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: __________________________________________
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

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

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 issues 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...

continued on page 6
Obligraphy for Dana Robin Hill, Ph.D.

Dr. Dana Robin Hill, a psychologist and behavioral scientist, passed away on March 3, 2001, after a year-long battle with breast cancer. Dr. Hill, who was 44 years old, was known for her dedication to her work and her belief in the power of 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 as a residue fellow 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 for her behavioral and social scientists' 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 treatment 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 the 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 Medicine of Society Issues.

Dr. Peter Kaufmann, leader of the Behavioral Medicine Research Group at NHLBI, observed that “Raynaud was an extraordinary individual whose specific talent 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, Arie Hill, Morgan Hill and Karen Hillman. A memorial fund in Dr. Hill’s name is being planned.

Correspondence about articles and professional news should be sent to:

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Box 42051
Texas Tech University
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FAX: 806-742-0818
EM: steven.richards@ttu.edu

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.

Outlook Staff
Editor
Steven Richards, Ph.D.

CLASSIFIS

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 treatments 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 substance abuse. Required qualifications 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 a multidisciplinary treatment team; 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 or clinical 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 Research Programs, PMRI, PO Box 3238, Scranton, PA 18455.

Outlook - Summer 2000

Outlook Staff

Editor
Steven Richards, Ph.D.

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Poster Awards (continued from page 9)

Poster Session D

Best Scientific Poster
C-Reactive Protein – Evidence of the Inflammation Process of Atherosclerosis in Young
Lisa E. Mellin, M.P.H., Columbia University College 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 Elkasaby, M.S., Shahana Begum, B.S., George Peterson, B.S., Tulane University School of Public Health and Tropical Medicine

January 11
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?
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. Receiptivity 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 more 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. 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 underlyng 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 issues 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?

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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 pre-vaccination, 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 cessation, 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 neurocognition 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.

**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 members is an inspiration to all of us and we are grateful for their service.

**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>. 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.

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/careers’ 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 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 mentor or a mentee 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, Marita 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. We look forward to hearing from you. Stay tuned for more information.

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make the Society work, and with the breadth leadership our members are bringing in all areas of scientific and clinical en-
deavor. My agenda for the coming year includes a number of initiatives to build on our strengths as a multidisciplinary soci-
ety, 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—just creating an institutional memory, but putting in place struc-
tures and procedures that will ensure vital growth, responsive-
ness, and excellence from the Society.

2. It will also be critical to assure that our meetings and pub-
llications promote leadership across the entire continuum of SBM’s mission—from basic bio-behavioral research, to inter-
vention, to clinical and policy applications. Accordingly, the theme for next year’s meeting (Seattle, March 21-24) is “Build-
ning 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 behav-
ioral science organizations and professional societies, includ-
ing 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 boundless. 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 Coun-
cil Chairs: Shari Waldstein (Education and Training), Maritta Lopez (Membership), Lizette Peterson (Publications and Com-
munications), and Rick Bothelo (Scientific/Professional Liai-
sion) and Committee Chairs, Tom Pickering (Development), Susan Sereika (E. Communications), Michael Carey (Fi-
nance), Edward Suarez (Nominations), Marc Gellman (Pro-
gram Oversight), Robert Croyce and Alan Christensen (Year 2001 Program Chair and Co-Chair); our Editors, Robert Kaplan (Annuals), 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 Coordi-

ator. Together we will keep SBM strong, vibrant, and responsi-
tive 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 addic-
tion 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 as-
pects of clinical practice, health policy, or social marketing to promote the wider use of effective interventions.

The new Research to Practice and Prevention, Popula-
tions, 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, Maritta Lopez, Bill Gerin, and Amy Heard are organizing a new Professional Devel-

opment track for our Annual Meeting, aimed both at our stu-
dent and new members (e.g. grant writing, publishing, net-
working) 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 pro-
gram in this issue of Outlook.

• Maritta Lopez and Amy Heard are organizing a Student Spe-
cial Interest Group, and the Membership Council is organiz-
ing several other new SIGs (cardiovascular reactivity, pain, physical activity, and primary care) and expanding its dis-
cipline-across-committees for epidemiologists, nurses, nu-
trimonists, 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 is-

sues. Readers with comments on web vs. hard copy for-

mats should email or call the National Office (contact infor-
mation 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.

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 influ-
ence 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 stud-
ies indicate that prevention efforts focused on diagnosis have yielded modest benefits. In contrast, primary prevention meth-
ods focused on promoting healthy lifestyles have yielded con-
siderable 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 refer-
ence for this article follows: Kaplan, R.M. (2000, April). Two pathways to prevention. American Psychologist, 55 (4), 382-
396.]

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 is-

sues of comorbidity—particularly comorbidity of mental disor-
ders with general medical conditions. For example, we are very interested in grant applications regarding depression and cardiovascular disease, anxiety and cancer, and applied chal-

lenges presented by comorbidity. These challenges include risk assessment, health service seeking, treatment adherence, relapse, quality of life issues, and ethical matters such as echo-

moms. 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 treat-
ment 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 Pitts-
burough; and “Chronic psychosocial stress, metabolic syndrome, and chronic heart disease,” Peter Viliazon, U. of Washington.

Contact: Peter Muehrer, Ph.D., 301-443-4758, pmuehrer@nih.gov

We also strongly encourage research grant applications on issues of adherence, ethics, and behavior change. Examples of funded grants: “Competence of different subjects to consent to research,” Philip Candilis, U. of Massachusetts; and “Re-

search ethics in schizophrania,” William Carpenter, U. of Mary-
land. Contact: Robert K. Heinssen, Jr., Ph.D., 301-435-0371, rheinss@mail.nih.gov

Finally, we are strongly encouraging research grant appli-
cations 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 in-
creasing the use of health services. Contact: Emilene Otey, Ph.D., 301-443-9284, potevy@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 NIH. These research topics dovetail nicely with the interests of our SBM members.]

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