



Outlook

A Quarterly Newsletter of the Society of Behavioral Medicine

"Better Health Through Behavior Change"



President's Message

Edwin B. Fisher, PhD, SBM President ♦ University of North Carolina - Chapel Hill

SBM Awards

SBM makes a number of awards available each year to a variety of its members, from students to senior researchers. Marc Gellman of the University of Miami is currently heading an ad hoc group to review all of our procedures for nominating individuals for awards and selecting those to receive them. The objective of his efforts is to increase visibility of the awards and participation of members in these processes. A more detailed description is in the announcement on page two of this newsletter. Please check it out and send comments or suggestions you may have to Marc at mgellman@miami.edu.

Evidence in Behavioral Medicine

Buried at the end of my lengthy previous column was a paragraph on current issues in evidence-based behavioral medicine. In this, I posed the fundamental question, "What is evidence?" I would like to initiate some dialogue among all of us regarding this question. Please send your thoughts to EdFisherSBM@unc.edu. You might want to comment on what kinds of evidence you think should be considered in choosing interventions for a particular patient or in particular settings, in characterizing interventions as "proven" or "effective," or in setting policy. This issue will be the focus of my next column in the Winter issue of *Outlook*.

The NIH Roadmap

The NIH is currently reviewing the Roadmap Initiative, soliciting recommendations for its next round of projects. The emphasis will be on transdisciplinary efforts that have the potential not just to enhance approaches to individual problems, but to transform fields of inquiry. We anticipate working with other societies who share many of our interests to develop several proposals for consideration in this process. As you may have suggestions for Roadmap initiatives, please send them along to EdFisherSBM@unc.edu.

Politics and Solipsism

Biological and biobehavioral processes that operate within the individual offer exciting research opportunities for our field. This year, we are paying special attention to fundamental science within SBM, including in our planning of the annual meeting. We are striving to ensure that those whose focus is in fundamental research will find SBM a congenial home for many years to come.

As we see excitement in fundamental areas of research, we also see that NIH appears to be backing away from funding research that bears on many behavioral, social, community, and economic influences on health. Most of the resources and energy behind the NIH Roadmap for transdisciplinary research have focused on work within basic biological and clinical science. There has been far less attention to a broader range of disciplines such as the behavioral and social sciences.

There is a parallel between the de-emphasis on social and contextual perspectives on behavior, and political stances that emphasize responsibilities, rights, and characteristics of individuals in explaining problems. The parallel reflects two approaches to explaining behavior – one as the expression of inner causes like self control or character; the second as response to social, economic, and other external forces that, in a complex chain of influence, may inculcate the self control or character that in turn is reflected in behavior. There is a convenience in viewing problems as reflections of individuals' characteristics – will power, self control, motivation to stay in school or lead a healthy life. So understood, we don't have to look further or examine how *our* actions may contribute to the problems. "The student/patient/client just wasn't motivated." Emphasizing characteristics within the individual shelters ourselves as well as social and economic forces – and the interests behind them – from the attention they deserve.

The explanation of the problem is also more interesting when framed as personality and its effects rather than in terms of

continued on next page

more diffuse causes. Popular media trade on this. "How one woman lost 200 pounds" or "The mind of the repeat criminal" will attract much larger audiences than shows or stories discussing the social, economic and political factors that influence healthy diet, weight loss, or criminality. Thus, market forces create strong incentives for communications that train us all to understand problems as reflecting individual faults or virtues rather than social and economic conditions. Turning to broader views of our place in the world, one can see a parallel between perspectives that emphasize the responsibility of the individual for her or his own behavior, and perspectives that explain global problems as the result of conflicts between good people versus bad people, people who love freedom versus people who hate it, people like you and me versus people like "them."

Amidst these currents, there is an enticement for behavioral medicine to hitch its star to the rhetoric and the policies of an individualism that ignores contexts. Some of us may be able to prosper within a national scientific environment that focuses

resources on biological mechanisms within the individual. But, neglecting social and economic conditions that have profound effects on morbidity, mortality, and health disparities across the entire spectrum of human disease not only results in avoidable disease and mortality, but also cuts off support for half of our field. Clearly, behavioral medicine cannot afford to be self-destructive. Given opportunity for support of part of our work, we must take it with the hope that accomplishments in some areas will increase the evidence base to drive opportunities in others. But, while we seize our opportunities, we must also articulate a comprehensive understanding of health that includes its social, economic and political, as well as its genetic and personal determinants. With its interdisciplinary nature and interest in the entire range of relationships between behavior and health, from "cells to society," SBM has an important responsibility to articulate the implications of our behavioral and social contexts for how a humane and civilized society of the 21st century should promote health.

