

## SBM HONOR ROLL

Please take this opportunity to nominate a colleague for SBM's Honor Roll program. The nomination process is simple. Fill out this form and send it to the SBM National Office along with a \$25 donation to the Society on behalf of a particular SBM colleague. SBM will in turn send the nominee a certificate stating that you have made a donation to the Society in their honor. In addition, a quarterly listing of all nominees and their achievements will be printed in SBM's newsletter, *Outlook*.

There are many reasons for nominating someone for the Honor Roll. You may want to honor a student for completion of a dissertation, a colleague for an appointment or award, or an individual for his or her overall accomplishment in a certain area of behavioral medicine.

Besides providing a way to celebrate our members' accomplishments, the Honor Roll will provide a critical service to the Society by generating funds that will be used to subsidize student registration at our annual scientific meetings.

**Your Name** (as you would like it to appear on the certificate): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Nominee's Name** (including credentials): \_\_\_\_\_

Nominee's Mailing Address: \_\_\_\_\_


City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/PC: \_\_\_\_\_ Country: \_\_\_\_\_

Reason for nominating this individual (eg: For outstanding achievement in...):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please forward nominations to the SBM National Office • 7600 Terrace Avenue, Suite 203 • Middleton, WI 53562*

**Please make checks payable to the SBM Honor Roll Fund**

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*A Quarterly Newsletter of the Society of Behavioral Medicine*

*Summer 2000*

## PRESIDENT'S MESSAGE

C. Tracy Orleans, Ph.D., President  
Robert Wood Johnson Foundation, Princeton, NJ



*C. Tracy Orleans, PhD*

### **New Horizons for Behavioral Medicine—Our Time Has Come!**

We are entering the 21st century and our 21st year as an organization. Our scientific and clinical leadership has never been so critical to improving America's health and healthcare. There are many reasons...

- The major health challenges facing the nation are behavioral—with tobacco use, diet, physical inactivity, risky sexual practices, and other health behaviors accounting for 50% of the nation's premature mortality;
- There is convincing evidence that we can modify the behavioral determinants of disease to improve health outcomes and reduce costs, and that harvesting advances in biomedical technology will depend on a better understanding of behaviors required for adherence.
- The aging of America contributes to growth in the burden of chronic disease that has catalyzed new funding for behavioral approaches to disease management and successful aging;
- The mapping of the human genome will lead to a cascade of new opportunities for behavioral science research and practice—ranging from the most basic issues of behavioral genetics to the very applied issues of risk education and management.

SBM is at the forefront of efforts to identify the critical is-

sues facing health and healthcare in the 21st century. These issues include the widening gap in health outcomes and behaviors between the richest and the poorest Americans; the failure to translate our scientific and clinical advances into practical programs and products that reach more than a small percentage of the population; the dual challenges of treatment non-adherence and poor long-term maintenance.

However, we can't stop with identification. We must act. We must innovate.

The disparities that were the focus of this year's Annual Meeting in Nashville cannot be addressed with the tools of biomedicine. This problem is not about genetics and there will be no "pill" for low SES. While the NIH contemplates a Center for Health Disparities, we must take the lead in not only pointing out that the problem is social and behavioral at its core, but in identifying solutions that make use of our best science, practice, and multidisciplinary leadership.

This is why a strong and vibrant SBM is important now. My past year as President-Elect impressed me with the energy and commitment of our Board of Directors and our membership to

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- ◆ Special Mentoring & Professional Development Track
- ◆ 2000 Achievement Award Winners
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### **SBM National Office—We've Moved!**

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## Obituary for Dana Robin Hill, Ph.D.

Dr. Dana Robin Hill, a psychologist and Social Science Analyst in the Behavioral Medicine Scientific Research Group at the National Heart, Lung, and Blood Institute, died March 3 after a year-long struggle with breast cancer. Dr. Hill, who was 44 years old, is being mourned by her many colleagues and friends not only for her dedication to her work, but for her kindness, generosity of spirit and positive outlook which profoundly affected the lives of everyone who had the privilege of knowing and working with her.

Dr. Hill was born in Kinston, North Carolina. She earned her doctorate in Medical Psychology from the Uniformed Services University of the Health Sciences in 1989. She also served a residency at Johns Hopkins Hospital. She started working at the NHLBI in 1989.

At the NHLBI, Dr. Hill managed a variety of research programs concerned with psychosocial factors and health, and was known to many behavioral and social scientists for her work in stress and coping with chronic illness, minority health, women's health, smoking cessation, obesity prevention and maintenance of behavior change. She was the Project Officer for the Raynaud's Treatment Study, an NHLBI multicenter clinical trial that assessed temperature biofeedback and calcium-channel blockade treatments for Raynaud's Phenomenon. She also served on the NHLBI Task Force on Obesity Education. In recognition of her exceptional efforts in the Raynaud's Treatment Study, she was awarded a NIH Award of Merit in 1997.

