



# Outlook

A Quarterly Newsletter of the Society of Behavioral Medicine

Fall 2002

## President's Message

David B. Abrams, Ph.D., SBM President

Centers for Behavioral and Preventive Medicine, The Miriam Hospital, Providence, RI



The chill in the air reminds me that winter is around the corner. Not too far from winter is our Annual Meeting in Salt Lake City, home of the last winter Olympics. March is still a time to ski so plan on coming early or staying late. We will have a packed program with exciting keynotes, symposia, papers, posters, and workshops. Already the number of submissions exceeds last year's. Usually this bodes well

for an outstanding program with strong content and higher standards of quality, and it is a predictor of high attendance at the meeting. So don't miss out, block out the time now, and come along and bring the family.

The program has some outstanding keynotes lectures that will examine population models of the causes of disease burden and health enhancement, and will explore cultural, international, and translational themes. In some ways the theme for SBM in Salt Lake City will be more population and public health oriented than usual, but there will be something for everyone. I believe that bridging individual and population models is critical to advancing scientific knowledge. Most importantly, population or public health perspectives highlight the vision of the 21<sup>st</sup> century, namely making an impact on improving the health of populations. Indeed, I be-

lieve SBM can lead the way in making the 21<sup>st</sup> century the century of behavioral and preventive medicine whereas the 20<sup>th</sup> century was the golden age of acute care medicine and individual treatment.

Even genetics will need population epidemiology to examine polygenic interactions and multiple pathways to the most common preventable chronic diseases (low penetrance genes). The more we learn about genes, the more we see how important environment and lifestyle really are. SBM folks are right there. And, for those wondering what this new-fangled infatuation with transdisciplinarity (sic) is, there will be a workshop on everything you wanted to know but were too afraid to ask. Judge for yourself if its old SBM wine in new NIH bottles. SBM was the original, the others are cheap imitations.

Another keynote will examine translational research with a twist. One way to reach populations is to use the technologies provided by innovations in communications and informatics. eHealth can be used to provide tailored and relevant evidence-based health information and programs for individuals and families available 24/7 on the internet. The public, patients, and providers are increasingly using eHealth applications. It is estimated that over 88 million people will use the internet to seek health information over the next five years. Although the promise of tailored communications has

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### Issue Highlights...

- ◆ Outlook on Life
- ◆ Spotlight on Education and Training
- ◆ EBBM Update
- ◆ SIG Update
- ◆ Student Perspective
- ◆ Achievement Awards
- ◆ Preliminary Program

# Outlook

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

not been delivered, it has great potential. But much scientific work needs to be done and SBM's approach is again an ideal one for spearheading the basic science and the outcome evaluation of applications of new communication modes and methods. For those interested in research opportunities there is great interest at NIH and from The Robert Wood Johnson Foundation in funding both basic science work (e.g. how can we integrate diverse theories and disciplines to examine the cognitive, affective, decision-making and other relevant aspects of risk communications to elucidate what are the specific mechanisms in risk perceptions that can motivate and change behavior?) and outcome evaluation. Also needed are standard ways to measure mechanisms and to evaluate outcomes for specific types of users, channels, and cultures. The National Cancer Institute has created an extraordinary opportunity for funding research on health communications from an interdisciplinary perspective. A recent RFA for Centers of Excellence in Health Communications Research is just one of the mechanisms to support more research in this area. The Small Business Innovation mechanism (SBIR) is another. The Robert Wood Johnson Foundation has recently announced a \$10.3 million initiative to fund projects that foster a more systematic research effort on eHealth. So come hear about these exciting opportunities in Salt Lake City. Check out the NCI website in the Cancer Control and Population Sciences section - under extraordinary opportunities in Cancer Communications (COLT-<http://dcccps.nci.nih.gov/eocc/colt.html>) and look out for the Robert Wood Johnson Foundation initiative that will be coordinated by SBM's very own – Dr. David Ahern and Dr. Judy Phalen out of the Brigham and Womens Hospital in Boston ([www.hetinitiative.org](http://www.hetinitiative.org) or [jphalen@partners.org](mailto:jphalen@partners.org)).

### Deadlines and Rates

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

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

But even though I will push the envelope towards the macro population perspective, in terms of efficient and cost-effective interventions and policies, it is not easy to develop evidence-based models of the optimal balance between individual and population, between primary prevention and acute care management, and between long-term investment in health and short-term business models of return on investment in treatment. If you have not read Roses' (1992) book "The Strategy of Preventive Medicine", I encourage you to do so before the meeting in Salt Lake. It's a short, well written book, and he makes the case for a population focus in straightforward terms using examples from a variety of health related issues including work in hypertension by an SBM past President's father, Dr. Tom Pickering, Sr., the well known British epidemiologist. Two of my favorite quotes from the book are one attributed to Dr. Pickering, Sr., "the idea of a sharp distinction between health and illness is a medical artifact for which nature, if consulted, bears no support" and a second is Rose's so called "theorem or paradox"- "a large number of people exposed to a small risk may generate many more cases than a small number of people exposed to a high risk and a preventive measure that brings large benefits to the community affords little benefit to each participating individual."

Most research efforts have concentrated on individual variation in bio-behavioral mechanisms (e.g. risk and protective factors) and on disease management after an acute event such as a heart attack or cancer diagnosis. Although SBM

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### Please send *Outlook* correspondence to:

Cheryl L. Albright, Ph.D., M.P.H.  
Editor of *Outlook*

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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 using APA or AMA writing style. Professional news is welcome at any-time via mail, phone, fax, or e-mail.

## Outlook on Life

Cheryl Albright, Ph.D., M.P.H.  
SCRDP, Palo Alto, California

Editor's note; This is a new column. I hope it will be a fun way our members can learn more about each other. The questions come from a TV show called "Inside the Actor's Studio", where actors are asked a set of questions that reveal components of the personality and "philosophy on life". Today's guest for this column is Robert Kaplan, Ph.D., Editor of *Annals of Behavioral Medicine*, Professor and Chair, Department of Family and Preventive Medicine, University of California, San Diego.

<i>Outlook On Life</i>	<b>Robert Kaplan, Ph.D.</b>
What is your favorite word?	<b>Bitchen (a very 60's term)</b>
What is your least favorite word?	<b>No</b>
What "turns you on" or excites you about the field of behavioral medicine?	<b>The opportunity to find practical, toxic approaches to serious health problems.</b>
What turns you off /frustrates you about the field of behavioral medicine?	<b>Our reluctance to expand the paradigm.</b>
What sound or noise do you love?	<b>The ocean.</b>
What sound or noise do you hate?	<b>The scratch of a blackboard.</b>
What was the most unusual job (outside of behavioral medicine/ academia) have you ever had?	<b>I once was a short order cook-burger fryer.</b>
What profession, other than yours, would you like to attempt?	<b>Professional baseball. There are only three hang ups. I cannot throw, hit or run.</b>
What profession or job would you not like to participate in?	<b>Gastroenterology</b>
If Heaven exists, what would you like St. Peter to say when you arrive at the pearly gates?	<b>Great to see you! We are looking for a second baseman.</b>

### **RESULTS: SBM Evidence-based Behavioral Medicine Survey**

Dear SBM Members,

Thank you for your responses to the EBBM survey regarding areas of importance for evidence-based behavioral medicine reviews.