Gellman Spearheading Enhancement of SBM Awards

SBM makes a number of awards available each year. These include student awards, early career awards, awards to recognize distinguished contributions in research and service, and occasional awards to recognize contributions of individuals outside the Society. Additionally, the Special Interest Groups are now beginning to develop several awards of their own. All of these invigorate the Society and the collegiality among its members. However, the number of different awards and the variety of requirements for each along with processes for nominating individuals and selecting awardees all add complexity and pose appreciable burdens to sponsoring individuals for awards. This year, Marc Gellman of the University of Miami, a long-time dedicated leader of SBM as Chair of the Education & Training Council, Program Chair, Program Oversight Chair, and Member-at-Large, is leading an ad hoc effort to review how we promote our awards, nominate individuals for them, select awardees, and present the awards to those

who receive them. Marc is developing a set of recommendations for the SBM Board that will be put into place this fall for the nominations and awards selection processes leading up to the annual meeting next March. Among Marc's plans are streamlining the nomination process to make it easier to nominate people for awards. He is also exploring developing a consolidated schedule of award nominations and selection so that we can focus on nominating our colleagues in a single process rather than trying to keep track of a sequence of due dates and varying procedures for different awards. We are also exploring the possibility of putting the entire process on the SBM website, eliminating needs for mailed or multiple copies of nomination materials. Please send comments or suggestions you may have to Marc at mgellman@miami.edu and watch the SBM webpage, the periodic email updates, and the next edition of Outlook for more information.

SBM Advocacy and Membership Development Campaign

Help cultivate the future of SBM by giving to the Advocacy and Membership Campaign today. Your assistance will ensure the future of SBM benefits for professionals in the field for years to come.

To donate, visit the SBM website today or check the box on your membership dues renewal form or membership application.

Every little bit helps our Society to grow!

Outlook on Life

Editor's note: This column has questions similar to the ones asked by James Lipton on the TV show, "Inside the Actor's Studio." I have "adapted" his questions to address issues in our field, and I think these questions are a nice way to "feature" a SBM member in the newsletter.

Featured Guest: Edwin B. Fisher, President, SBM; Professor and Chair, Department of Health Behavior and Health Education School of Public Health, University of North Carolina at Chapel Hill



What is your favorite word?

Rebecka

What is your least favorite word?

*%@\$!!!

What "turns you on" or excites you about the field of Behavioral Medicine?

The wonderful breadth of questions and issues we get to explore, from how environment and genes trigger each other to how international trade drives health behaviors like smoking.

What turns you off /frustrates you about the field of Behavioral Medicine?

It's not limited to behavioral medicine at all, but overly concrete thinking in appraising evidence or posing explanations of behavior.

What sound or noise do you love?

The ocean.

What sound or noise do you hate?

Canned noises in public places that rob them of any warmth they might possess, e.g., "Caution, the walkway is ending" or "This is the train to the C concourse..."

What was your most unusual job (outside of Behavioral Medicine/academia)?

Pumping gas on the Autobahn in Foching, a small town in Bavaria one summer in college.

What profession, other than yours, would you like to attempt?

Law, but only if I could serve on an appeals court or higher.

What profession or job would you not like to participate in?

Dentistry.

If Heaven exists, what would you like St. Peter to say when you arrive at the pearly gates?

Sorry, we're full -- you'll have to go back where you came from.



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SOCIETY of BEHAVIORAL MEDICINE

28th Annual Meeting & Scientific Sessions

*"Science to Impact:
The Breadth of Behavioral Medicine"*

March 21-24, 2007

Mariott Wardman Park
Washington, DC

Dear Colleagues,

We are excited to give you an update on the planning for the 28th Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine (SBM). The meetings will be held at the Wardman Park Marriott which has a great history and is in an excellent location in Washington DC. There are nearby restaurants, walking trails, and the requisite Irish pub necessary for in depth scientific rumination!

The theme for the 2007 conference is *Science to Impact: The Breadth of Behavioral Medicine*. Earlier in the summer we sent out an email requesting rankings of specific topics and potential names for keynote and master lectures—the response was fantastic! Consistent with the survey, the Program Committee is working diligently to line up keynote and master lectures around the following topics:

- Individual Behavior, Decision Making, Risk Perception, & Choice
- Spatial Analysis, Geocoding, & Multi-level Analysis
- Obesity: Cells to Society
- Biobehavioral Mechanisms in the Disease Process
- Women's Health and Cancer
- Sociocultural Influences in Health Disparities

As is usual for the program committee we received a lot of helpful suggestions from SBM members following the 2006 meeting. Using the suggestions we added some new features to the program for 2007. For example, we increased

our capacity for poster sessions and added a new category of presentation—the action poster session—that will combine a poster presentation with a brief verbal presentation. To infuse a little passion into the program we are also working on a structured panel debate on the optimal methods to facilitate the timely translation of research to practice.