Dr. Hill was active in many professional organizations, including the Society of Behavioral Medicine. In recognition of her accomplishments, she was posthumously awarded SBM Fellowship status at the Society's Annual Meeting in April. She also served on the American Psychological Association's Task Force

on Women's Health and was active in the Society for the Psychological Study of Social Issues.

Dr. Peter Kaufmann, Leader of the Behavioral Medicine Research Group at NHLBI, observed that "Robin was an extraordinary individual whose special character touched so many of us that it was difficult to believe that she wouldn't ultimately win [her battle with cancer]. The NHLBI will miss her competence, her energy, her dedication, and above all, her unyielding conviction in the fundamental goodness of all people." At her funeral services, her family, friends and colleagues echoed these sentiments, reflecting on Dr. Hill's ability to see the good in everyone, her kindness and consideration for others, and her devotion to friends and family.

Survivors include her husband of 14 years, See-Yan Lam of Olney; a son, Benjamin Hill-Lam; her parents, Thomas and Rita Hill of Richmond; and three siblings, Artie Hill, Morgan Hill and Karen Hillman. A memorial fund in Dr. Hill's name is being planned.

[*Outlook Editor's note:* This is a shortened version of an *Obituary* for Dr. Robin Hill, which was prepared by the professional staff at the NHLBI. We appreciate their efforts.]

### Correspondence about articles and professional news should be sent to:

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Articles should be no longer than approximately 500 words, plus up to 10 references, and submitted to the Editor. Double-spaced papers should be submitted in a standard writing style, such as AMA or APA style. Professional news is welcome at anytime via mail, phone, fax, or e-mail.

## CLASSIFIEDS

### Clinical Position in Health Psychology - Eugene du Pont Preventive Medicine & Rehabilitation Institute (PMRI)

Full-time position available within the Christiana Care Health System in Wilmington, Delaware. PMRI is an outpatient facility providing interdisciplinary treatment for a variety of health problems, as well as offering programs focusing on prevention. Services include cardiac rehabilitation, weight management, smoking cessation, stress management, "mind/body" programs, nutrition and exercise services, and psychological counseling. Responsibilities include: consultation and therapeutic services for individuals with chronic conditions (e.g., cardiovascular disease, diabetes, obesity) or acute health concerns; working as a member of multidisciplinary treatment teams; collection of data to support PMRI research assessing clinical outcomes; presentations to professionals and community groups on issues in the field of health psychology and behavioral medicine. Candidate must have doctoral degree in Psychology or relevant mental health related field, with 2 years of experience in behavioral medicine/health psychology setting. Must be eligible for Delaware license (which requires 2 post-doctoral years of supervised clinical experience). Competitive salary and full benefits.

Interested candidates should forward cover letter and CV as follows: E-mail: christianacare@alexus.com (Attn: PRANPR); Fax: (888) 908-8585; Mail: Christiana Care Resume Service, Attn: PRANPR, PO Box 3238, Scranton, PA 18505.

### Tenure-Track Faculty Position University of Connecticut School of Dental Medicine

The Dept. of Behavioral Sciences and Community Health of the University of Connecticut School of Dental Medicine is seeking to fill a general fund, tenure-track research position for a Behavioral or Social Scientist at the Assistant Professor level or higher. The department has a rich history of research and teaching in health-related areas of sociology, psychology, economics, and epidemiology. Investigators with professional qualification in any area of the behavioral or social sciences are encouraged to apply. Research interests of candi-

dates need not be limited to oral health. Special interest will be given to candidates with a doctoral degree in the area of health promotion/disease prevention, although other areas of social and behavioral health research will be considered as well. Applicants must have demonstrated the ability and/or potential to attract external funding and must have high skills in research design and data analysis. Applications must have interest in developing and providing leadership for collaborative research with colleagues from the School of Dental Medicine, School of Medicine, and Public Health Program of the Health Center. Some participation in teaching programs at the doctoral and post-doctoral level will be expected. Salary will be commensurate with experience.

Applicants should send a letter outlining interests, a CV, and three references to Sydney H. Croog, PhD, Chair, Search Committee, Dept. of Behavioral Sciences and Community Health, University of Connecticut, School of Dental Medicine, MC 3910, 263 Farmington Avenue, Farmington, CT 06032. An AA/EOE. M/F/PwD/V

### Postdoctoral Fellowship in Psychosocial Oncology

The UC-San Diego Cancer Center, in collaboration with San Diego State University, announces the availability of a postdoctoral fellowship in psychosocial oncology. The postdoctoral fellow would join an established interdisciplinary group of researchers conducting a randomized clinical trial investigating a cognitive problem-solving intervention to improve quality of life in cancer patients and their spouses. There is ample opportunity for research collaboration. The position is for one year but there is the possibility of extension. The specific job description is posted on the UCSD job listings website, [http://joblink.ucsd.edu/bulletin/science\\_jobs.html](http://joblink.ucsd.edu/bulletin/science_jobs.html). For more information about the job, contact Dr. Vanessa Malcarne at [malcarne@psychology.sdsu.edu](mailto:malcarne@psychology.sdsu.edu).