The following results are based on surveys from 320 individuals. As you may recall, we requested that participants rank order (1= most important) three areas of behavioral medicine for an evidence-based review. Responses were coded (i.e., 1 = 3 points, 2 = 2 points, 3 = 1 point) and the total number of points for each area was calculated.

The two areas that were most highly endorsed by those of you who participated were obesity and cardiovascular disease. Our honorable mention area was cancer. The Evidence-based Behavioral Medicine Committee will conduct future pilot testing of the EBBM review system in consultation with experts from these areas.

We appreciate your participation in our survey. If you would like to be added to the Evidence-based Behavioral Medicine (EBBM) Special Interest Group (SIG), please email Karina Davidson indicating your interest.

Karina Davidson, Ph.D.  
Chair, Evidence-based Behavioral Medicine Committee  
Karina.Davidson@msnyuhealth.org

## Spotlight on Education and Training

Cheryl Albright, Ph.D., M.P.H., SCRDP, Palo Alto, California

Interviewed: Dr. Dana H. Bovbjerg, Program Director  
Biobehavioral Medicine Program  
Cancer Prevention & Control  
Ruttenberg Cancer Center  
Mount Sinai School of Medicine  
1425 Madison Avenue  
New York, NY 10021

### What types of research programs do your students / post-doctoral fellows typically become involved in?

The Postdoctoral Trainees become involved in one or more of the federally-funded research programs of faculty mentors. Examples of ongoing studies include: Analysis of Gene-Environment-Behavior Interactions in Breast Cancer Risk for African American Women; Hypnosis Intervention for Breast Cancer Surgery Patients; Impact of Culturally Tailored Counseling on Genetic Testing Decision Making; Intervention Study of Colon Cancer Screening; Maternal Distress, Cognitive Processing and Pediatric Bone Marrow Transplant; Psychobehavioral Impact of Genetic Counseling; Psychological Influences on Reactions to Chemotherapy; Psychological, Behavioral and Biological Consequences of Familial Cancer Risk; Psychobiological Impact of Anticipatory Surgery Stress; Racial and Economic Disparities in Cancer Screening; Randomized Trial of Patient Activation in Pain Management; Stress-Induced Consequences of Familial Cancer Risk and Gene Testing; Reactivity to Smoking Cues - Genetic Analysis.

### What kinds of support (other than stipends/tuition) do you provide students/fellows? (i.e., access to computers/statistical programs, travel funds, etc.)?

Trainees are provided with their own PCs with full internet access and relevant software including SAS and/or SPSS. Travel funds are available for trainees to present at national meetings.

### Does your fellowship have any required academic course work or clinical responsibilities?

Trainees have no clinical responsibilities. Research hours can be applied toward fulfilling New York state licensure requirements with supervision by a licensed clinical psychologist in the program. Attendance at seminars, journal club, and core curriculum lectures is required (about 2-3 hours a week).

### What do you think makes your program unique within behavioral medicine?

Our program encourages interactions among behavioral, biological, cultural, epidemiologic, genetic, and psychological perspectives on cancer prevention and control. The diverse faculty and the training environment emphasize this interdisciplinary approach. Our goal is not only to enable Trainees to “talk-the-talk” of the various disciplinary involved, but also to “walk-the-walk” and get the research done.

### How do you think your program will change in the future (next 5 years)?

The program is likely to grow to include additional faculty in translational research and genetic approaches to cancer.

### What one “tip” or piece of advice would you give to prospective applicants?

Do your homework. Find out as much as you can both formally and informally about prospective faculty mentors in training programs around the country and look for the best fit with your long-term interests and goals.

Current post-doc's or student's perspective:

Interviewed: Dr. Hayley Thompson  
Instructor, Ruttenberg Cancer Center  
Completed 2-year fellowship in 2001

### What is the most important thing you have learned as part of your post-doc fellowship?

My postdoctoral experience at the Ruttenberg Cancer Center helped me to more effectively write about theory and research. During graduate school, many students try to demonstrate the depth of their knowledge about a topic in their writing because that is typically how students are evaluated. It is easy to think that “more” is better. During my postdoctoral training, I had ample opportunity to collaborate on manuscripts and grant proposals. As a result, I learned that succinct communication of the most relevant points is more compelling and is better received by other professionals.

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## And Then They RETREATed: The 2<sup>nd</sup> Annual Evidence-based Behavioral Medicine (EBBM) Writing Retreat

by Kimberlee J. Trudeau for the EBBM Committee

Last week members of the EBBM Committee came together in New York City to discuss objectives for the Committee and begin work in writing groups. Karina Davidson (Committee Chair), Larry Fine (Office of Behavioral and Social Sciences Research contract officer), and Committee members Russell Glasgow, Robert Kaplan, Peter Kaufmann, Genell Knatterud, Judith Ockene, Timothy Smith, and Bonnie Spring were in attendance — And, I, resident note-taker, was also there, of course, to take note of the process of idea generation!!\*

During the course of the retreat, we bid farewell to the 2000-2002 EBBM Committee contract from OBSSR to SBM. This farewell included a brief discussion of the manuscript on CONSORT guidelines that we began at last year's retreat (to be resubmitted to *Annals of Behavioral Medicine* shortly) and a review of the contract final report. Then we embraced tasks to perform as part of the new contract (2002-2004): multiple manuscripts to disseminate knowledge of EBBM to the behavioral medicine community, a proposal for an EBBM training seminar at SBM 2003, and potential collaborations with other professional organizations (for example, Div. 38 of APA – Health Psychology).

