority of the assignments. Please see your registration guide for more detailed information.

## General Notes about Class Assignments

The goal of many of the assignments in this course is for you to learn a lot about some things, rather than a little about everything. It is perfectly OK for your article share, small paper assignments, and other aspects of your participation in the course to be related. That is, if you have a particular interest in one or more topics, you may develop that interest in different ways in each assignment. Such an approach would allow you to pursue your interests in depth across the themes of the course. It is also fine to use the assignments to learn about different aspects of health and illness.

## List of Recommended Journals for Class Assignments

American Psychologist\*  
Annals of Behavioral Medicine  
Health Psychology  
Health Psychology Review\*  
Journal of Behavioral Medicine  
Journal of Consulting and Clinical Psychology  
Journal of Health and Social Behavior  
Journal of Personality and Social Psychology  
Journal of Social and Clinical Psychology  
Journal of Social Issues  
Personality and Social Psychology Bulletin  
Preventive Medicine  
Psychological Bulletin\*  
Psychological Review\*  
Psychological Science  
Psychology and Health  
Self and Identity  
Social Science and Medicine  
Stigma and Health

Disease-specific Journals (e.g., AIDS, Cancer, Arthritis)

\*Articles in these journals will most usually be extensive reviews. In most cases, it would be better to find just one of the original empirical studies mentioned in the review, rather than trying to present the entire review. Please ask us if you have questions.



**Schedule of Topics, Required Readings & Paper Assignments\***

A schedule of topics and readings appears on pages 10-14. All class readings will be provided in advance on the class website in modules or folders labeled with the date of each class meeting. Please note that this schedule is subject to revision. Please attend class and check the class website for up-to-date information. Any revisions to the deadlines for specific paper assignments would result in their being moved later, never earlier.

\*Below are brief descriptions of each of the 7 paper assignments. ***Students will complete 5 of the 7 assignments (your choice).*** Final versions of these assignments will be available on the class web site.

**1. Health Cognitions and Health Behaviors** (due on Tuesday, Feb. 1, 5 PM.)

Paper #1 (The Best of Intentions...: Track the Fate of a New Year's Resolution)

**2. Risk Perception & Risk Communications** (due on Thursday, February 17, 5 PM)

Paper #2 (Analysis of public service announcements, risk communication and/or social marketing campaigns versus ad campaigns for unhealthful products or behaviors; or analysis of COVID-19 risk communications)

**3. Mental Models, Illness Delay, & Adherence** (due on Thursday, March 17, 5 PM)

Paper #3 (Illness Delay Interview & Analysis)

Be ready to discuss your interview in class on Thursday, March 3.

**4. Personality, Religion, Identity, & Health** (due on Tuesday, March 29, 5 PM)

Paper #4 (Who We Are, What We Believe, and What We Do: Interview re: link between personal beliefs and/or social identity and one or more aspects of health beliefs and/or behaviors, coping with stress, seeking social support, etc.)

**5. Social Processes & the Management of Illness & Stigma** (due on Tuesday, April 12, 5 PM)

Paper #5a (Social Support on the Internet)

Alternate Paper #5b (Analysis of Helpful Versus Unhelpful Social Support)

**6. Discrimination, Disparity And Health** (due on Thursday, April 21, 5 PM)

Analyze an existing intervention or propose a new intervention to reduce health disparities, focusing on a particular illness or a particular process relevant to a specific health disparity.

**7. Interpersonal aspects of the Etiology, Maintenance, and/or Treatment of a Physical or Mental Health Issue** (due on Monday, May 2, 12:30 PM)