Energy, Peace, Purpose: A Step-by-Step Guide to Optimal Living (Berkley, 1999). Top-rated by psychologists. Excellent for patients/groups. Covers energy enhancement, stress management and how to find meaning/happiness. Written by SBM member, based on research. For details, go to <http://members.theglobe.com/kgoodrick>

## Poster Awards (continued from page 9) Poster Session D

### Best Scientific Poster

*C-Reactive Protein – Evidence of the Inflammatory Process of Atherosclerosis in Youth*

Lisa E. Melilli, M.P.H., Columbia University School of Public Health

### Best Visual Poster

*Behavioral Risk Factors Discriminate Physiological Risk Factors for Cardiovascular Disease: The Bogalusa Heart Study*  
Carolyn C. Johnson, Ph.D., Abdalla Elkasbany, M.S., Shahana Begum, B.S., Gerald S. Berenson, M.D., Tulane University School of Public Health and Tropical Medicine

## Rapid Communication Poster Session E

### Best Scientific Poster

*The Relationship Between Circadian Rhythm and Fatigue in Breast Cancer Patients*

Gary R. Morrow, Ph.D., Lili Tian, M.S., Joseph A. Roscoe, M.A., Jennifer G. Griggs, M.D., Jane T. Hickok, M.D., Brian Smith, M.D., Zachary Kramer, M.D., Youngmee Kim, Ph.D., Cancer Control Program, University of Rochester Cancer Center

### Best Visual Poster

*Effects of a Health Promotion Intervention on Nutritional Intake of Women with MS*  
Gayle M. Timmerman, Ph.D., R.N., Alexa K. Stuijbergen, Ph.D., R.N., FAAN, Heather Becker, Ph.D., Christine Kremer, M.S.N., Erika Metzler Sawin, M.S.N.

## RATE CHANGE AND DEADLINE

To advertise in the Fall issue of *Outlook*, please supply ad copy to Carol Kendall at the SBM National Office. Copy may be faxed to 608-831-5485 or emailed to [ckendall@tmahq.com](mailto:ckendall@tmahq.com). The deadline for receipt of copy for inclusion in the Fall issue is September 1.

Please note that advertising is now billed at a rate of \$10/line, based on *Outlook's* final layout. Sample layout and preliminary bill will be forwarded to the advertiser prior to publication.

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## SLOUCHING TOWARD SUCCESS IN THE 21<sup>ST</sup> CENTURY

Jessie Gruman, Ph.D.  
Center for the Advancement of Health

As we steam through the first months of the new millennium, we at the Center for the Advancement of Health have been thinking about what it is going to take to realize the full promise of an expanded view of health, i.e., one that recognizes the intertwined contributions of biology, behavior, psychology, and social factors to health and illness. Much is at stake. The power of all health-related research will be considerably muted unless we more fully understand and apply what we know about these critical interactions.

Here are five issues that, for us, capture the critical breaking points that will determine the success of the contributions of behavioral medicine to individual and population health:

### *Individual behavior vs. victim blaming.*

There are political risks in talking about "behavior." No matter how sophisticated individuals are about the determinants of health, it is a quick rhetorical trip from talking about the behavior of individuals to talking about personal responsibility for health behavior and ultimately for health. Conservative thinkers make this trip frequently, since the view that individuals are completely responsible for their own health is consonant with their view of man as a rational actor who controls his or her own fate. Thus, for example, the thinking goes: "individuals who smoke have made a rational choice and deserve the consequences."

What's missing in this view is an appreciation of the often subtle effects exerted by the social and physical environments on individual health behaviors and outcomes, or a sophisticated understanding of the complex interactions among biology, behavior, and the environment in exacerbating or mitigating risks to the health of individuals.

Even individuals who share an expanded view of the determinants of health seek solutions only at the individual level. This may be due, in part, to the dominance of the medical model of health, which operates solely on the individual level, as well as to the fact that public health lacks resources and political suasion in the current climate. The point is not that the individual level isn't important but over-reliance on it has three consequences. First, it often leads to victim-blaming and punitive, rather than helpful intervention. Second, it misses key opportunities to intervene at the family, institutional, community, and social / policy levels. And third, costs can soar out of control if it is the only strategy for the entire population.

How can we redirect or reframe the slide toward individual approaches to health behavior?

### *Biomedical vs. expanded view of health.*

The biological view of health offers a relatively closed system in which the options for intervention are found. Unfortunately for those who recognize the wealth of evidence showing that biology is just part of the story, identifying points of intervention is a more daunting challenge.

It is not enough to describe the web of causation in which individual and community health resides. For example, health outcomes have been associated with suburban land use, the sedentary life-style that accompanies the use of television and computers, widespread lack of vital community connections, and income inequality. But merely describing the connection doesn't mean that there is a clear action agenda that would ameliorate these causes and thus improve health.