Thanks again to all of the SBM members who have contributed to this year's scientific program and don't forget about the Rapid Communications abstract submission deadline (January 4, 2007) as an avenue to present your work at the annual meeting. We look forward to seeing you all in Washington, DC!

Warmest regards,



Paul A. Estabrooks, Ph.D.
Program Committee Chair



Frank J. Penedo, Ph.D.
Program Committee Co-Chair

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Annals of Behavioral Medicine

Volume 32, Issue 3, December, 2006

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Article 3 – *Decision Making in Cancer Primary Prevention and Chemoprevention*, Sherri Sheinfeld Gorin, Catharine Wang, Peter Raich, Deborah J. Bowen, Jennifer Hay.

Article 4 – *Measures Used in Studies of Informed Decision Making about Cancer Screening: A Systematic Review*, Patricia Dolan Mullen, Jennifer Dacey Allen, Karen Glanz, Maria E. Fernandez, Deborah J. Bowen, Sandi L. Pruitt, Beth A. Glenn, Michael Pignone.

Article 5 – *Theoretical Foundations for Interventions Designed to Promote IDM for Cancer Screening*, Deborah J. Bowen, Jennifer D. Allen, Thuy Vu, Robin E. Johnson, Kelly Fryer-Edwards, Alton Hart Jr.

Article 6 – ABM-D-06-00091, *Understanding Treatment Decision Making: Contexts, Commonalities, Complexities, and Challenges*, Thomas Blank, Kristi Graves, Karen Sepucha, Hilary Llewellyn-Thomas.

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Article 10 – ABM-D-05-00061R4, *Contextual Life Stress and Coping Strategies as Predictors of Adjustment to Breast Cancer Survivorship*, Carissa A. Low, Annette L. Stanton, Nicole Thompson, Lorna Kwan, Patricia A. Ganz.

Article 11 – *Religious Service Attendance and Decline in Pulmonary Function in a High Functioning Elderly Cohort*, Joanna Maselko, Laura Kubzansky, Ichiro Kawachi, John Staudenmayer, Lisa Berkman.

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Article 12 – *Barriers to Psychotherapy among Depressed and Non-Depressed Primary Care Patients*, David C. Mohr, Stacey L. Hart, Isa Howard, Laura Julian, Lea Vella, Claudine Catledge, Mitchell D. Feldman.

See you in DC!

SBM 28th Annual Meeting
& Scientific Sessions

*"Science to Impact:
The Breadth of Behavioral Medicine"*

March 21-24, 2007
Marriott Wardman Park
Washington, DC

The SBM Health Policy Committee: Translating Science for Policy Makers

Debra Haire-Joshu, PhD, Chairperson, Health Policy Committee, Professor and Division Director of Behavioral Science, Saint Louis University School of Public Health

It is critically important that SBM serve as an effective translator of science into actions which ultimately benefit the health of the population. The challenge is that there are many different groups that are consumers of scientific information (e.g. public at large, media, scientists). Each of these groups wants access to scientific evidence but at a different level of detail to meet their expertise and needs. This presents an opportunity for SBM, which is a leader in developing and interpreting the scientific evidence base around multiple health concerns.

Health policymakers (legislators, government organizations) are one key constituency that relies on scientific evidence to guide decision-making. However, there are substantive difficulties in translating behavioral, biomedical, and prevention research in a way that is not only understood but is effectively used by policymakers. Current traditional methods of disseminating evidence through detailed and scientific publications are important to the academic and research constituency, but are unlikely to be used by policymakers who are frequently

generalists on issues and lack the time or training to interpret the extensive technical information. Translating this information, or getting the results to the policymaker in a form that is useable, succinct, and meets their needs, avoids the risk of misinterpretation of evidence, resulting in ill-informed policies.

To address this translational challenge, the Health Policy Committee has been working to establish a scientific and informational bridge between SBM and policymakers. One of our strategies is to develop a series of health policy briefs focused on key topics, and designed to succinctly translate evidence based science into policy recommendations. These health policy briefs are designed for legislators, their staff, and other general policymakers, who may know little about a given topic and need timely information to guide decisions. Therefore the briefs synthesize complex detail into a very short summary informing a core policy issue or problem, its background, key supporting science, recommendations for action, and sources for further information.