**Section 002 only: Final paper due Monday, May 2, 12:30 PM.**

**The deadline for clearing your final paper topic with the instructor is April 12, 5 PM.**

<b>Date</b>	<b>Topic</b>	<b>Tuesday Readings</b>	<b>Date</b>	<b>Topic</b>	<b>Thursday Readings</b>
1/11	<b>Introduction</b>	Friedman & Adler (2011)	1/13	<b>Social Factors &amp; Health</b>  <i>Discussion:</i> What would the coronavirus add here?	Leary et al. (1994)  Van Bavel et al. (2020)
1/18	<b>Health Cognitions &amp; Behaviors</b>	Weinstein (1988)	1/20	<b>Health Cognitions &amp; Behaviors over Time</b>	Gerrard et al. (1996)  Gibbons et al. (1998) – read for gist
1/25	<b>Illness Prototypes &amp; Social Norms</b>	Gibbons & Gerrard (1995)  Prentice & Miller (1993)	1/27	<b>Stages of Change, Maintenance &amp; Relapse</b>	Prochaska, DiClemente, & Norcross (1992)  Weinstein, Lyon, Sandman, & Cuite (1998)
2/1	<b>Persuasion &amp; Health.1: Risk Perceptions &amp; Risk Communication, Defensive Processing</b>  <b>Paper 1 (best of intentions) due 5 PM</b>	Ditto & Croyle (1995)  Liberian & Chaiken (1992)	2/3	<b>Persuasion &amp; Health.2: Message framing, fear appeals, social marketing, health-promotion campaigns</b>  <i>Discussion:</i> Students to provide examples of risk communications, social marketing, public-service announcements and/or articles about them	Hansen, J., Winzeler, S., & Topolinski, S. (2010).  Rothman et al. (1999)

Date	Topic	Tuesday Readings	Date	Topic	Thursday Readings
2/8	<b>Continue with student-provided examples &amp; theories</b>	Consideration of Future Consequences Scale  Optional: Strathman et al. (1994)	2/10	<b>Mental Models of Illness &amp; Adherence</b>	Meyer, Leventhal, & Gutmann (1985)  Donovan & Blake (1992)  Broadbent (2010)  Illness Perception Questionnaire (web)
2/15	<b>Personality &amp; Health.1: Multiple Pathways</b>	Aspinwall et al. (2001)  Aspinwall & Pengchit (2013)	2/17	<b>*TBA – Professor scheduled to attend SPSP conference</b>  <b>Paper 2 due, 5 PM (analysis of public service announcements to promote healthy behavior versus advertising to promote unhealthful behaviors)</b>	TBA

Date	Topic	Tuesday Readings	Date	Topic	Thursday Readings
2/22	<b>Personality &amp; Health.2: Optimism, Control Beliefs</b>	Borowski et al. (2009)  Janoff-Bulman (1989)	2/24	<b>Religion, Spirituality, Worldview, Coping, Identity &amp; Health.1</b>	Park (2007)
3/1	<b>Religion, Spirituality, Worldview, Coping, Identity &amp; Health.2</b>	Leaf, Aspinwall, & Leachman (2010)  Phelps et al. (2009)  Vess et al. (2009)	3/3	<b>Discuss Illness Delay interview findings</b>	No new reading
3/8 Spring Break	<b>no class meeting</b>		3/10 Spring Break	<b>no class meeting</b>	

Date	Topic	Tuesday Readings	Date	Topic	Thursday Readings
3/15	<b>Social Support.1</b>	Holt-Lunstad, Smith & Layton (2010)  Cohen (1988)	3/17	<b>Social Support.2</b>  <b>Paper 3 due 5 PM: illness delay analysis</b>	Lehman, Ellard, & Wortman (1986)  Pennebaker & Chung (2007 or 2012)  Davison, Pennebaker & Dickerson (2000)
3/22	<b>Social Comparison &amp; Health: Adjustment to Chronic Illness</b>	Wood, Taylor, & Lichtman (1985)  Kulik, Mahler, & Moore (1996)	3/24	<b>Social Support &amp; the Internet</b>  Students present their analyses of Internet-based support groups and social comparison processes	No new readings
3/29	<b>Social Support &amp; the Internet</b>  Students present their analyses of Internet-based support groups and social comparison processes  <b>Paper 4 due, 5 PM (personality, worldview, religion, identity, stress, coping, and health)</b>	No new readings	3/31	<b>Discrimination, Disparity &amp; Health.1</b>  *Info to be provided about the final paper for section 002 honors	Pascoe & Smart Richman (2009)  Cundiff & Smith (2017)  Optional: Schnittker & McLeod (2005)