To date, the discussion of policy leverage points and changes within the framework of an expanded view of health has been lacking in intellectual rigor and practical solutions. Indeed, the complexity of the challenge forces many thinkers to retreat to individually focussed, medical-model driven strategies for intervention.

How can we either frame the problem differently, frame solutions differently, and/or attract new players to the discussion so that we can better identify compelling solutions?

### *Acute vs. chronic orientation.*

The growth of managed care and its economic incentives for health maintenance has sparked a gradual realization that effective health care must move away from an acute care model toward a chronic disease care model.

Because historically most behavior change interventions have been developed in clinical settings oriented toward episodic, acute health care, these interventions mimic the characteristics of those settings. They are time-limited and intensive, delivered with an assumption that the intervention will "cure" the behavior permanently, much as antibiotics kill bacteria. This continues to be true despite ample evidence that most people experiment throughout their entire lives with different approaches to losing weight, stopping smoking, taking medication, etc.

The accommodation of interventions and rhetoric to the demands of the acute care medical setting have cramped innovation and expectations even among the most enthusiastic advocates of behavioral risk reduction.

How can we take full advantage of the shift of health care toward the long-term management of chronic conditions to

### Slouching Toward Success (continued from page 3)

change the strategies we develop to stimulate and support course corrections in health behavior and thereby reduce risk and better manage chronic conditions over the entire lifespan?

#### *Behavior change vs. adherence research.*

The collection of disciplines and health professions that have claimed health risk behavior change (health promotion / disease prevention) rarely recognize the concerns and approaches they share with those who conduct research on and deliver services to improve patient self-management of chronic conditions.

But the gap between those working on health promotion and chronic disease self-management is modest compared to the gulf between both of those groups and scientists working on the topic of adherence.

Whereas adherence research is mostly atheoretical, conducted by nurses, physicians, and epidemiologists, and focused on patient compliance with medical directives, health promotion and disease management research is only somewhat theoretical and is conducted by behavioral and social scientists who often view adherence research as boring, of dubious value, and second rate because its outcomes serve medicine instead of health. Adherence researchers, working primarily in clinical medical settings, view health promotion and disease management research as nice but not necessary, hopelessly idealistic, and irrelevant to their interests.

Meanwhile, all these researchers are engaged in trying to devise strategies to help individuals to change behavior over the short and long term.

There is growing recognition that behavior mediates almost all of medicine and that we will never realize the full benefits of advances in biomedicine unless behavior of patients and providers is systematically addressed. Receptivity within medicine to the role of behavior may result in increased resources for health behavior research funding and stimulate the development of some more powerful, overarching theoretical models that would reduce redundancy of effort and result in more elegant and practical models of behavior change.

But mere resources won't do the trick. Where will the leadership, vision, and energy to rise above these entrenched models come from?

#### *Perfect evidence vs. enough information*

There is some dissension among behavioral medicine researchers and clinicians about whether the existing evidence for interventions is adequate to support full-scale implementation. Proponents of applications research advocate for extensive

testing of behavioral interventions to ensure they can be targeted to achieve predictable outcomes across a variety of groups and populations. They believe that the best case for implementing interventions will be made empirically by applying stringent scientific criteria not only to the study of the underlying disease mechanisms, but also to the study of the interventions themselves as they are applied to different populations and delivered in various settings by a range of professionals using a multitude of tools.

Others argue that waiting for completion of this research prior to broad dissemination of an intervention sets a far higher standard for psychosocial and behavioral interventions than for biomedical (pharmaceutical, surgical, procedural) techniques. Further, they remind us that behavioral interventions have no dissemination infrastructure similar to the pharmaceutical and medical device companies who stand to profit from the successful marketing of new technologies.

This is a classic case of the perfect as the enemy of the good. How can we find a solid middle ground that allows for optimal benefit to be extracted from behavioral medicine intervention research as it progresses?

These are conflicts with implications for research, policy, and practice. Their resolution is not easy. But resolution is necessary in order for behavioral medicine to contribute its vital evidence and perspective to solving the problems of health and illness.

Now is the time to act. Where do you stand? How do these ideas affect you as a scientist and/or clinician? Where do you stand on resolving them? How can we, as a field, take collective action to advance beyond our current positions?



Mark your Calendar...

Plan to join us for SBM's 22nd Annual Scientific Session on March 21-24, 2001 at the Seattle Convention Center, Seattle Washington.

### 2000 Annual Meeting Poster Award Recipients

Congratulations to the winners of the Best Scientific Poster and Best Visual Poster at the 2000 Annual Meeting. The Co-Chairs of each poster session selected one recipient in each category. The posters that received this honor are listed below.

#### Poster Session A

##### Best Scientific Poster

*Appraised Control, Coping and Chronic Stress: A Test of the Goodness-of-Fit Hypothesis*

Sandra G. Zakowski, Ph.D., FUHS/CMS and Andrew Baum, Ph.D., UPMC

##### Best Visual Poster

*Social Behaviors of Children with Rheumatic Disease: Impact of Pain, Disability and Depression*

Marlene Sandstrom, Ph.D., Laura Schanberg, M.D. and Francis Keefe, Ph.D.