The 2002-2004 EBBM Committee mandate is reproduced below for your information:

1. Coordinate a select steering committee of experts in randomized clinical trials, biomedical statistics, clinical psychology, behavioral medicine, community interventions, and clinical trials, supplemented by additional consultants on an as-needed basis, suitable for implementing the statement of work.
2. Create a system of criteria, coordinated with other criteria for evidence-based medicine, for evaluating the soundness of scientific evidence supporting preventive, treatment, and adjunct interventions in the field of behavioral medicine.
3. Define methods and procedures for reviewing and evaluating such evidence in the context of established as well as unique experimental design requirements involving randomized clinical trials of behavioral and mixed-modality interventions.
4. Convene a panel to discuss distinctions between efficacy and effectiveness trials and their relationship to translation of research to practice.
5. Develop a plan, including qualifications and required level of effort, for undertaking formal evaluations.
6. Create a register of interventions suitable for review, and prioritize these by importance to the field of behavioral medicine and levels.
7. Complete a minimum of one review of interventions involving each of two diseases (e.g., cardiovascular, cancer, AIDS) or categories (e.g., primary prevention, secondary prevention, ancillary intervention).
8. Establish partnerships or liaisons with other health and professional organizations with an interest in evidence-based evaluations of behavioral interventions in order to promote discussion of evidence-based evaluation criteria, and evaluations.
9. Promote the diffusion and dissemination of information about evidence-based evaluations of behavioral interventions.
10. Foster discussions and education of researchers, practitioners, educators, organizational decision-makers, and policy makers concerning utility of evidence based evaluations and disseminate information on the evaluation criteria and on evidence-based evaluations.
11. Develop plan for performing evaluations on a continuing basis and disseminating results of the project to the public, third-party payers, and other interested entities.
12. Prepare a final report suitable for publication either as a peer-review publication or pamphlet that includes a summary of the achievements from items 1 through 12 most relevant to researchers and policy makers.

In short, the 2<sup>nd</sup> Annual EBBM Writing Retreat was intellectually stimulating, productive, and – I heard some say – fun. (Behavioral medicine humor abounded – as you can probably imagine!)

We look forward to meeting the new mandate and, as always, welcome comments and questions from *Outlook* readers on our progress (contact: Karina Davidson, karina.davidson@msnyuhealth.org).

\* Members Michael Goldstein, Thomas Pickering, and Evelyn Whitlock were regrettably absent. ◆

## A Student's Perspective . . .

Marie Moerkbak, M.A.  
4th Year Graduate Student in Clinical Psychology  
University of Texas at Austin

Programs in health psychology usually provide students ample opportunity to develop their skills and knowledge about health psychology through course work, research opportunities, and supervision in general clinical skills. Internships in clinical health provide the budding health psychologist with more diverse and abundant contact with medically ill patients. But why wait until internship?

In keeping with the scientist-practitioner model, I believe that it is important to ensure that graduate students in health psychology have opportunities to interact with patients and develop clinical skills specifically aimed at the population they will be serving, through research and/or practice, *prior* to internship. Graduate school is the place where we receive our initial and primary training in the field. It is an experience that often shapes students' future attitudes and approaches to health psychology, and therefore a time when exposure to a wide spectrum of health psychology can be particularly influential. Graduate school is busy and at times stressful. It can be easy to neglect or overlook the more clinical, or practical, part of the training process when the emphasis is on research and publishing. However, it is of vital importance for the field that we as researchers do not remove ourselves from the reality in which the patients, who serve as our research participants, live and function. A solid understanding of patients' life circumstances gained through direct interaction can provide essential guidance in developing ideas for studies, forming hypotheses, selecting appropriate research design and methods, and finally, but not least, interpreting results.

### Sneak -a-Peak!

Turn to pages 10–12 for a preview of the 2003 Annual Meeting and Scientific Sessions Preliminary Program. The meeting, "Bridging Boundaries in Behavioral Medicine: Transdisciplinary, Translational, Transcultural and Transnational", is scheduled for March 19–22, 2003 in Salt Lake City, Utah.

## Spotlight on a Special Interest Group (SIG)

Michael Stefanek, Cancer SIG Chair

The first meeting of the Society of Behavioral Medicine's Cancer Special Interest Group (SIG) took place during the 2002 Annual Conference in Washington DC. Despite the early morning hour of this Breakfast meeting, the discussion was lively and interactive as we began the process of establishing our mission statement and delineated our collective goals for the SIG. A number of priorities were noted, including the importance of connecting with other professional organizations involved in behavioral oncology, and the establishment of a mentoring system for junior cancer control investigators. While actively working in these areas, we will continue to develop goals to serve the members of the Cancer SIG, and involve individual members on a number of objectives to further the breadth and depth of research and enhance the quality of clinical care to cancer patients and their families.

At the present time, we are creating a joint Membership Directory for our 170 active members (as of 8/5/02) with the American Society of Preventive Oncology (ASPO) and requesting information on mentoring interest on our soon to be available website directory. Our mission statement is listed below. In the near future please visit our Cancer SIG site on the SBM main page for a list of steering committee members and other information.

### Cancer Special Interest Group Mission Statement

The Cancer Special Interest Group of the Society of Behavioral Medicine aims to foster high quality collaborative research, enhance the professional development of its members, and work with other professional organizations involved in cancer control research. Our goal is to advance and disseminate knowledge across the breadth of cancer control, ranging from cancer prevention to end of life care, including all ages, racial and ethnic groups, and socioeconomic strata.

Michael Stefanek, Cancer SIG Chair  
Email: [stefanem@mail.nih.gov](mailto:stefanem@mail.nih.gov)

## SBM Achievement Awards

The Society of Behavioral Medicine invites nominations for the 24th Annual Scientific Sessions Achievement Awards. The specific criteria for each award are listed below. Self-nomination is acceptable, but some awards require a letter of nomination from an SBM member (other than the nominee). Nominees must be current members of the Society at the time of nomination to be considered for an award. Specific deadline information for each award is listed below.

### **Send application materials to:**

Society of Behavioral Medicine  
Attn: Achievement Awards  
7600 Terrace Avenue, Suite 203  
Middleton, WI 53562-3174  
E-mail: [info@sbmweb.org](mailto:info@sbmweb.org)

### **Outstanding Dissertation Award (\$500 Honorarium)**

2003 is the sixth year SBM has recognized excellence in student members' research through this award. Student members of the Society, or student members who have transferred to full member status within the past year, are eligible for the Outstanding Dissertation Award. To qualify, an individual must have successfully defended his/her dissertation over the past year (January–December 2002). To nominate a candidate, send a letter of nomination detailing the nominee's contribution to the field of behavioral medicine and the significance of the selected dissertation along with four copies of the dissertation to the SBM National Office.

Letters of recommendation as well as the actual dissertation may be e-mailed as a Microsoft Word document attachment to the National Office at [info@sbmweb.org](mailto:info@sbmweb.org). Please do not send documents in any other format.

Complete sets of materials must be received by December 20, 2002. Incomplete packets will not be accepted.

### **Young Investigator Award (\$1,000 Honorarium)**

Selection for this award will be based on total career achievement and review of a representative published paper. A letter of nomination from another investigator stating the candidate's contribution to the field and the significance of the study selected for review is required. To qualify:

1. Candidates must have received a terminal degree seven years or less from the time the award is conferred.
2. The paper to be reviewed must be published or in press, and the nominee must be the first author (showing his/her contribution).