Date	Topic	Tuesday Readings	Date	Topic	Thursday Readings
4/5	<b>Discrimination &amp; Health. 2</b>  Introduce proactive management of discrimination and its demands	Eccleston (2008)  Students to choose 1 article on racism, sexism, heterosexism, or weight stigma from the following articles: Clark et al. (1999) Dovidio et al. (2008) Hunger et al. (2015) Kaiser & Miller (2004) Meyer (2003) Pachankis (2007)	4/7	Discrimination, stigma and health, medical mistrust, identity	Oyserman et al. (2007)
4/12	Discrimination, stigma and health, medical mistrust  <b>Paper 5 social support is due, 5 PM</b> <b>(analysis of helpful versus unhelpful social support or social support/social comparison processes on the Internet)</b>  <b>Section 002 only</b> – deadline to clear final paper topic with instructor	CDC Statement on Racism and Health	4/14	Play design star!  *Divide the readings for 4/19 among students to discuss their chosen sections in this long and important article	No new readings
4/19	<b>SES, Ethnicity, Environment &amp; Health</b>	Taylor, Repetti & Seeman (1997), with sections to be divided among students	4/21	<b>Interpersonal Processes &amp; Health.1:</b> <b>Examples from the Etiology and Maintenance of Depression, Bereavement</b>  <b>Paper #6 Discrimination, disparity and health is due</b>	Coates & Wortman (1980) Wortman & Silver 2001

Date	Topic	Tuesday Readings	Date	Topic	Thursday Readings
4/26 last day of class	<p><b>Interpersonal Processes &amp; Health.2: Understanding and Negotiating Safer Sexual Behavior</b></p> <p>[Students can choose to focus on COVID 19 transmission]</p>	<p>*Students to choose any 2 of the following:</p> <p>Amaro (1995)</p> <p>Sanderson &amp; Cantor (1995)</p> <p>Bryan, Aiken, &amp; West (1996)</p> <p>Albarracin et al. (2005)</p>			
5/2 Mon	<p><b>Section 002 only:</b> <b>Final Papers Due, 12:30 PM</b></p> <p><b>Both sections:</b> <b>Paper #7 due, 12:30 PM</b> [no final exam] <b>(Interpersonal aspects of the etiology and maintenance of chosen illness)</b></p>				

## Psychology 4460 Reading List

### Introduction (1/11/2022)

Friedman, H. S., & Adler, N. E. (Eds.) (2011). The intellectual roots of health psychology. In *Oxford Handbook of Health Psychology* (pp. 3-14). Oxford University Press.

Optional: Jordan, C. H., & Zanna, M. P. (1999). Appendix: How to read a journal article in social psychology. *The Self in Social Psychology* (pp. 369-378).

### Social Factors & Health (1/13/2022)

Leary, M. R., Tchividjian, L. R., & Kraxberger, B. E. (1994). Self-presentation can be hazardous to your health: Impression management and health risk. *Health Psychology, 13*(6), 461-470.

Van Bavel, J.J., Baicker, K., Boggio, P.S., Capraro, V., Cichocka, A., Cikara, M. et al. (2020). Using social and behavioural science to support COVID-19 pandemic response. *Nature Human Behaviour, 4*, 460-471.

Optional: [Stanford database of tobacco and anti-tobacco ads](http://tobacco.stanford.edu/tobacco_main/index.php)  
[http://tobacco.stanford.edu/tobacco\\_main/index.php](http://tobacco.stanford.edu/tobacco_main/index.php)

### Health Cognitions & Behaviors (1/18/2022)

Weinstein, N. D. (1988). The precaution adoption process. *Health Psychology, 7*(4), 355-386.

### Health Cognitions & Behaviors over Time (1/20/2022)

Gerrard, M., Gibbons, F. X., Benthin, A. C., & Hessling, R. M. (1996). A longitudinal study of the reciprocal nature of risk behaviors and cognitions in adolescents: What you do shapes what you think, and vice versa. *Health Psychology, 15*(5), 344-354.

Gibbons, F. X., Gerrard, M., Blanton, H., & Russell, D. W. (1998). Reasoned action and social reaction: Willingness and intention as independent predictors of health risk. *Journal of Personality and Social Psychology, 74*(5), 1165-1180.

### Illness Prototypes & Social Norms (1/25/2022)

Gibbons, F. X., & Gerrard, M. (1995). Predicting young adults' health risk behavior. *Journal of Personality and Social Psychology, 69*(3), 505-517.

Prentice, D. A., & Miller, D. T. (1993). Pluralistic ignorance and alcohol use on campus: Some consequences of misperceiving the social norm. *Journal of Personality and Social Psychology, 64*(2), 243-256.

Optional: Blanton, H., & Christie, C. (2003). Deviance regulation: A theory of action and identity. *Review of General Psychology, 7*(2), 115-149.

Optional: Fleming, P. J., & Agnew-Brune, C. (2015). Current trends in the study of gender norms and health behaviors. *Current Opinion in Psychology*, 5, 72-77.