#### Poster Session B

##### Best Scientific Poster

*General Psycho-Socio-Behavioral Systems Models: One Size Does Not Fit All*

Alvin Killough, Ph.D., North Carolina State University, Christopher L. Edwards, Ph.D., Duke University Medical Center, Don Drewes, Ph.D., North Carolina State University

##### Best Visual Poster

*Effects of a Single Contact Cervical Cancer Screening Intervention on African-American Women*

Polly Kratt, Ph.D., Paul Greene, Ph.D., Delia Smith, Ph.D., Sandral Hullett, M.D. and Nicole Siegfried, Ph.D., University of Alabama at Birmingham

#### Poster Session C

##### Best Scientific Poster

*Attracting Motivated Quitters to a Smokers' Helpline Using Television Advertising*

Pamela Powers, M.P.H., James Ranger-Moore, Ph.D., Thomas M. Wentzel, Ph.D., Scott Leischow, Ph.D., University of Arizona; Michael Murphy, Riester-Robb; Robert Leischow, M.P.H., Arizona Department of Health Services

##### Best Visual Poster

*Differences in Cancer Fatalism by Race and Religious Affiliation*

Julia Hohberger, M.A., Tiffany Tibbs, M.A., Kamara Smith, B.S., Washington University, Douglas Heilman, M.S., Usha Menon, M.S.N., R.N., A.N.P., Victoria Champion, Ph.D., Indiana University, and Celette Sugg Skinner, Ph.D., Duke University

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members merits a celebration of their efforts! Please join the Board of Directors and National Office Staff in thanking them.

The nomination process for this award differs from other SBM awards in that awardees are nominated by the Board of Directors and National Office staff. Nominations are based on the spirit of volunteerism and dedication to the Society shown by individuals throughout the year. The following individuals received the Distinguished Service Award at the Annual Meeting in April.

**Michael P. Carey, Ph.D.** received this award for his service as SBM's Secretary-Treasurer and for his role as Finance Council Chair for the Society during some of its most "bumpy" times. In addition to his work on SBM's financial needs, Michael was also involved with editorial boards for several journals as well as NIH peer review committees.

**Jessie C. Gruman, Ph.D.** was nominated for her promotion of behavioral medicine research and for "giving a voice to the field" by translating research findings for a broad audience. In her role at the Center for the Advancement of Health and with the Health and Behavior Alliance, Jessie has consistently pushed multidisciplinary behavioral medicine issues to the forefront of the profession.

**Dawn K. Wilson, Ph.D.** received this award for her stewardship of the Program Oversight Committee and for her dedication to the task of re-creating an institutional memory for the Society's annual meeting. After serving as an Annual Meeting Program Chair, Dawn volunteered to create a step-by-step program planning guide for future Program Chairs. This guide has become an invaluable resource for insuring the consistency and quality of the Society's meetings.

**Thomas G. Pickering, M.D.** received this award for his tireless efforts as Co-Chair and as Chair of SBM's fledgling Development Committee. Over the past three years Tom has been a key force in guiding the Society's development efforts from casual, ad hoc fund raising, to organized and focused efforts to ensure the Society's viability for the future. Through his efforts, SBM has achieved higher levels of corporate support in the past two years than it ever has in the past.

Dr. Harold Freeman, Keynote Lecturer at the recent SBM Annual Meeting in Nashville, is the recipient of the Mary Woodard Lasker Public Service Advocacy Award for enlightening scientists and the public about the relationship between race, poverty and cancer. Congratulations to Dr. Freeman.

## SBM ACHIEVEMENT AWARD WINNERS, 2000

SBM continues its tradition of honoring outstanding research by recognizing the following individuals for their superior contributions to the field:

### Outstanding Dissertation Award:

**Matthew J. Cordova, Ph.D.**, received his Award for research conducted at the University of Kentucky with his advisor, Michael Andrykowski, Ph.D. His dissertation examined social and cognitive factors that influence depression, well being, and personal growth in survivors of breast cancer. He is currently a Post-Doctoral Fellow in the Department of Psychiatry and Behavioral Sciences at Stanford University, working with Dr. David Spiegel on several group therapy studies regarding cancer patients.

**Lance S. Weinhardt, Ph.D.**, received his Award for research conducted at Syracuse University with his advisor, Michael P. Carey, Ph.D. His dissertation examined the relationship between alcohol use and sexual risk behavior in adults with severe mental illness. He is currently an Assistant Professor of Psychiatry and Behavioral Medicine at the Medical College of Wisconsin (CAIR), and he is working on several prevention, assessment, and treatment studies regarding HIV infection.