This year, the Health Policy Committee identified topics for the first series of briefs in the areas of childhood obesity and school wellness policies, health care quality indicators and diabetes care, and tobacco prevention and control. Writing committees comprised of experts in the field were identified and recruited. A systematic process for assuring critical review of the briefs (by content experts, SBM leadership, legal experts, and membership) was also established. Strategies for disseminating health policy briefs to policymakers through timely and appropriate pathways were identified. These established procedures will serve as the basis for the development of future health policy briefs.

Over the next several months the first series of health policy briefs will appear on the SBM website and via other publications and outlets. The role of SBM as an interdisciplinary organization with expertise from basic to population science, places us in a uniquely qualified position to interpret and translate scientific evidence in the most effective way to influence the health of the public at large. Our committee looks forward to disseminating this first series of health policy briefs as one means of assuring SBM has pronounced impact in the broader arena of the public's health.

Spotlight on Special Interest Groups (SIGs) - Child and Family Health, New SIG

The Child and Family Health Special Interest Group is an interdisciplinary forum for members of the Society of Behavioral Medicine concerned with the health and well-being of children, adolescents, and families. Members of this SIG have interests bridging biological, cognitive, emotional, behavioral, and social functioning of children and adolescents with a focus on understanding contextual, social ecological influences on child health and development. Members are involved in the conduct of research and provision of services to promote child health and development, prevent childhood illness and injury, and foster family adjustment to chronic illnesses and other physical conditions of childhood. This SIG aims to advance and disseminate knowledge, foster professional networks to produce high-quality collaborative research, and ultimately enhance the health and well-being of children, adolescents, and families. For more information contact: Melissa A. Alderfer, PhD; Assistant Professor of Pediatrics, University of Pennsylvania and Children's Hospital of Philadelphia. email: alderfer@email.chop.edu

SBM Mentorship Program

Looking for advice about starting a career, conducting research or getting more involved in SBM? The SBM Mentorship Program can help! The Mentorship Program matches members with experienced colleagues in the field. For more information, contact the SBM National Office via e-mail, info@sbm.org.

Evidence-Based Behavioral Medicine (EBBM) Committee

Systematic Reviews – Lessons Learned

Joost Dekker, PhD, Department of Rehabilitation Medicine, EMGO Institute, VU University Medical Centre, PO Box 7057, 1007 MB Amsterdam, Netherlands, E-mail: j.dekker@vumc.nl. Dr. Dekker is chair of the EBBM Committee's subcommittee on systematic reviews.

The systematic review is a cornerstone of evidence based behavioral medicine. The conclusions of systematic reviews - integrated with clinical expertise and patient values - give direction to decision making in clinical practice. The systematic review owes its position in EBBM to the attempt to avoid bias in summarizing research literature. Several features of the systematic review help to avoid bias: systematic search and selection of studies to be included in the review; explicit and transparent rating of the quality of studies; an explicit approach to data analysis; and transparent rules for drawing the conclusion.

Although clinical expertise and research evidence are sometimes seen as opposites, a systematic review presents many opportunities for a fruitful synthesis. The recent MOVE-consensus on exercise in the management of osteoarthritis provides an excellent illustration^a. First, a multidisciplinary group of experts was formed. Each expert formulated his or her view regarding the role of exercise as a therapy for osteoarthritis. Then the group reached consensus on a set of clinical recommendations, using the Delphi process. Next, the evidence-base to support each recommendation was determined: using the technique of systematic reviews, the evidence was evaluated and the strength of each recommendation was determined. The report on the MOVE-consensus nicely illustrates how clinical expertise can have a pivotal instead of a marginal role in the development of evidence-based practice guidelines.

Variation in interventions, outcome measures, and patient characteristics (clinical heterogeneity) is the rule rather than the exception in clinical trials. Cochrane systematic reviews mainly rely on categorization as a strategy to deal with clinical heterogeneity. Instead of lumping all studies into a broad, essentially meaningless category (e.g. 'drugs', 'surgery', 'behavioral interventions'), the evidence is summarized in more refined categories (i.e. studies on similar patients, interventions and outcome measures)^b.

Systematic reviews have heightened our awareness of the problem of heterogeneity, sometimes leading to disappointment about systematic reviews. It should be pointed out, however,

that heterogeneity is a problem of the underlying primary research; it is not a problem of systematic reviews per se. Heterogeneity of primary research hampers comparison and synthesis of research findings, irrespective of the method of summarizing the evidence (a systematic review, a narrative review, or any other method).