Optional: Association for Psychological Science (2020). Don't be afraid to virtue signal – It can be a powerful tool to change people's minds. Accessed at <https://www.psychologicalscience.org/news/dont-be-afraid-to-virtue-signal-it-can-be-a-powerful-to-ol-to-change-peoples-minds.html>

Optional: Listgarten, S. (2019). Palo Altans and their Virtue Signaling. Accessed at <https://www.paloaltoonline.com/blogs/p/2019/11/17/palo-altans-and-their-virtue-signaling>

Optional: Michigan State University. National Social Norms Center. Accessed at <https://socialnorms.org/>

Optional: Goldstein, N. J., & Cialdini, R. B. (2007). Using social norms as a lever or social influence. *The Science of Social Influence: Advances and future progress*, 167-192.

### **Stages of Change, Maintenance & Relapse (1/27/2022)**

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47(9), 1102-1114.

Weinstein, N. D., Lyon, J. E., Sandman, P. M., & Cuite, C. L. (1998). Experimental evidence for stages of health behavior change: The precaution adoption process model applied to home radon testing. *Health Psychology*, 17(5), 445-453.

### **Persuasion & Health.1: Risk Perceptions & Risk Communication, Defensive Processing (2/1/2022)**

Ditto, P. H., & Croyle, R. T. (2003). Understanding the impact of risk factor test results: Insights from a basic research program. In P. Salovey and A. J. Rothman (Eds.), *Social Psychology of Health Key Readings* (pp. 98-117). New York: Psychology Press.

Liberman, A., & Chaiken, S. (1992). Defensive processing of personally relevant health messages. *Personality and Social Psychology Bulletin*, 18(6), 669-679.

Optional: Drazkowski, D., Trepanowski, R., & Chwillowska, P. (2020). Self-persuasion increases motivation for social isolation during the COVID-19 pandemic through moral obligation. *Social Psychological Bulletin*, 15(4), article e4415.

Optional: John B. Jemmott III, Ph.D. Accessed at <https://www.asc.upenn.edu/people/faculty/john-b-jemmott-iii-phd>

Optional: University of California Irvine Hot Cognition Lab. Accessed at <https://sites.uci.edu/peterdittolab/>

Optional: DeAngelis, T. (2018). 3 questions for Robert T. Croyle. *Monitor on Psychology* 49(3), 25.



**Persuasion & Health.2: Message framing, fear appeals, social marketing, health-promotion campaigns (2/3/2022 and 2/8/2022)**

Hansen, J., Winzeler, S., & Topolinski, S. (2010). When the death makes you smoke: A terror management perspective on the effectiveness of cigarette on-pack warnings. *Journal of Experimental Social Psychology, 46*, 226-228.

Rothman, A. J., Martino, S. C., Bedell, B. T., Detweiler, J. B., & Salovey, P. (1999). The systematic influence of gain-and loss-framed messages on interest in and use of different types of health behavior. *Personality and Social Psychology Bulletin, 25*(11), 1355-1369.

Optional: Strathman, A., Gleicher, F., Boninger, D. S., & Edwards, C. S. (1994). The consideration of future consequences: Weighing immediate and distant outcomes of behavior. *Journal of Personality and Social Psychology, 66*(4), 742-752.

**Mental Models of Illness & Adherence (2/10/2022)**

Meyer, D., Leventhal, H., & Gutmann, M. (1985). Common-sense models of illness: The example of hypertension. *Health Psychology, 4*(2), 115-135.

Donovan, J. L., & Blake, D. R. (1992). Patient non-compliance: Deviance or reasoned decision-making? *Social Science & Medicine, 34*(5), 507-513.

Broadbent, E. (2010). Illness perceptions and health: Innovations and clinical applications. *Social and Personality Psychology Compass, 4*/4, 256-266.

Illness Perception Questionnaire-Revised (see link in module) Accessed at [ipq.h.uib.no/index.html](http://ipq.h.uib.no/index.html)

**Personality & Health.1: Multiple Pathways (2/15/2022)**

Aspinwall, L. G., Richter, L., & Hoffman, III, R. R. (2001). Understanding how optimism works: An examination of optimists' adaptive moderation of belief and behavior. In E. C. Chang, *Optimism & pessimism: Implications for theory, research and practice* (217-238). Washington, DC: American Psychological Association.

Aspinwall, L. G., & Pengchit, W. (2013). Positive psychology. In M. D. Gellman & J. R. Turner (Eds.), *Encyclopedia of behavioral medicine, Part 16*, 1511-1517. New York: Springer.

