Introduction and Comment on the Special Section: Health Psychology and Public Policy

Robert M. Kaplan
University of California, San Diego

Health psychology is highly relevant to public policy. However, in the past, the journal, Health Psychology, has not devoted a significant number of pages to policy issues. This special section of Health Psychology introduces several issues relevant to policy.

The term "policy" is used in several contexts. Policy refers to a plan of action, often selected from several competing alternatives, to guide and determine future directions. One commonly thinks of policy as made only by legislative bodies. However, policy is made at a variety of different levels, including government, organizations, and communities.

The purpose of this special section is to introduce discussions of kinds of public policy. In the first article, Patrick DeLeon, Robert Frank, and Danny Wedding (1995) discuss health psychology in relation to federal policy. In particular, they consider health psychology and the roles of psychologists within federal programs such as Medicare and Medicaid. DeLeon is a member of the U.S. Senate staff, and the coauthors have each served terms as American Psychological Association Congressional Fellows.

Policy debates should involve empirical data. Sometimes data are used to make inferences about policies that are not clearly documented. In the second article, John Pierce and Elizabeth Gilpin (1995) use original data relevant to tobacco advertising. The authors consider the history of advertising by the tobacco industry and infer, from the analysis, that industry advertising policies have been directed toward the recruitment of smokers from groups who are not legally old enough to purchase tobacco products. Pierce and Gilpin provide justification for a federal policy that would totally ban tobacco advertising.

The first two articles focus on policy at the national level. However, a variety of policy issues concern organizations. For example, under managed care, individual organizations must make choices about which services should be included in their benefits package. In the third article, Richard Friedman, David Sobel, Patricia Myers, Margaret Caudill, and Herbert Benson (1995) present evidence that investments in behavioral medicine and clinical health psychology services not only produce better health but also reduce costs. Their arguments are relevant both to competing health care organizations and the formation of national health care policy.

In addition to health care organizations, professional organizations must also make policy decisions. One of the most difficult decisions faced by any profession is whether to promote the continued expansion of the number of people in training. Medicine, on the one hand, has historically limited the number of people who are allowed to become physicians. Psychology, on the other hand, has been much less restrictive. In their contribution to the special section, Robert G. Frank and Michael J. Ross (1995) review the complex issue of the regulation of training in health psychology. They directly confront the delicate issue of whether we are training too many health psychologists and describe what steps would be necessary to control the number of psychologists who provide health services.

The final contribution addresses public policy at the community level. One of the major problems in community health research is that well-designed and well-tested interventions rarely get implemented. David Altman (1995) reviews this problem and offers several solutions.

Good public policy should be based on good scholarship. In proposing policy changes, it is tempting to let advocacy replace objectivity. The articles in this special section address important policy options, and strong counterarguments should be anticipated. For example, despite the persuasive evidence presented by Pierce and Gilpin (1995), we still cannot say with certainty that changes in tobacco advertising are part of a specific plan by the tobacco industry to entice people before the legal age of consent to use cigarettes. Despite the attractiveness of a national workforce policy for psychologists (Frank & Ross, 1995), we still have no specific evidence that such a policy would benefit either public health or provider groups.

The argument from Friedman et al. (1995) that the provision of health psychology services reduces health care costs is persuasive. However, counterarguments should be anticipated. For example, it is commonly argued that investing in a psychological service may reduce expenditures on medical services because serious diseases are prevented. However, not everyone who receives a preventive service will eventually develop the illness. Thus, the psychological services may be offered to a large number of people who would have been equally well off without them (Russell, 1986). The only way to truly determine the benefit of a preventive service is to do an experimental trial in which people are randomly assigned to the preventive maneuver or to a control group and followed for a long period of time. Unfortunately, there have been few such studies, and some of these trials have failed to show that preventive interventions are a good use of resources (Kaplan, 1990).

Reducing costs may not be the best criterion. Managed care organizations have shown that they can significantly reduce the use of medical services by denying patients direct access to medical specialists. In other words, costs can be reduced without necessarily investing in a separate health service. As
Friedman et al. (1995) conclude, evaluations must consider benefits to patients in addition to reductions in cost. This is an important challenge for future investigation.

There are tremendous opportunities for health psychology to influence policy at the federal, state, local, and organizational levels. I hope this special section encourages thinking relevant to public policies and that each of the examples in this special section stimulates thinking about new directions for applied research.

References


---

**Call for Papers on Assessment of Health-Relevant Variables in Natural Environments**

*Health Psychology* is inviting submissions for a special section devoted to the assessment of health-relevant variables in natural environments. Developments in technology and methodology now make it possible to accurately and validly assess health-relevant emotions and behaviors during normal daily activities. Research using self-monitoring methods, Ecological Momentary Assessment, the Experience Sampling Methodology, ambulatory monitoring of physiological parameters, or other similar approaches would be appropriate for this special section. Papers based on multiple assessments per day are preferred; papers based on diaries completed once daily should justify the use of such measures. Submitted papers should have clinical relevance for health psychology interventions, although they need not be clinical or intervention studies per se. Authors with questions about the appropriateness of particular research may contact either of the editors of this special section, Saul Shiffman (shiffman@vms.cis.pitt.edu) or Arthur Stone (astone@ccmail.sunysb.edu). Papers should be submitted with a cover letter identifying the submission as being in response to the call for papers on assessment of health-relevant variables in natural environments. Submit five manuscript copies, conforming to usual *Health Psychology* submission requirements (consult Instructions to Authors in *Health Psychology*), by March 1, 1996, to David S. Krantz, Editor, Department of Medical and Clinical Psychology, Uniformed Services University of Health Sciences, 4301 Jones Bridge Road, Bethesda, Maryland 20814-4799.