For example, the disturbingly wide range of questionnaires, tests, and performance measures used in the health sciences hampers comparison of findings. I strongly believe that outcome measures need to be standardized^c. The present situation resembles that in Europe in the Middle Ages: different countries and even cities and villages used their own measures of length, thus creating confusion and impediments to trade and science. Actually, the metric system was introduced only a little more than 150 years ago. In health sciences, there is a similar need to reach consensus on standardization of measures. We should not accept the present Babel-like confusion.

Systematic reviews have performed many services, including making us aware of the problem of clinical heterogeneity. There **is** an urgent need to deal with clinical heterogeneity in primary research. There is **no** need to get disappointed with systematic reviews per se: do not kill the messenger!

Collaboration between experts in the content of behavioral health sciences and experts in the methodology of EBBM results in significant insights and advances in behavioral medicine. There is every reason to intensify the collaboration.

(Endnotes)

a Roddy E, Zhang W, Doherty M, Arden NK, Barlow J, Birrell F, et al. Evidence-based recommendations for the role of exercise in the management of osteoarthritis of the hip or knee – the MOVE consensus. *Rheumatology* 2005; 44: 67-73.

b van den Ende CHM, Steultjens EMJ, Bouter LM, Dekker J. Clinical heterogeneity is a common problem in Cochrane reviews of physiotherapy and occupational therapy. *Journal of Clinical Epidemiology* (in press).

c Dekker J, Dallmeijer AJ, Lankhorst GJ. Clinimetrics in rehabilitation medicine: current issues in developing and applying measurement instruments. *Journal of Rehabilitation Medicine*, 2005; 37: 193-201.

Please visit the SBM website at

www.sbm.org/

for more information about the Society and its activities.

SBM Members Contribute to Success of OBSSR 10th Anniversary Celebration

Amanda L. Graham, PhD; Assistant Professor (Research); Brown Medical School

The Office of Behavioral and Social Sciences Research (OBSSR), directed by **David Abrams, PhD**, marked its 10th anniversary on June 21-22, 2006 with a celebration that showcased exciting achievements in the behavioral and social sciences.

Dr. Abrams was joined by a full house of nearly 500 attendees, including 30 speakers, many of whom are SBM members.

Norman Anderson, PhD (American Psychological Association), the founding director of OBSSR, kicked off the anniversary celebration with a description of the history of the office and the office's early achievements.

President-Elect Peter Kaufmann, PhD (National Heart, Lung, and Blood Institute) chaired a breakout session on individual level interventions to reduce disease burden which featured **Geoffrey Williams, MD, PhD** (University of Rochester) and **Abby King, PhD** (Stanford University). Dr. Williams presented results demonstrating that an intervention based on self-determination theory resulted in higher levels of autonomous motivation and perceived competence for cessation, more quit attempts, and higher rates of cessation. He discussed the role of patient autonomy in clinical interventions for tobacco dependence and other diseases. Dr. King presented findings from her Community Health Advice by Telephone (CHAT) trial that indicate that telephone interventions, whether delivered by humans or computers, can be effective in increasing physical activity among inactive adults and maintaining these improvements.

Michael Goldstein, MD (Institute for Health Care Communication) reviewed primary-care based research findings across a spectrum of health behavior outcomes as well as results from studies to promote practice change among clinicians. Dr. Goldstein then offered his perspectives on the opportunities for social and behavioral research in primary care settings.

Ken Resnicow, PhD (University of Michigan) reviewed four NIH-funded health promotion programs conducted in Black churches over the past 10 years. Dr. Resnicow also commented on the future directions of church-based research and highlighted some of the limitations of this intervention approach.

Lia Fernald, PhD, MBA (University of California, Berkeley) presented results from a large-scale, incentive-based development program designed by the Mexican government to address the adverse health, intellectual, and behavioral outcomes associated with poverty. Results indicated that cash transfers contingent on positive changes in health behaviors (e.g., receiving regular health check-ups) yielded improvements in cognitive, language, and motor development.

Howard Leventhal, PhD (Rutgers University) discussed the role of common sense, emotional distress, and the utility of a theory of mind approach in understanding and addressing treatment adherence in chronic illness.

Rena Wing, PhD (Brown University/The Miriam Hospital) presented results from the Look AHEAD trial which demonstrate that behavioral intervention can effectively produce weight loss and increased physical activity in type 2 diabetic patients and can lead to initial improvement in cardiovascular risk factors. Dr. Wing also discussed the role of Internet technology to disseminate these behavioral approaches.