Optional: Chang, E. C. (Ed.) (2001). *Optimism & pessimism: Implications for theory, research and practice*. Washington, DC: American Psychological Association.

Optional: Aspinwall, L. G., & Tedeschi, R. G. (2010). The value of positive psychology for health psychology: Progress and pitfalls in examining the relation of positive phenomena to health. *Annals of Behavioral Medicine, 39*, 4-15.

Optional: Aspinwall, L. G., & Staudinger, U. M. (Eds.) (2003). *A psychology of human strengths: Fundamental questions and future directions for a positive psychology*. Washington, DC: American Psychological Association.

### **Personality & Health.2: Optimism, Control Beliefs (2/22/2022)**

Borowsky, I. W., Ireland, M., & Resnick, M. D. (2009). Health status and behavioral outcomes for youth who anticipate a high likelihood of early death. *Pediatrics*, *124*, e81.

Janoff Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition*, *7*(2), 113-136.

Optional: Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review*, *96*(4), 608-630.

Optional: Crocker, J., & Major, B. (2003). The self-protective properties of stigma: Evolution of a modern classic. *Psychological Inquiry*, *14*(3&4), 232-237.

### **Religion, Spirituality, Worldview, Coping, Identity and Health.1 (2/24/2022)**

Park, C. L. (2007). Religiousness/spirituality and health: A meaning systems perspective. *Journal of Behavioral Medicine*, *30*, 319-328.

Optional: University of Connecticut. Spirituality, Meaning, and Health Lab. Accessed at [spiritualitymeaningandhealth.uconn.edu/religion-and-spirituality/](http://spiritualitymeaningandhealth.uconn.edu/religion-and-spirituality/)

### **Discussion of Illness Delay Interviews (3/3/2022 – no new readings)**

### **Religion, Spirituality, Worldview, Coping, Identity & Health.2 (3/1/2022)**

Leaf, S. L., Aspinwall, L. G., & Leachman, S. A. (2010). God and agency in the era of molecular medicine: Religious beliefs predict sun-protection behaviors following melanoma genetic test reporting. *Archive for the Psychology of Religion*, *32*, 87-112.

Phelps, A. C., Maciejewski, P. K., Nilsson, M., Balboni, T. A., Wright, A. A., Paulk, M. E., Trice, E., Schrag, D., Peteet, J. R., Block, S. D., & Prigerson, H. G. (2009). Religious coping and use of intensive life-prolonging care near death in patients with advanced cancer. *Journal of American Medical Association*, *301*(11), 1140-1147.

Vess, M., Arndt, J., Cox, C. R., Routledge, C., & Goldenberg, J. L. (2009). Exploring the existential function of religion: The effects of religious fundamentalism and mortality salience on faith-based medical refusals. *Journal of Personality and Social Psychology*, *97*(2), 334-350.

Optional: Sloan, R. P. (2009). Physicians and patients' spirituality: Why patients' religion is not their doctor's business. *American Medical Association Journal of Ethics*. Accessed January 4, 2022 at

<https://journalofethics.ama-assn.org/article/physicians-and-patients-spirituality-why-patients-religion-not-their-doctors-business/2009-10>

Optional: Greenberg, J., & Kosloff, S. (2008). Terror management theory: Implications for understanding prejudice, stereotyping, intergroup conflict, and political attitudes. *Social and Personality Psychology Compass*, *2*/5, 1881-1894.

## **Optional Articles That Present Questionnaires about Personality, Religion, and Health**

Illness Perception Questionnaire

CES-D Scale

Ways of Coping Scales

Self-Evaluation Questionnaire

Pearlin Self Mastery Scale

Scheier Life Orientation Test, Revised, LOT-R

Consideration of Future Consequences Scale, English

Carver Brief COPE

Pargament RCOPE Items and Scales

Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, 37(4) 710-724.

Regulatory Focus Questionnaire (RFQ)

Levanthal, H., Diefenbach, M., & Levanthal, E. A. (1992). Illness cognition: Using commonsense to understand treatment adherence and affect cognition interactions. *Cognitive Therapy and Research*, 16(2), 143-163.

Life Orientation Test, Revised LOT-R

Esparza, O. A., Wiebe, J. S., & Quinones, J. (2014). Simultaneous development of a multidimensional fatalism measure in English and Spanish. *Current Psychology*. Published online.