3. The paper must show scientific rigor and innovation and must make a significant contribution to the field of behavioral medicine.

To nominate a candidate, send a letter of nomination, four copies of the candidate's current CV and four copies of the paper to be reviewed to the SBM National Office. E-mailed Microsoft Word document attachments of CVs, etc. are encouraged. Complete sets of materials must be received by December 20, 2002. Incomplete packets will not be accepted.

### **Distinguished Scientist Award (\$1,000 Honorarium)**

Selection for this award will be based on total career achievement. Candidates must have achieved great scholarly distinction (i.e., made a series of distinguished empirical contributions or contributed substantially to the development of new theories or methods). Candidates will typically have attained the level of Full Professor (or its equivalent) and will have trained students or postdoctoral fellows who are contributing significantly to behavioral medicine.

To nominate a candidate, send two letters of recommendation outlining the candidate's achievements and four copies of the candidate's current CV to the SBM National Office. E-mailed Microsoft Word document attachments of CVs and letters of recommendation are encouraged. Complete sets of materials must be received by December 20, 2002. Incomplete packets will not be accepted.

### **Glaxo Young Investigator Award (\$1,000 Honorarium)**

This award was developed to encourage research on nicotine addiction treatment and smoking cessation. Selection of the award recipient will be based on total career achievement and review of a representative published paper. A letter of nomination from another investigator stating the candidate's contribution to the field and the significance of the study selected for review is required. To qualify:

1. Candidates must have received a terminal degree seven years or less from the time the award is conferred.
2. The paper to be reviewed must be published or in press, and the nominee must be the first author (showing his or her contribution).
3. The paper must show scientific rigor and innovation in the area of nicotine addiction treatment or smoking cessation and must make a significant contribution to the field of behavioral medicine.

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## Awards (continued from page 7)

To nominate a candidate, send a letter of nomination, four copies of the candidate's current CV, and four copies of the paper to be reviewed to the SBM National Office. E-mailed Microsoft Word document attachments of CVs, etc. are encouraged. Complete sets of materials must be received by December 20, 2002. Incomplete packets will not be accepted.

### SBM Distinguished Mentor Award

The SBM Task Force for Mentoring and Professional Development announces initiation of two annual Distinguished Mentor Awards, one for a clinical/professional mentor and one for a research mentor. Awardees will be announced at the 2003 SBM Annual Meeting in March 2003. The deadline for receipt of nominations is December 20, 2002. The nomination process is as follows:

1. Nominations may be made by any member of SBM, based on personal experience of having been mentored or by personal observation of mentoring. Students and faculty/professionals may nominate. Self-nominations will not be accepted.
2. The nominator and the nominee should both be members of the Society.
3. Nominations should be in the form of a one-page statement, with a maximum of three accompanying documents. These documents could include a list of mentees and their accomplishments, or other materials the nominator thinks are relevant. If the nominator observed the mentoring but did not experience it directly, it would be important to have one or more mentees write letters of support.
  - a. The one-page statement must specify whether the individual is being nominated for the clinical/professional award or the research award.
  - b. In the statement, the specific characteristics of the individual and his/her behavior that make him/her an outstanding mentor should be detailed, along with any professional accomplishments of the mentee directly or indirectly related to the mentoring. The relationship between the mentoring and the accomplishments should be explicitly spelled out.
4. Deadline for receipt of nominations is December 20, 2002.

Please submit four complete sets of nomination materials to:

SBM

Attn: Mentor Awards  
7600 Terrace Ave., Suite 203  
Middleton, WI 53562-3174

OR: email the documents as Microsoft Word attachments to: [info@smbweb.bm](mailto:info@smbweb.bm).  
(E-mailed documents are encouraged.)

### Pro-Change Research to Practice Dissemination Award

(\$1,000 Honorarium)

Pro-Change has established this award to stimulate and recognize innovative research in the area of research to practice dissemination. To qualify for this award, which will be awarded through the first author listed on the submitted abstract, SBM members should submit applied or clinically focused posters or papers in the general SBM Call for Papers. The appropriate box on the Call for Papers form must be checked at the time the abstract is submitted.

Guidelines:

1. Applicant must be a current member of SBM.
2. Applicant must submit a paper in response to the SBM Annual Meeting Call for Papers and must clearly indicate that the paper or poster is to be considered for this award by checking the designated box on the abstract submission form.
3. Submitted papers must contribute to the dissemination of research-based programs and/or products.
4. Applicant must have NO affiliation with Pro-Change.

**NOTE:** To qualify for this award, an abstract MUST be submitted in the general Call for Papers for the 2003 SBM Annual Meeting & Scientific Sessions, and the appropriate box must be clearly marked on the abstract submission form.

### LifeScan Diabetes Research Award (\$1,000 Honorarium)

LifeScan, Inc., a Johnson & Johnson company, has established an award to stimulate and recognize innovative research in the area of behavioral diabetes management. To qualify for this award, which will be awarded through the first author listed on the abstract, SBM members should submit applied or clinically focused posters or papers presenting results with human populations in diabetes management.

**NOTE:** To qualify for this award, an abstract MUST be submitted in the general Call for Papers for the 2003 SBM Annual Meeting & Scientific Sessions, and the appropriate box must be clearly marked on the abstract submission form. ♦



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

has been at the forefront of these trends and in many respects has led the way, I sometimes wonder if the Society is still, to this day, mostly a group of scientists and practitioners who concentrate on the individual and clinical models of understanding and evaluating health related mechanisms, interventions, and programs. In other words, with a few notable exceptions, the majority of SBM members work is more "biopsych" than "sociocultural" domains and in more "individual and clinical" than "population and public health" oriented disciplines.

Consider inviting a non-SBM member to come to SBM as a guest and encourage them to join SBM. Each of us can be an ambassador for SBM and it would be great if we started a "buddy system" for new membership recruitment. I challenge each current member to sign up one new member within the next year. Now more than ever SBM offers outstanding opportunities for professionals to learn and grow in areas other than one's home discipline or profession. Everywhere we turn science and service providers are interested in how to bridge gaps and address complex health problems in a more sophisticated manner. Other disciplines and professions are adopting SBM's successful model of integrative biopsychosocial research and its application. Increasingly, researchers and practitioners are learning that transdisciplinary, translational, transnational and transcultural research strategies are going to make important contributions to improving health and health care in the 21<sup>st</sup> century.