Russell Glasgow, PhD (Kaiser Permanente Colorado) discussed several conceptual, methodological, and practical issues involved in translating research into practice. According to Dr. Glasgow, implementation and dissemination research should adopt a complex systems perspective, focus greater attention on issues of external validity and replication, and foster and assess implementation of evidence in ways that are tailored to the relevant context.

Lisa Berkman, PhD (Harvard School of Public Health) described the strong evidence from observational studies linking social networks, depression, and cardiovascular disease, and the weaker evidence from clinical trials of the effectiveness of psychosocial risk-reduction interventions. Dr. Berkman then went on to discuss issues related to generalizability and internal validity to understand the disparities between these studies.

The 10th Anniversary Celebration concluded with a Town Hall meeting to discuss OBSSR's strategic prospectus which will serve as a guide for future priorities for research funding of behavioral and social sciences research at NIH. **Allan Best, PhD** (Vancouver Coastal Health Research Institute) facilitated the Town Hall meeting. Participants provided suggestions on how OBSSR can mobilize the biomedical, behavioral, social science and population science research communities as partners to solve the most pressing health challenges faced by our society.

New at the 2007 Annual Meeting...

- ~ Action Poster Sessions – Sessions that will combine a poster presentation with a brief verbal presentation.
- ~ Book Exhibit and Publications Mart *is Back!*
- ~ Obesity Course with Robert Wood Johnson Foundation
- ~ *Nightly* Poster Sessions and Opportunities for Networking
- ~ Debate between leaders in Behavioral Medicine Research
- ~ SBM Resource Center in the Poster Hall
- ~ Special Interest Groups Workshops on Wednesday

Spotlight on Education and Training in Behavioral Medicine

The Rudd Center for Food Policy and Obesity at Yale University offers training at the post-doctoral level. The Center, co-founded Kelly Brownell, PhD, seeks to improve the world's diet, prevent obesity, and reduce weight stigma by establishing creative connections between science and public policy, developing targeted research, encouraging frank dialogue among key constituents, and expressing a dedicated commitment to real change. The Rudd Center strives to assess, critique, and improve practices and policies related to nutrition and obesity so as to inform and empower the public, to promote objective, science-based approaches to policy, and to maximize the impact on public health.

Faculty at the Rudd Center have already received several awards and honors for their work. Most notably, Dr. Brownell has recently been inducted into the Institute of Medicine, was cited by Time magazine as a leading "warrior" in the area of nutrition and public policy. In 2006 Time magazine listed Kelly Brownell among "The World's 100 Most Influential People" in its special Time 100 issue featuring those "... whose power, talent or moral example is transforming the world." Drs. Brownell, Puhl, and Schwartz of the Rudd Center recently authored *Weight Bias: Nature, Consequences, and Remedies*. This volume explores the nature, causes, and consequences of weight bias and presents a range of approaches to combat it.

Applicants are required to have their PhD, MD or equivalent degree (or be scheduled to complete degree requirements soon). The Rudd Center accepts applicants with training in a range of disciplines, such as psychology, sociology, law, economics, nutrition sciences, epidemiology, and public health. While it is important that applicants demonstrate competence

in conducting empirical research (e.g., through leadership on studies and peer-reviewed publications), applicants are particularly encouraged to be creative and innovative in their ideas to help improve nutrition and prevent obesity.

The Rudd Center, in conjunction with Yale University, offers many resources to fellows including computer support, regular seminars with speakers from around the world, travel funds, strong mentoring and research oversight, opportunities to take graduate courses at Yale, and a vibrant intellectual environment built on a truly interdisciplinary model. Research at the Rudd Center is conceptualized as "strategic science," which means that studies are conducted to answer pressing policy questions in time to inform decisions. Current research initiatives include: assessing the feasibility and impact of improving nutrition in schools (from preschool through high school), framing public health messages about nutrition and obesity, testing the impact of actions implemented by the food industry, studying weight stigma and strategies to reduce bias against obese persons, assessing food policies and government actions to address obesity, and harnessing economics and the law to improve nutrition.