### Distinguished Scientist Award:

**Russell E. Glasgow, Ph.D.**, received his Award, in part, for research on self-management regarding diabetes and other chronic diseases. He and his colleagues have evaluated a series of brief lifestyle change interventions, which are broadly applicable and sustainable. He is currently a Senior Scientist at the AMC Cancer Research Center in Denver, and he is working on several evaluation studies regarding the public health impact of interactive disease management interventions.

### Young Investigator Award:

**Alan J. Christensen, Ph.D.**, received his Award, in part, for research on adaptation to chronic disease, particularly medical regimen adherence and emotional well being among patients with end stage renal disease. He is currently Associate Professor and Director of Clinical Training in the Department of Psychology at the University of Iowa. He received his Ph.D. in clinical psychology at the University of Utah and conducted his dissertation research under the supervision of Timothy W. Smith, Ph.D.

### Glaxo Wellcome Young Investigator Award:

**David W. Wetter, Ph.D.**, received his Award, in part, for research that examined gender-related issues in smoking ces-

sation, nicotine withdrawal, and response to treatment. He is currently an Associate Investigator at the Group Health Cooperative Center for Health Studies and the University of Washington. He is working with his colleagues on several studies regarding tobacco control, health promotion, smoking cessation, and treatment.

### LifeScan Diabetes Research Award:

**Paula G. Williams, Ph.D.**, received her Award, in part, for research that examined mechanisms for the relationship between neuroticism and symptom reports from patients with type 2 diabetes. This research was conducted collaboratively with Dr. Richard Surwit at the Duke University Medical Center. She is currently an Assistant Professor of Psychology at Washington State University. She is working on several studies regarding individual differences in self-assessed health and illness cognition.

### Follick Research Award:

**Karina W. Davidson, Ph.D.**, received her Award, in part, for research that examined the medical care cost-offset which accrues from screening and treating destructive anger in cardiovascular disease patients. She is currently an Assistant Research Professor of Cardiology at the Mount Sinai School of Medicine in New York City. She is working on several studies regarding patient anger, hypertension, and medical care offsets, with her colleagues, Drs. Pickering, Gerin, Phillips, and Fuster.

SBM's Achievement Awards are conferred each year at the Annual Meeting and Scientific Sessions. Each recipient receives an honorarium and plaque, as well as the satisfaction of being honored as one of the best and brightest in the behavioral medicine field. The nomination process for these awards is fairly simple. Please watch your mail, a description of each award, as well as instructions for application, will be printed in the Call for Papers which will be distributed in the coming month. Instructions will also be posted on the SBM website.

[*Outlook* Editor's note: These statements were edited for length and for consistency of style.]

### NEW! SBM Distinguished Service Award

The SBM Board of Directors is pleased to announce this new award established to recognize SBM members who have gone above and beyond the call of duty for the Society. These individuals have contributed in important ways to the achievement of the Society's mission and goals by giving countless volunteer hours on various projects. The dedication shown by these

## SBM is Planning a Special Mentoring & Professional Development Track

Judy Ockene, Ph.D.

An SBM task force is planning a special track, Mentoring and Professional Development, devoted to students, trainees, and junior, mid-career, and senior faculty and professional members for the purpose of providing career guidance in behavioral medicine and health psychology. This track will include one-on-one mentoring and workshops/seminars/ programs at the SBM annual meetings. It will be available to SBM members starting with Master's level students and going up to full professors and other senior professionals. Opportunities to develop the skills to prepare us for successful careers as scientists, clinicians, and teachers often are not available. It is the task force's intention to help provide mentoring and opportunities for growth and development.

We will post a survey soon asking members about their interests in becoming a mentee or a mentor and the areas in which they would like to receive or provide assistance. Both mentors and mentees benefit from such relationships. Mentors can provide guidance to students and colleagues by sharing ideas, ethics, and professionalism and by helping them to understand the ins and outs of establishing and maintaining a career in this field. It also is an opportunity for prospective mentors to experience a new role and become renewed in their current activities.

The group that has begun developing the Mentoring and Professional Development track includes Drs. Judy Ockene, Martita Lopez, Bill Gerin, and Shari Waldstein. Members will be added as plans are developed. If you are interested in participating in the planning of this new track, please contact Judy Ockene at [Judith.Ockene@umassmed.edu](mailto:Judith.Ockene@umassmed.edu). We look forward to hearing from you. Stay tuned for more information.

## Electronic or hard copy, electronic or hard copy.....?

Are you wondering why you received this issue of *Outlook* in the mail? Well, we wanted to remind you of what you're missing if you aren't accessing *Outlook* on the web site.

The SBM Board of Directors heard from a few members who definitely prefer to receive your copy of *Outlook* in the mail – and we are happy to oblige. But we haven't heard from a lot of you and we are concerned that you haven't really shared your true feelings on the new electronic format. Don't be afraid to speak up! With all of the new happenings at SBM, it's more important than ever that you read *Outlook* – and we want to make this as easy for you as possible. Please call or e-mail the National Office to voice your opinion. You know yourself better than we do. If you aren't taking the time to access the on-line version of *Outlook*, let us know that you'd rather receive it in the mail. If we don't hear from you we have no way of knowing whether we are still reaching you with the newsletter. That said, if we don't hear from you (and you haven't already requested the hard copy format) we will assume that you are OK with the electronic version and we will continue to send you e-mail notification that the newsletter is available on the web site.