It is timely and appropriate for us to feel proud of our society, to discuss its merits with non-members and encourage them to join us. We take our work for granted and indeed we will be celebrating a quarter century, the 25<sup>th</sup> anniversary of SBM in 2004. (By the way if anyone wants to work on a special 25<sup>th</sup> anniversary planning committee for next year's program let me or Linda Baumann know.) As we look back at what we have accomplished, lessons learned by SBM members can contribute to many other disciplines in advancing research, practice, and policy in the next century. SBM is now (and will be more so in the future) especially attractive to researchers and practitioners in the biomedical and allied medical professions as well as in population and public health. Indeed, imagine how exciting SBM could be a few years from now if we doubled our membership and in particular attracted many more physicians, nurses, epidemiologists, health services researchers, not to mention sociologists, other population scientists, social workers, and health educators. I may have

left a few disciplines out but the message is clear. Lets add one more requirement to my "buddy system" challenge, each current member, recruit a new member from a DIFFERENT discipline or profession than their own.

And while we are remembering our roots and our past, let's not forget to honor and make explicit our affiliation with SBM at every opportunity. Identify how SBM has influenced our own careers and work, especially when we are in other contexts - like in our "home discipline or department," when asked to give expert testimony on the hill in Washington, when making a research presentation at another society meeting and when being consulted about evidence-based interventions, programs, and policy recommendations. When one of our papers is published or is picked up in the press, how often do we give SBM some credit for nurturing our work? Lets lay the groundwork to ensure SBM remains a leader for the next century. Come to our 24<sup>th</sup> annual meeting and help prepare to celebrate our 25<sup>th</sup> anniversary next year as well.

## Reference

Rose, G. (1992). *The Strategy of Preventive Medicine*. New York: Oxford University Press. ◆

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## Spotlight (continued from page 4)

### How has the program impacted your career development?

My postdoctoral fellowship had a tremendous impact on my career development. My acceptance of postdoctoral position represented a transition from psychosocial research in cardiovascular functioning to psychosocial research in cancer prevention and control with a focus on underserved populations. During my fellowship, I worked with existing data in this area and had leadership roles in developing new projects. I have remained at the Ruttenberg Cancer Center as an instructor to continue this exciting work.

### What advice would you give future applicants to this program?

The fellowship at the Ruttenberg Cancer Center links you with a faculty member who serves as a mentor who guides your research and training activities. In general, it is valuable to cultivate a relationship with a mentor who supports your interests and ideas, provides constructive feedback on your work, and is experienced enough to offer useful career advice. ◆

## Mark your Calendar: March 19–22, 2002 2003 Society of Behavioral Medicine Annual Meeting & Scientific Sessions

Bridging Boundaries in Behavioral Medicine: Transdisciplinary, Translational, Transcultural and Transnational

The SBM Annual Meeting & Scientific Sessions will begin on Wednesday, March 19 with pre-meeting seminars scheduled from 2:00 p.m.-5:00 p.m. (available for a separate fee). You are invited to attend the Opening Reception and Student Poster Session on Wednesday evening from 7:00 p.m.-8:30 p.m. The educational program begins at 7:30 a.m. on Thursday morning, March 20 with breakfast roundtables and continues until 1:00 p.m. on Saturday, March 22. Post-meeting seminars are available on March 22 in the afternoon from 1:30 p.m.-4:30 p.m. (at an additional cost).

A program brochure including registration and hotel reservation information will be mailed to all members in early February. Complete program information and online registration will be available on the SBM web site in January 2003.

Registration Fees:	Before February 21	After February 21
SBM Member	\$210	\$245
Member Trainee*/Transitional	\$110	\$145
Non-Member	\$400	\$435
Non-Member Trainee**	\$190	\$225
Non-Member Transitional	\$260	\$295
One-Day Registration	\$200	\$200

### Seminar Registration (available at an extra fee)

Seminars will be held on Wednesday, March 19 from 2:00 p.m.-5:00 p.m. and Saturday, March 22 from 1:30 p.m.-4:30 p.m.

	Before February 21	After February 21
Member	\$60	\$60
Non-Member	\$85	\$85
Trainee/Transitional*	\$35	\$35

The SBM special room rate at the Grand America Hotel in Salt Lake City is \$154 for a premiere sleeping room and \$164 for an executive suite (these rates do not include an 11.2% sales and room tax). To reserve a room, call the Grand America Hotel at 1-800-621-4505. Please refer to the SBM Annual Meeting in order to receive the discounted rates. Feel free to visit the hotel's website at <http://www.grandamerica.com>.

Reservations must be received by **February 19, 2003** to be eligible for the discounted rates (or until the room block is sold out). You are encouraged to make your room reservations early!

To make a flight reservation, contact Burkhalter Travel from 8:30 a.m.-5:00 p.m. (CST) Monday through Friday. Please refer to the SBM Annual Meeting when making your reservations. Call Burkhalter Travel at 1-800-556-9286 (press #0 and ask for the group department) or contact them by e-mail at [pwilliams@burkhaltertravel.com](mailto:pwilliams@burkhaltertravel.com).

### Preliminary Program

#### Wednesday, March 19, 2003

12:00 noon-7:00 p.m.  
Registration

2:00 p.m.-5:00 p.m.  
Pre-Meeting Seminars  
(available for an extra fee)

7:00 p.m.-8:30 p.m.  
Opening Reception  
(cash bar and light hors d'oeuvres)  
Student Poster Session A

#### Thursday, March 20, 2003

7:30 a.m.-5:00 p.m.  
Registration

7:30 a.m.-8:30 a.m.  
Breakfast Roundtables

8:30 a.m.-10:10 a.m.  
Poster Session B

9:00 a.m.-10:30 a.m.  
Symposia Sessions

10:30 a.m.-11:00 a.m.  
Break

11:00 a.m.-12:00 noon  
Presidential Address and Awards  
Presentation

*David B. Abrams, PhD*  
*Professor and Director, Centers for*  
*Behavioral and Preventive Medicine*  
*The Miriam Hospital, Providence, RI*

12:00 noon-1:30 p.m.  
Break for Lunch (on your own)

12:15 p.m.-1:15 p.m.  
Expert Consultations

1:30 p.m.-2:15 p.m.

**Master Lecture**

Health e-Technologies for Behavior Change and Disease Management: Opportunities and Challenges  
*David K. Ahern, PhD  
National Program Director  
E-Technologies in Health Care Initiative, Robert Wood Johnson Foundation, Assistant Professor of Psychology (Psychiatry) at Harvard Medical School, Chestnut Hill, MA and Chief Science Officer, Abacus Management Technologies, LLC, Cranston, RI*

1:30 p.m.-3:00 p.m.

Paper Sessions

2:15 p.m.-3:00 p.m.