For more information, visit the Rudd Center website: www.yale-ruddcenter.org and blog: www.ruddsoundbites.typepad.com

Contact information: Stacy Ruwe, Executive Director
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Society of Behavioral Medicine — Special Interest Groups (SIGs)

SIGs — A fit for every area of interest!

| | |
|---|--------------------------------------|
| <i>Aging</i> | <i>Multiple Risk Behavior Change</i> |
| <i>Behavioral Informatics</i> | <i>Obesity and Eating Disorders</i> |
| <i>Cancer</i> | <i>Pain</i> |
| <i>Child and Family Health</i> | <i>Physical Activity</i> |
| <i>Complementary and Alternative Medicine</i> | <i>Spirituality and Health</i> |
| <i>Evidence-Based Behavioral Medicine</i> | <i>Student</i> |
| <i>Ethnic Minority and Multicultural Health</i> | <i>Women's Health</i> |
| <i>Integrated Primary Care</i> | |

Classifieds

Position available: Pain Psychologist

The NeuroMedical Center (NMC), located in Baton Rouge, Louisiana, is seeking a clinical psychologist with specialty post-doctorate training in pain management for immediate hire. NMC is one of the largest multidisciplinary neuroscience clinics in the United States. In addition to a comprehensive outpatient clinic that sees approximately 500 outpatients per day, NMC also operates a specialty surgical hospital and inpatient rehabilitation hospital. The ideal candidate must be license eligible in Louisiana and have a strong desire to develop and provide psychological services for pain management. Benefits include a competitive salary with excellent growth opportunities, health and dental insurance, retirement plan, and relocation assistance. Interested parties should contact Dr. John Bolter at 225-769-2200, or, 1-800-468-8345.

Postdoctoral research fellowships in Cardiovascular Disease Prevention

The Stanford Prevention Research Center, an interdisciplinary research program on the prevention of chronic disease, is seeking applicants for postdoctoral research fellowships for 2007-2008. Fellows gain direct research experience in cardiovascular disease prevention, community and health psychology, behavioral medicine, intervention methods, clinical epidemiology, research design, and biostatistics. Concurrent enrollment in a masters degree program in clinical research methods is possible. We particularly encourage applicants with interests in exercise, nutrition, the effects of the built environment on health, technology and behavior change, social and cultural determinants of health, child and adolescent health promotion, successful aging, and women's health. Stanford University is committed to increasing representation of women and minorities in its fellowship programs and particularly encourages applications from such candidates. Only U.S. citizens and

permanent residents are eligible for this fellowship. Appointments are from 2 to 3 years. Applications are due by 15 November 2006.

Information and application procedures are on our website: <http://prevention.stanford.edu>, or write: Ms. Susan Ayres, SPRC, Stanford Medical School, Stanford, CA 94305-5705 Susan.Ayres@Stanford.edu

Temple University - 2007-2008 Tenure Track, Open Rank Faculty Searches

Temple University's Center for Obesity Research and Education is recruiting several tenure track faculty to support the Center's focus on improving the understanding of obesity in order to better prevent and treat this national epidemic. The Center is looking to expand its faculty in the areas of exercise physiology, epidemiology, basic science and pediatric obesity although candidates demonstrating excellence in any area related to obesity research are encouraged to apply. The newly formed Center has a large feeding lab, a dedicated DEXA and extensive faculty and staff office space. Each faculty member of the Center also has an appointment in one of the University's 17 schools and colleges. The Center is especially interested in individuals who could be appointed to the University's departments in Public Health or Kinesiology, both of which are a part of a large and vibrant health sciences center. There also are ample opportunities for collaborating across disciplines.

Each applicant must have a doctoral degree, a publication history appropriate to the rank of appointment and a successful program of research that includes a record of external research funding (senior candidates) or the potential for such a program of research (junior candidates).

Each applicant must submit a curriculum vitae, a statement of research interest, a statement of graduate or undergraduate teaching interests, three

letters of recommendation, and copies of representative publications to Gary D. Foster, PhD, Professor of Medicine and Public Health and the Director of the Center for Obesity Research and Education, 3223 North Broad Street, Suite 175, Philadelphia, PA 19140 or by email to gary.foster@temple.edu.

Temple University College of Health Professions, Department of Kinesiology, 2006-07 Tenure-Track, Open Rank Faculty Search

Temple University's Department of Kinesiology, one of eight departments in the College of Health Professions, is aggressively recruiting a top researcher (tenure-track, open rank) to support the department's focus on the investigation of the translational and evidence-based practice aspects of exercise on metabolic-related diseases and injuries. The specific research focus of a successful candidate should be on the applications of psychological/behavioral aspects of physical activity adoption and maintenance, including (but not limited to) the application of theoretical/health educational models, motivation and adherence, and performance enhancement. The department currently enjoys an interdisciplinary faculty in both somatic and behavioral sciences.

Temple University is a Carnegie I Doctoral/Research-Extensive Institution with more than 30,000 students and distinguished faculty in 17 schools and colleges. With a strong commitment to research and scholarship, the college has a major initiative to contribute to the University's plan to become one of the country's premier research institutions.