Whether it be with questions about accessing *Outlook* on line or with constructive criticism, please give us a call or send an e-mail. The National Office phone number is 608-827-7267, the e-mail address is [<sbm@tmahq.com>](mailto:sbm@tmahq.com). We want to hear from you!

## SBM HONOR ROLL NOMINATIONS

**Michael G. Goldstein, M.D.** was nominated by **C. Tracy Orleans, Ph.D.** in honor of his election as SBM President-Elect.

**SBM's New Fellows for 2000** were nominated by **C. Tracy Orleans, Ph.D.** in honor of their recent induction to Fellow status in the Society.

**Susan M. Persons, M.A.** was nominated by **Mrs. Norman B. Anderson** for her stalwart dedication to and diligent promotion of behavioral issues, and for unparalleled contributions to OBSSR, NIH.

**Nicholas Christenfeld, Ph.D.** was nominated by **William Gerin, Ph.D.** for outstanding achievements in sociological investigations into the demographic patterns of heart disease; and laboratory studies of cardiovascular reactivity and recovery, influenced by the presence of social support.

**C. Mary Dingus, Ph.D.** was nominated by **Robert D. Hendricks, Ph.D.** for being the **best** clinical health psychologist he knows!

## President's Column (continued from page 1)

make the Society work, and with the breadth leadership our members are bringing in all areas of scientific and clinical endeavor. My agenda for the coming year includes a number of initiatives to build on our strengths as a multidisciplinary society, and to support and energize our members and leaders for the challenges ahead.

1. One of the major goals I have set for my presidency is to revitalize the basic structures that are at the heart of SBM as an organization—including our Councils and Committees—not just creating an institutional memory, but putting in place structures and procedures that will ensure vital growth, responsiveness, and excellence from the Society.

2. It will also be critical to assure that our meetings and publications promote leadership across the entire continuum of SBM's mission -- from basic bio-behavioral research, to intervention, to clinical and policy applications. Accordingly, the theme for next year's meeting (Seattle, March 21-24) is "Building Bridges from Science to Practice and Policy."

3. SBM is unique in the quality of networking it offers. Our meetings provide a place not only to learn, but to also renew the personal and professional relationships that sustain us as an organization and as individuals. We are adding activities to support this networking throughout the year.

4. We will be strengthening SBM's alliance with other behavioral science organizations and professional societies, including ABMR, American Psychosomatic Society, Division 38, and SRNT, and forging new liaisons to expand our reach to the primary care and practice communities. For example, next year's annual meeting will be held in conjunction with SRNT and will include joint paper and poster sessions.

I am privileged to serve as President of the Society at a time when the need for high quality behavioral medicine is great and the potential of the Society to fulfill that need is bountiful. Join me, the Board, and the many other SBM members who have volunteered their time to help the Society grow and thrive!

### Welcome to the Board!

SBM has in place an extraordinarily dedicated and creative Board of Directors-- including our President, **Tracy Orleans**, Past-President, **Joel Dimsdale**, President-Elect, **Michael Goldstein**, Secretary/Treasurer, **Ed Fisher**, Member Delegates, **Barbara McCann**, **Bob Kleges** and **Judy Ockene**; our Council Chairs: **Shari Waldstein** (Education and Training), **Martita**

**Lopez** (Membership), **Lizette Peterson** (Publications and Communications), and **Rick Bothelo** (Scientific/Professional Liaison) and Committee Chairs, **Tom Pickering** (Development), **Susan Sereika** (E. Communications), **Michael Carey** (Finance), **Edward Suarez** (Nominations), **Marc Gellman** (Program Oversight), **Robert Croyle** and **Alan Christensen** (Year 2001 Program Chair and Co-Chair); our Editors, **Robert Kaplan** (*Annals*), and **Steve Richards** (*Outlook*) -- and an energetic and committed staff at TMA -- including **Thomas Miller**, **Beth Klipping**, SBM's Executive Director, **Jane Shepard**, Director of Meetings and **Carmen Hellenbrand**, Membership Coordinator.

Together we will keep SBM strong, vibrant, and responsive to your needs.

### Get Ready for the Next SBM Annual Meeting!

Along with our traditional seminars, symposia and paper and poster sessions, the Call for Papers will solicit symposia for a special Research to Practice track on many topics (from addiction and genetic susceptibility, to physical activity, obesity and stress to violence and SES-related health disparities) featuring three related presentations with integrative discussant remarks: one on basic biobehavioral research (basic mechanisms); one on intervention research; and one that addresses relevant aspects of clinical practice, health policy, or social marketing to promote the wider use of effective interventions.