**Master Lecture**

Engendering John Henryism: Are the Health Costs and Benefits of Persistent High Effort Coping with Adversity Different for African-American Men and Women  
*Sherman A. James, PhD, FAHA  
John P. Kirscht Collegiate Professor of Public Health and Chair, Department of Health Behavior and Health Education School of Public Health, University of Michigan  
Ann Arbor, MI*

3:00 p.m.-3:30 p.m.

Break

3:30 p.m.-4:15 p.m.

**Master Lecture**

(title to be announced)  
*JoAnne Epping-Jordan, PhD  
Coordinator, Health Care for Chronic Conditions (CCH), Noncommunicable Diseases and Mental Health (NMH), World Health Organization, Geneva, Switzerland*

4:15 p.m.-5:00 p.m.

**Master Lecture**

(speaker and topic to be announced)

3:30 p.m.-5:00 p.m.

Paper Sessions

5:00 p.m.-6:00 p.m.

**Keynote Lecture**

Where to From Here: The Lifestyles Approach to Health Policy or a Policy Approach to Healthy LifeStyles?  
*John B. McKinlay, PhD, FAHA, FACE  
Senior Vice President and Chief Scientist, New England Research Institutes, Watertown, MA*

6:00 p.m.-7:30 p.m.

Poster Session C

**Friday, March 21, 2003**

7:30 a.m.-5:00 p.m.

Registration

7:30 a.m.-8:30 a.m.

Breakfast Roundtables

8:30 a.m.-10:10 a.m.

Poster Session D

9:00 a.m.-10:30 a.m.

Symposia Sessions

10:30 a.m.-11:00 a.m.

Break in the Exhibit Hall

11:00 a.m.-12:00 noon

**APA Division 38 Keynote Lecture**

Pain in Context: Implications for Behavioral Medicine  
*Francis J. Keefe, PhD  
Professor of Psychiatry and Behavioral Sciences, Professor in Anesthesiology and Professor, Psychology: Social and Health Sciences Duke University Medical Center, Durham, NC*

12:00 noon-1:30 p.m.

Break for Lunch (on your own)

12:15 p.m.-1:15 p.m.

Expert Consultations

12:15 noon-1:00 p.m.

Members Forum/Business Meeting

1:30 p.m.-2:15 p.m.

**Distinguished Scientist Award Master Lecture**

Exploration of the Biopsychosocial Model in Everyday Settings: New Directions in Behavioral Medicine  
*David Shapiro, PhD  
Professor Emeritus, University of California, Los Angeles and Executive Committee, UCLA Center for Integrative Medicine  
Los Angeles, CA*

1:30 p.m.-3:00 p.m.

Paper Sessions

2:15 p.m.-3:00 p.m.

**Master Lecture**

Why Are Social Supports Protective: Empirical Evidence of Hazards, Mechanisms, Pathways and Preventive Effects  
*Kristina Orth-Gomér, MD, PhD  
Professor of Community Medicine, Dept. of Public Health Sciences Div. of Psychosocial Factors and Health  
Karolinska Institutet  
Stockholm, Sweden*

3:00 p.m.-3:30 p.m.

Break/Visit the Exhibits

3:30 p.m.-5:00 p.m.

Paper Sessions

3:45 p.m.-5:00 p.m.

**Master Lecture/Town Hall Meeting**

Meeting of the Minds: Town Hall Meeting on the Future of Evidence-Based Behavioral Medicine  
*Hosted jointly by APA Division 38 and SBM*

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Program (continued from page 11)

5:00 p.m.-6:00 p.m.

**Keynote Lecture**

(title to be announced)

*Everett M. Rogers, Ph.D.  
Regents' Professor, Department of  
Communication and Journalism  
University of New Mexico  
Albuquerque, NM*

6:00 p.m.-7:30 p.m.

Poster Session E

**Saturday, March 22, 2003**

7:30 a.m.-2:00 p.m.

Registration

7:30 a.m.-8:30 a.m.

Breakfast Roundtables

8:30 a.m.-10:10 a.m.

Poster Session F

9:00 a.m.-10:30 a.m.

Symposia Sessions

10:30 a.m.-12:00 noon

Paper Sessions

12:00 noon-1:00 p.m.

**Closing Keynote Lecture**

Health and Productivity Management:  
A New Paradigm for Behavioral  
Medicine Professionals

*Ron Z. Goetzel, PhD, MA  
Director, Institute for Health and  
Productivity Studies (IHPS), Cornell  
University, a Division of the Cornell  
Center for Policy Research, and  
Vice President, Consulting and  
Applied Research, The MEDSTAT  
Group, Washington, DC*

1:30 p.m.-4:30 p.m.

Post-Meeting Seminars  
(available at an extra fee)

5:00 p.m.

East West Basketball Game

## Upcoming Educational Opportunities

December 9–15, 2002: *The Psychology of Health, Immunity and Disease—14th International Conference*. Marriott Beach and Golf Resort, Hilton Head, SC. Sponsored by NICABM. Forty (40) CE/CME credits. Contact: Rose-Marie Attenello (800) 743-2226 or [Rose@nicabm.com](mailto:Rose@nicabm.com) or visit our website [www.nicabm.com](http://www.nicabm.com) to register. For additional information, please write to NICABM, PO Box 523, Mansfield, CT 06250.

February 17–21, 2003: Registration has begun for the *14th Annual Art and Science of Health Promotion Conference*. The Society for Behavioral Medicine is a collaborator for this event. The 2003 meeting will be held in Washington, D.C. To register or to find out more about the conference, please go to <http://www.HealthPromotionConference.org>.

### Please Mark Your Calendars...

**March 19-22, 2003**

**Bridging Boundaries in Behavioral Medicine:  
Transdisciplinary, Translational, Transcultural, and Transnational  
24th Annual Scientific Sessions of SBM  
Grand America • Salt Lake City**

# RENEW TODAY!

Watch your mail for your 2003 SBM membership renewal form. This form can be completed and mailed back to the National Office, or, if paying by credit card, it may be faxed to Carmen Hellenbrand at 608-831-5485. For added convenience, feel free to pay online at [www.sbmweb.org](http://www.sbmweb.org). We look forward to welcoming you to another productive year!

## CLASSIFIEDS

**Assistant/Associate Professor  
University of Kansas Medical Center  
(Tenure Track)  
Nutrition, Obesity, Obesity Prevention  
and/or Physical Activity**

The Department of Preventive Medicine and Public Health, a dynamic, multidisciplinary group of 24 faculty, is expanding and recruiting faculty and post-doctoral fellows for a developing research program in nutrition, obesity and physical activity. The department has a strong track record in assisting junior faculty engage in mentored research and obtain independent funding. Excellent collaborative research opportunities, and joint appointments, exist with the Center on Aging, The Kansas Cancer Institute, and the Department of Dietetics and Nutrition. The Medical Center, a full-service, tertiary care center, is the medical training facility for Kansas and provides a stimulating academic environment in Kansas City, a rapidly growing city of 1.5 million. Faculty are federally funded researchers working in cardiovascular disease prevention, obesity, nutrition, breast cancer prevention, smoking cessation, substance abuse, and outcomes research.