Mills, S. D., Arredondo, E. M., Perez, L. G., Haughton, J., Roesch, S. C., & Malcarne, V. L. (2018). Psychometric properties of the God Locus of Health Control Scale in churchgoing Latinas. *Hispanic Journal of Behavioral Science*, 40(2), 227-239.

Wallston, K. A., Malcarne, V. L., Flores, L., Hansdottir, I., Smith, C. A., Stein, M. J., Weisman, M. H., & Clements, P. J. (1999). Does God determine your health? The God Locus of Health Control Scale. *Cognitive Therapy and Research*, 23(2), 131-142.

Holt, C. L., Clark, E. M., Roth, D., Crowther, M., Kohler, C., Fouad, M., Foushee, R., Lee, P. A., & Southward, P. L. (2009). Development and validation of instruments to assess potential religion-health mechanisms in an African American Population. *Journal of Black Psychology*, 35(2), 271-288.

**Healthy Spring Break (3/8 & 3/10 – optional student choice of empirically tested wellness activities)**

Kennelly, S. (2012). 12 steps to happiness. Accessed at

[https://greatergood.berkeley.edu/article/item/sonja\\_lyubomirskys\\_happiness\\_habits](https://greatergood.berkeley.edu/article/item/sonja_lyubomirskys_happiness_habits)

Sonja Lyubomirsky webpage. Accessed at <http://sonjalyubomirsky.com/>

Greater Good Magazine: Science-based insights for a meaningful life. Accessed at

<https://greatergood.berkeley.edu/>

Williams, Florence, ( ). The nature fix: The three-day effect. Accessed at

<https://www.rei.com/blog/camp/the-nature-fix-the-three-day-effect>

Optional: Lyubomirsky, S., & Della Porta, M. D. (in press). Boosting happiness, buttressing resilience: Results from cognitive and behavioral interventions.

**Social Support.1 (3/15/2022)**

Cohen, S. (1988). Psychosocial models of the role of social support in the etiology of physical disease. *Health Psychology, 7*(3), 269-297.

Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLoS Med, 7*(7), e1000316.

**Social Support.2 (3/17/2022)**

Lehman, D. R., Ellard, J. H., & Wortman, C. B. (1986). Social support for the bereaved: Recipients' and providers' perspectives on what is helpful. *Journal of Consulting and Clinical Psychology, 54*(4), 438-446.

Pennebaker, J. W., & Chung, C. K. (2007). Expressive writing, emotional upheavals, and health. In H. S. Friedman and R. C. Silver (Eds.), *Foundations of Health Psychology* (pp. 263-284).

Davison, K. P., Pennebaker, J. W., & Dickerson, S. S. (2000). Who talks? The social psychology of illness support groups. *American Psychologist, 55*(2), 205-217.

**Social Comparison & Health: Adjustment to Chronic Illness (3/22/2022)**

Wood, J. V., Taylor, S. E., & Lichtman, R. R. (1985). Social comparison in adjustment to breast cancer. *Journal of Personality and Social Psychology, 49*(5), 1169-1183.

Kulik, J. A., Mahler, H. I. M., & Moore, P. J. (1996). Social comparison and affiliation under threat: Effects on recovery from major surgery. *Journal of Personality and Social Psychology, 71*(5), 967-979.

Optional: Aspinwall, L. G. (1997). Future-oriented aspects of social comparisons: A framework for studying health-related comparison activity. In B. P. Buunk & F. X. Gibbons (Eds.), *Health, coping, and well-being: Perspectives from social comparison theory* (pp. 125-165). Mahwah, NJ: Erlbaum.

### **Social Support & the Internet (3/24/2022)**

No new readings – students to provide and discuss examples.

### **Social Support & the Internet (3/29/2022)**

No new readings – students to provide and discuss examples.

### **Discrimination, Disparity & Health.1 (3/31/2022)**

Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*, 135(4), 531-554.

Cundiff, J. M., & Smith, T. M. (2017). Social status, everyday interpersonal processes, and coronary heart disease: A social psychophysiological view. *Social Personality Psychology Compass*, 11, e12310.

Optional: Schnittker, J., & McLeod, J. D. (2005). The social psychology of health disparities. *Annual Review of Sociology*, 31, 75-103.

### **Discrimination & Health.2 (4/5/2022) – read Eccleston (2008) & 1 other article from list**

Eccleston, C. P. (2008). The psychological and physical health effects of stigma: The role of self-threats. *Social and Personality Psychology Compass*, 2/3, 1345-1361.

Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, 54(10), 805-816.

Dovidio, J. F., Penner, L. A., Albrecht, T. L., Norton, W. E., Gaertner, S. L., & Shelton, J. N. (2008). Disparities and distrust: The implications of psychological processes for understanding racial disparities in health and health care. *Social Science & Medicine*, 67, 478-486.

Hunger, J.M., Major, B., Blodom, A., & Miller, C.T. (2015). Weighed down by stigma: How weight-based social identity threat contributes to weight gain and poor health. *Social and Personality Psychology Compass*, 9(6), 255-268.

Kaiser, C. R., & Miller, C. T. (2004). A stress and coping perspective on confronting sexism. *Psychology of Women Quarterly*, 28, 168-178.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697.

Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin*, 133(2) 328-345.

**Discrimination, stigma and health, identity, medical mistrust (4/7/2022)**

Oyserman, D., Fryberg, S.A., & Yoder, N. (2007). Identity-based motivation and health. *Journal of Personality and Social Psychology*, 93(6), 1011-1027.

Optional: Williamson, L. D., & Bigman, C. A. (2018). A systematic review of medical mistrust measures. *Patient Education and Counseling*, 101, 1786-1794.

Optional: Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review*, 96(4), 608-630.

Optional: Williamson, L. D. (2021). Beyond personal experiences: Examining mediated vicarious experiences as an antecedent of medical mistrust. *Health Communication*, 1-14.

Optional: Williamson, L. D., & Bigman, C. A. (2018). A systematic review of medical mistrust measures. *Patient Education and Counseling*, 101, 1786-1794.

Optional: Williamson, L. D., Bigman, C. A., & Quick, B. L. (2019). A qualitative examination of African Americans' organ donation-related medical mistrust beliefs. *Howard Journal of Communications*, 30(5), 430-445.

Optional: Williamson, L. D., Reynolds-Tylus, T., Quick, B. L., & Shuck, M. (2017). African-Americans' perceptions of organ donation: "simply boils down to mistrust!". *Journal of Applied Communication Research*, 45(2), 199-217.

Optional: Williamson, L. D., Smith, M. A., & Bigman, C. A. (2019). Does discrimination breed mistrust? Examining the role of mediated and non-mediated discrimination experiences in medical mistrust. *Journal of Health Communication*, 24, 791-799.

**Discrimination, stigma and health, medical mistrust (4/12/2022)**

CDC Statement on Racism and Health (April 2021). Accessed at <https://www.cdc.gov/healthequity/racism-disparities/index.html>

Optional: Adler, N., Bush, N. R., & Pantell, M. S. (2012). Rigor, vigor, and the study of health disparities. *Proceedings of the National Academy of Sciences*, 109(2), 17154-17159.

**Play Design Star (4/14/2022) – Students will work in small groups to design research studies of discrimination and health or other contributors to health disparities (topics of their choosing)**

**SES, Ethnicity, Environment & Health (4/19/2022)**

Taylor, S. E., & Repetti, R. L. (1997). Health Psychology: What is an unhealthy environment and how does it get under the skin? *Annual Review of Psychology*, 48, 411-447.

Optional: MacArthur Network on SES and Health (status ladders). Accessed at <https://macses.ucsf.edu/research/psychosocial/subjective.php>

Optional: Adler, N. E., & Steward, J. (2010). Health disparities across the lifespan: Meaning, methods, and mechanisms. *Annals of the New York Academy of Sciences*, 1186, 5-23.

Optional: Adler, N. E., Boyce, T., Chesney, M. A., Cohen, S., Folkman, S., Kahn, R. L., & Syme, S. L. (1994). Socioeconomic status and health: The challenge of the gradient. *American Psychologist*, 49(1), 15-24.

Optional: Gallo, L. C., Bogart, L. M., Vranceanu, A.-M., & Matthews, K. A. (2005). Socioeconomic status, resources, psychological experiences, and emotional responses: A test of the Reserve Capacity Model. *Journal of Personality and Social Psychology*, 88(2), 386-399.

Optional: Gallo, L. C., & Matthews, K. A. (2003). Understanding the association between socioeconomic status and physical health: Do negative emotions play a role? *Psychological Bulletin*, 129(1), 10-51.

Optional: Gallo, L. C., Penedo, F. J., Espinosa de los Monteros, K., & Arguelles, W. (2009). Resiliency in the face of disadvantage: Do Hispanic cultural characteristics protect health outcomes? *Journal of Personality*, 77(6), 1707-1746.