The new Research to Practice and Prevention, Populations, and Health Policy tracks will complement strong basic biobehavioral and transdisciplinary research offerings, with cutting-edge presentations of clear clinical and policy relevance (e.g., informatics, health, health system change and health care quality improvement).

### Networking through SBM

Here are some new activities that are starting up to increase SBM members' abilities to connect with one another. Want to get involved? Here's who to call:

- **Judy Ockene**, **Shari Waldstein**, **Martita Lopez**, **Bill Gerin**, and **Amy Heard** are organizing a new Professional Development track for our Annual Meeting, aimed both at our student and new members (e.g. grant writing, publishing, networking) and at our more senior members (e.g., mid-career strategic planning). They are also developing a formal mentoring program and SBM Mentoring Award. For more details on this new track, see Judy Ockene's article on a mentoring and professional development for the 2001 program in this issue of *Outlook*.

## Literature Update

Robert M. Kaplan, Ph.D.  
Department of Family and Preventive Medicine  
University of California—San Diego

Programs for health promotion and disease prevention influence contemporary health care. There are at least two ways to do this. The first way entails early diagnosis and treatment of disease. The second way encourages healthy lifestyles and does not focus on diagnosis. These two approaches imply very different theoretical models, which are discussed in my paper in the *American Psychologist* (2000, April). Several studies indicate that prevention efforts focused on diagnosis have yielded modest benefits. In contrast, primary prevention methods focused on promoting healthy lifestyles have yielded considerable benefits. Therefore, public health might be greatly improved by devoting more emphasis to primary prevention and health promotion.

[*Outlook Editor's note*: This is a brief summary of an article by Dr. Kaplan in the April issue of the *American Psychologist*. We thought that SBM members would appreciate being alerted to this article by Dr. Kaplan, who is also the current Editor of SBM's *Annals of Behavioral Medicine*. The complete reference for this article follows: Kaplan, R.M. (2000, April). Two pathways to prevention. *American Psychologist*, 55 (4), 382-396.]

## President's Column (continued from page 6)

- **Martita Lopez** and **Amy Heard** are organizing a Student Special Interest Group, and the Membership Council is organizing several other new SIGs (cardiovascular reactivity, pain, physical activity, and primary care) and expanding its discipline-specific committees for epidemiologists, nurses, nutritionists, psychologists, physicians, and students from all disciplines.
- **Steve Richards**, *Outlook* Editor, will continue to solicit short (250-500 words) discussion articles on a wide range of issues. Readers with comments on web vs. hard copy formats should email or call the National Office (contact information on page 1)
- **Susan Sereika** and our E. Communications Committee will continue to expand our capacity for on-line networking through new list serves, on-line member surveys, and more reciprocal linkages and electronic resources.

## New Grant Opportunities

Peter Muehrer, Ph.D.  
Chief, Health and Behavioral Science Research Branch  
National Institute of Mental Health, NIH

We strongly encourage research grant applications on issues of comorbidity—particularly comorbidity of mental disorders with general medical conditions. For example, we are very interested in grant applications regarding depression and cardiovascular disease, anxiety and cancer, and applied challenges presented by comorbidity. These challenges include risk assessment, health service seeking, treatment adherence, relapse, quality of life issues, and ethical matters such as informed consent. Branch staff members are happy to discuss new proposal ideas by phone or e-mail. A few examples of funded grants are listed here: "Severe depression in women after cardiac surgery," Lynn Doering, UCLA; "Psychosocial treatment effects on cancer survival," David Spiegel, Stanford U.; "Depression and clinical pain," Michael Robinson, U. of Florida; "Mental health in lung transplantation," Amanda Dew, U. of Pittsburgh; and "Chronic psychosocial stress, metabolic syndrome, and chronic heart disease," Peter Vitaliano, U. of Washington. Contact: Peter Muehrer, Ph.D., 301-443-4708, [pmuehrer@nih.gov](mailto:pmuehrer@nih.gov)

We also strongly encourage research grant applications on issues of adherence, ethics, and behavior change. Examples of funded grants: "Competence of human subjects to consent to research," Philip Candilis, U. of Massachusetts; and "Research ethics in schizophrenia," William Carpenter, U. of Maryland. Contact: Robert K. Heinessen, Jr., Ph.D., 301-435-0371, [rheiness@mail.nih.gov](mailto:rheiness@mail.nih.gov)

Finally, we are strongly encouraging research grant applications to a new program regarding health service seeking. For instance, we are seeking grant applications regarding why individuals do—or do not—seek mental health services. We are also seeking grant applications on related topics, such as reducing the stigma associated with mental disorders and increasing the use of health services. Contact: Emeline Otey, Ph.D., 301-443-9284, [eotey@nih.gov](mailto:eotey@nih.gov)

[*Outlook Editor's note*: This is a condensed version of a longer statement received from Dr. Muehrer. We thought that SBM members would like to have this information about these new research grant programs at NIMH. These research topics dovetail nicely with the interests of our SBM members.]