Candidates should have a doctoral degree in epidemiology, social/behavioral sciences, nutrition, health communications, health education, or psychology, and have experience in collaborative extramurally funded research, publications, and teaching. The primary responsibility of the faculty will be to build an active program of research. There will also be an opportunity for teaching in the medical school and in the department's fully accredited Master of Public Health Program. An attractive recruitment package will be offered appropriate to the candidate's rank. The university and department have a long-standing commitment to achieving diversity, broadly defined, among faculty, staff, and students.

Review of applications and nominations will begin immediately and continue until a suitable candidate is found. Send a cover letter with summary of research interests and past work, CV and three letters of references to: Jasjit S. Ahluwalia, MD, MPH, MS, Attn: Jennifer Williams, Chair and Professor, Department of Preventive Medicine, University of Kansas Medical Center 3901 Rainbow Boulevard, Kansas City, KS 66160-7313. Tel: 913-588-2772

**University of Pittsburgh  
Assistant Professor**

The Department of Psychology at the University of Pittsburgh and the University of Pittsburgh Cancer Institute seek a recent PhD for a tenure track faculty position at the Assistant Professor level, pending budgetary approval. Candidates are sought who have strong research credentials and an expertise in social psychological processes of relevance to health and disease. The position combines a tenure-stream appointment in the Department of Psychology with an appointment at the University of Pittsburgh Cancer Institute's new Hillman Cancer Center. Areas of specialization are open, but may include behavioral oncology (e.g., cancer prevention, detection, treatment, and survivorship) and other related areas. The University has nationally prominent graduate training programs in social psychology and health psychology, and many faculty have joint ties with other units of the university, particularly in the Health Sciences and the School of Public Health. Specific teaching areas are flexible, but a commitment to effective graduate and undergraduate teaching must be demonstrated.

Review of applicants will begin November 15, 2002 and continue until suitable candidates are identified. Interested candidates should submit a letter of interest, CV, three letters of recommendation, and representative publications to: Deborah Connell, Psychology/UPCI, Search Committee, University of Pittsburgh, Department of Psychology, 230 South Bouquet Street, 3125 Sennott Square, Pittsburgh, PA 15260.

The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer. Women and members of minority groups under-represented in academia are especially encouraged to apply.

**University of North Texas  
Assistant Professor  
Tenure Track Position  
Psychology/Behavioral Medicine**

University of North Texas Assistant Professor Tenure Track Position Psychology/Behavioral Medicine is seeking a person capable of supervising doctoral research and clinical activities within a scientist-practitioner model. Important considerations for appointment include: professional involvement in specialty area(s), potential for programmatic research, interest in seeking

external funding, and teaching on clinical health topics. Preference also will be given to candidates with interests in pediatric psychology, psycho-oncology, cardiovascular behavioral medicine, and pain management. Candidate needs to be licensed or license-eligible in Texas. Send vita, three letters of reference and reprints to: Joseph Doster, Psychology Department, Box 311280, Denton, TX 76203-1280. Inquiries can be directed to me at 940-565-2671 or [dosterj@unt.edu](mailto:dosterj@unt.edu). Review of applications will begin December 9, 2002 and continue until the position is filled. UNT is an Equal Opportunity/Affirmative Action Employer; minorities, women, and persons covered by the American with Disabilities Act are encouraged to apply; positions at UNT are pending funding. For more information about the department and degree programs visit <http://www.psyc.unt.edu> or <http://www.unt.edu/bmed/>

**Assistant Professor, Health Psychology  
Smith College, Northampton, MA**

Smith College Assistant Professor in Health Psychology; full-time, tenure-track appointment, September, 2003. Ideally, candidate's research should focus on health and illness as individual, societal, and cultural issues with a special focus on the effects of racism and oppression on health or health care delivery. We value experience in establishing rapport with and mentoring minority students. The College offers strong support for research activity through generous sabbaticals, start-up grants, and internal funding. Teaching responsibilities typically involve 4 courses a year and include health psychology, seminars or laboratories in the candidate's specialization, and usually a course in the introductory sequence. Send vitae, sample publications, statements of teaching and research (including experience with multicultural settings), and three letters of recommendation to Health Psychology Search Committee, %o Kathy Richardson, Department of Psychology, Smith College, Northampton, MA 01063. Full consideration by the search committee will be given to applications received before January 15th. Smith College is an affirmative action/equal opportunity employer encouraging excellence through diversity. See our web site for the full text of this ad: <http://www.science.smith.edu/departments/PSYCH/jobad.htm> Assistant and Associate Professors of Biobehavioral Health.

# Outlook

## **The Prevention Research Center and The Center for Human Development and Family Research in Diverse Contexts**

The Department of Biobehavioral Health (<http://bbh.hhdev.psu.edu>), College of Health and Human Development, The Pennsylvania State University invites applications for two tenure-track positions (one at Assistant Professor level; one at Associate Professor level). We seek faculty colleagues whose research focuses on youth substance abuse prevention at the individual, family, or community level. These people will join a growing faculty focused on prevention science and will have a shared appointment in the Prevention Research Center for the Promotion of Human Development ([www.prevention.psu.edu](http://www.prevention.psu.edu)) or the Center for Human Development and Family Research in Diverse Contexts (<http://www.hhdev.psu.edu/chdfrdc>). The successful candidate will also be expected to teach, do research and provide service to the Department of Biobehavioral Health. Position 1: (Associate or Advanced Assistant Professor) The candidate should have a focus on substance abuse prevention, broadly defined. This might include the prevention of problem behaviors, the effectiveness of intervention programs, the development and evaluation of systems change to build integrated community prevention for children, youth, and families. Position 2: (Assistant Professor) The candidate should have a research focus on prevention in diverse contexts. Diverse contexts include culture, ethnicity, and economic status. The focus on prevention is broadly defined and might include the prevention of problem behaviors, the effectiveness of intervention programs, the development and evaluation of systems change to build integrated community prevention for young adults, etc.

Special funding opportunities exist at Penn State University for researchers whose work focuses on the prevention of tobacco use. Special collaborative opportunities exist for researchers with experience in applied human development/human services settings, or in biobehavioral settings. Faculty from the department are actively involved in a variety of research centers within the College (e.g., the Penn State Gerontology Center, the Center for Human Development and Family Research in Diverse Contexts, the Prevention Research Center, the Methodology Center, and the Center for Developmental and Health Genetics) and across the University

(e.g., the Social Science Research Institute and the Population Research Institute).