**Interpersonal Processes & Health.1: Examples from the Etiology and Maintenance of Depression & Bereavement (4/21/2022)**

Coates, D., & Wortman, C. B. (1980). Depression maintenance and interpersonal control. In A. Bauman and J. E. Singer (Eds.), *Advances in Environmental Psychology* (Vol. 2, pp. 149-182). Hillsdale, NJ: Lawrence Erlbaum Associates.

Wortman, C. B., & Silver, R. C. (2001). The myths of coping with loss revisited. In M. S. Stroebe, R. O. Hansson, W. Stroebe, and H. Schut (Eds.), *Handbook of Bereavement Research: Consequences, coping and care* (pp. 405-429). Washington, DC: American Psychological Association.

**Interpersonal Processes & Health.2: Understanding and Negotiating Safer Sexual Behavior (4/26/2022) – students choose 2 from the list**

Albarracín, D., Gillette, J. C., Ho, M.-H., Erl, A. N., Glasman, L. R., & Durantini, M. R. (2005). A test of major assumptions about behavior change: A comprehensive look at the effects of passive and active HIV-prevention interventions since the beginning of the epidemic. *Psychological Bulletin*, 131(6), 856-897.

Amaro, H. (1995). Love, sex, and power: Considering women's realities in HIV prevention. *American Psychologist*, 50(6), 437-447.

Cochran, S. D., & Mays, V. M. (1990). Sex, lies, and HIV. Letter to Editor, *New England Journal of Medicine*, 322(11), 774-775.

Bryan, A. D., Aiken, L. S., & West, S. G. (1996). Increasing condom use: Evaluation of a theory-based intervention to prevent sexually transmitted diseases in young women. *Health Psychology*, 15(5), 371-382.

Sanderson, C. A., & Cantor, N. (1995). Social dating goals in late adolescence: Implications for safer sexual activity. *Journal of Personality and Social Psychology*, 68(6), 1121-1134.

**Final Papers Due – section 002 (Honors) only (5/2/2022)**



## University Policies, CDC Recommendations, and Resources for Coronavirus Vaccination and Testing

University leadership has urged all faculty, students, and staff to **model the vaccination, testing, and masking behaviors** we want to see in our campus community.

These include:

- Vaccination
- Masking indoors
- If unvaccinated, getting weekly asymptomatic coronavirus testing
- *Quarantining after exposure*

### Vaccination

- **Get a COVID-19 vaccination and the booster shot recommended for pairing with your vaccine** if you have not already done so. Vaccination is proving highly effective in preventing severe COVID-19 symptoms, hospitalization and death from coronavirus. Vaccination is the single best way to stop this COVID resurgence in its tracks.
- •       ○ University of Utah students are required (as of August 27, 2021) to complete a cycle of COVID-19 vaccination and booster shot with an approved vaccine, or complete an exemption form. The university provides three convenient vaccination options:
  - •       Attend one of the regularly scheduled vaccine events at the Student Union on campus.
  - •       Schedule an appointment with Student Health.
- •       Visit <http://mychart.med.utah.edu/>, <https://alert.utah.edu/covid/vaccine/>, or <http://vaccines.gov/> to schedule your vaccination.

### Masking

- While masks are not required outside of Health Sciences facilities, on UTA buses or campus shuttles, **CDC guidelines now call for everyone to wear face masks indoors.**
  - Check the CDC website periodically for masking updates—<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>
  - □ With high transmission rates in Salt Lake County, the CDC recommends: “Everyone should wear a mask in public indoor settings.”
  - Treat masks like seasonal clothing (i.e., during community surges in COVID transmission, they should be worn indoors and in close groups outside).
  - In cases of classroom exposure, masks should be worn for the quarantine period (see details below).

### Testing

- •       **If you are not yet vaccinated, get weekly asymptomatic coronavirus tests.** This is a helpful way to protect yourself and those around you because asymptomatic individuals can unknowingly spread the coronavirus to others.
  - Asymptomatic testing centers are open and convenient: Online scheduling
  - •       Saliva test (no nasal swabs)
  - •       Free to all students returning to campus (required for students in University housing)
  - •       Results often within 24 hours
  - •       Visit [alert.utah.edu/covid/testing](https://alert.utah.edu/covid/testing)

**Remember: Students, faculty and staff must self-report if they test positive for COVID-19** via this website: <https://coronavirus.utah.edu/>.