An earned doctorate in the behavioral or social sciences and the promise of outstanding scholarly accomplishments are required. For position 1, inquiries or nominations can be made to the Chair of the search committee, BBH/PRC, John Graham, at . For position 2, inquiries or nominations can be made to the Chair of the search committee, BBH/CRDC, Keith Whitfield, at 814-863-1840 or . Applicants should send curriculum vitae and supporting information (e.g., reprints, preprints, names of references) to: Search Committee Chair, BBH/PRC or Search Committee Chair, BBH/CRDC, Department of Biobehavioral Health, East-315 Health & Human Development Building, The Pennsylvania State University, University Park, PA 16802.

Applications and nominations will be reviewed beginning immediately and will continue until a suitable candidate is found. For best consideration, send application materials by November 1, 2002

Penn State is committed to affirmative action, equal opportunity, and the diversity of its workforce.

## **Postdoctoral Research Position Memorial Sloan-Kettering Cancer Ctr Psychiatry and Behavioral Sciences**

The Department of Psychiatry & Behavioral Sciences of Memorial Sloan-Kettering Cancer Center invites applications for post-doctoral research fellowships in psycho-oncology, with an emphasis on tobacco use cessation and prevention. The position is supported by the National Cancer Institute and provides mentored training in behavioral aspects of cancer prevention, control and survivorship. Current tobacco control activities include NIH-funded intervention projects focused on promoting smoking cessation among newly diagnosed cancer patients and their family members and a motivational intervention for primary care dental patients. We will gladly assist eligible candidates in preparing a minority supplement to existing grants so as to support an ancillary study consistent with the trainee's specific area of research interest. Fellows actively participate in all aspects of project development and implementation including grant writing, supervision of research assistants, data management, liaison with multidisciplinary co-investigators, data analyses, and dissemination of findings via

oral presentations and manuscript preparation. Fellows also attend weekly formal lectures, seminars, and an advanced colloquium in research design and quantitative methods. Opportunities for integrating clinical and community consultation activities complementary to research interests are available and encouraged. Psychologists seeking licensure will have the opportunity to obtain postdoctoral clinical hours and supervision by providing clinical care for tobacco dependent cancer patients and community referrals through our Smoking Cessation Program.

The Department of Psychiatry & Behavioral Sciences was established in 1977 and currently has 12 full-time faculty. Many departmental research projects address the needs of urban, medically underserved populations. Multidisciplinary collaborations within the institution and ties to community populations are well established. Stipends and benefits are highly competitive based on training and experience. Subsidized housing may be available. Doctoral degree in psychology, medicine, nursing or public health required. Full time position for two years. Strong quantitative skills preferred. Send cover letter summarizing research interests/experiences, curriculum vitae and three professional references to: Jamie Ostroff, Ph.D., Department of Psychiatry & Behavioral Sciences, Memorial Sloan-Kettering Cancer Center (MSKCC), 1275 York Avenue, New York, NY 10021 or email [ostroffj@mskcc.org](mailto:ostroffj@mskcc.org).

## **Endowed Professorship, Director of Cancer Control**

The Comprehensive Cancer Center of Wake Forest University Health Sciences and the Department of Public Health Sciences invite applications for Director of Cancer Control to coordinate a program of cancer control across numerous medical school departments as well as to establish an active program of independent and collaborative research.

The successful candidate will lead an active program in cancer control as part of an NCI-funded Comprehensive Cancer Center. The Wake Forest University Health Sciences has a large and active group of faculty in numerous departments collaborating in the areas of prostate and breast cancer, neuro-oncology, as well as other cancers. The institution has also recently established the Genomics Center, with a major focus in prostate cancer. The Depart-

ment of Public Health Sciences has an excellent group of research colleagues involved in cancer control research programs and is ranked second nationally in NIH research funding among medical school departments of public health and preventive medicine.

The faculty position is offered at the level of Professor or Associate Professor in the Dept. of Public Health Sciences, and/or another department, depending upon the applicant's qualifications and interests. The position will be supported by an Endowed Professorship and will include a recruitment package that will provide funds to recruit additional faculty. Applicants should have an MD or PhD with additional training/experience in epidemiology, health services research, clinical trials, behavioral medicine, or molecular/genetic epidemiology.

Wake Forest University Health Sciences is located in Winston-Salem, North Carolina, one hour east of the Great Smoky mountains and four hours west of the Atlantic coast beaches.

Applicants should send a letter, curriculum vitae, and a summary of research interests to Ms. Donna Ashford, Section on Epidemiology, Department of Public Health Sciences, Medical Center Blvd, Wake Forest University Health Sciences, Winston-Salem, NC 27157, 336-716-6618, 336-713-4300 (fax), [dashford@wfubmc.edu](mailto:dashford@wfubmc.edu). Applications will be accepted until the position is filled.

Wake Forest University Health Sciences is an equal opportunity/affirmative action employer. Applications from women and minority candidates are encouraged.

## ***Global Initiatives In Tobacco Research***

**Society for Research on Nicotine & Tobacco  
Pre-Conference Meeting**

**February 19, 2003**

**The Sheraton—New Orleans • New Orleans, LA**

The Society for Research on Nicotine & Tobacco (SRNT), which includes over 750 leading scientists in nicotine and tobacco research in the US and 33 other countries, invites you to attend a 1-day Global Initiatives Pre-Conference Meeting to explore the opportunities for expanding global research capacity, collaboration, and training. The conference will feature a scientific program, sessions on training opportunities, and a roundtable on funding of international work. Dr. Kenneth Warner will deliver the keynote address. Attendees will also have the chance to meet with tobacco scientists from around the globe, including grantees of the Fogarty International Center's "International Tobacco and Health Research and Capacity Building Program."

Abstracts for a scientific poster session are encouraged and should be submitted directly via email to Dr. Laura Klein ([LXK18@psu.edu](mailto:LXK18@psu.edu)) by midnight (EST) January 1, 2003. Abstracts no longer than 300 words should include a title, authors, body of the abstract, sources of research funding, and corresponding author information. There is space for up to 50 presentations.

Pre-conference registration is free. However, space is limited and early registration is recommended strongly. Meeting attendees are encouraged to extend their stay in New Orleans and register to attend SRNT's 9th annual meeting that will be held February 19-22, 2003. Registration and hotel accommodations for either meeting are listed on the SRNT website at <http://www.srnt.org> (under "Annual Meeting"). Additional information regarding the annual meeting also can be found on the SRNT website.

For additional information, contact the SRNT National Office at (608) 836-3787, ext. 130 (or by email at [meetings@srnt.org](mailto:meetings@srnt.org)).

Make your plans now to join SRNT for this exciting pre-conference meeting!

# Outlook

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