The College's location on both the Health Sciences and Main campuses is ideal for collaborative endeavors. The Health Sciences Campus includes the School of Medicine, an Institute on Aging, Obesity Research Center, Temple University Hospital - a major teaching

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hospital, and Temple Children's Hospital. The main campus affords easy access to departments such as Engineering, Psychology, Therapeutic Recreation, Public Health, and departments in the College of Education. Joint appointments across departments or colleges may be possible since the department's full-time faculty members and team of adjunct faculty are committed to expanding collaboration and to fostering interdisciplinary research.

The ideal candidate will have a program of research relevant to the college's and department's missions for the aforementioned translational and evidence-based practice aspects of exercise on metabolic-related diseases and unintentional injuries. Relevant expertise and programs of research might include development and dissemination of effective programs, evaluation of theoretical models (e.g., examination of psychosocial mediators/moderators of behavior change), and/or individual/public health interventions. In addition to establishing a major program of research, the successful candidate will advise graduate students, and contribute to innovative curricular advances and teaching excellence at all degree levels. The Department of Kinesiology collaborates with clinicians and researchers at Temple University School of Medicine and Temple University Hospital in the Departments of Physiology, Cardiology, Orthopaedics and Sports Medicine, and Neurosurgery; Temple University School of Podiatric Medicine Gait Analysis Laboratory; and Departments of Therapeutic Recreation and Physical Therapy.

Applicants must have a doctoral degree, a publication history appropriate to the rank of appointment, and a successful program of research including a record of external research funding (senior candidates) or potential for funded research (junior candidates). CC, AAASP status is preferred but not required. There will be significant support for research at the department and college levels.

Applicants must submit a curriculum vitae, a statement of research interest, a statement of graduate or undergraduate teaching interests, three letters of recommendation, and copies of representative publications to Dr. Zebulon V. Kendrick, Associate Dean of the Graduate School and Professor of Kinesiology, Room 134 Pearson Hall, Temple University, Philadelphia, PA 19122-6085 (zkend@temple.edu; 215-204-8526). Women and minority candidates are encouraged to apply. Application Deadline: October 15, 2006.

Temple is proud to be an EEO/AA employer.

Health Psychology (Tenure-Track):

Tenure track position available in the Department of Medical & Clinical Psychology at the Uniformed Services University of the Health Sciences (USUHS). Seeking an outstanding researcher and graduate educator to participate in a dynamic department offering Ph.D. programs with training tracks in Medical Psychology Research, and in Clinical Psychology. Hiring at Assistant Professor level, but will consider beginning Associate Professor applicants. Competitive salary, twelve-month position, fully budgeted, with an excellent University research start-up package. Responsibilities include pursuing an active and fundable research program in any area of health psychology/behavioral medicine, and teaching at the graduate psychology and medical school level. Specialties in psychoneuroimmunology, psychophysiology, and/or quantitative expertise particularly encouraged, but other specialties also considered. Please submit curriculum vitae and names of three references to Ms. Corinne Simmons, Department of Medical and Clinical Psychology at the Uniformed Services University of the Health Sciences, 4301 Jones Bridge Road, Bethesda, MD 20814-4799. USUHS is an Equal Opportunity Employer. Information about the department and School is available

on the World Wide Web at www.usuhs.mil/mps.

Position In Health Psychology

The Department of Psychology at the University of British Columbia invites applications for a tenure-track position in **Health Psychology** at the rank of Assistant Professor, which will begin 1 July 2007. We are seeking individuals with strong research records appropriate to a research-oriented doctoral program and who have strong commitments to teaching and research supervision of undergraduate and graduate students.

We are seeking a faculty member to join our new doctoral program in health psychology. We will consider applications from candidates with a variety of backgrounds, including but not limited to social, biological, and clinical psychology, as well as public health. Excellent candidates with strong research programs in any area of health psychology will be given serious consideration. We have special interest in genomic approaches, life-course approaches to health and disease, social epidemiology research, and individuals who have a strong quantitative background with substantive health interests.

The starting salary will be commensurate with experience. The University of British Columbia is committed to employment equity and hires on the basis of merit. We encourage all qualified persons to apply; however, priority will be given to Canadian citizens and permanent residents of Canada.

Applicants should send a curriculum vitae, statement of research interest, relevant reprints, and at least three letters of recommendation, prior to **15 October 2006**, to: Chair, Health Psychology Search Committee, Department of Psychology, University of British Columbia 2136 West Mall, Vancouver, BC, Canada V6T 1Z4.

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Scholar Opportunities Interdisciplinary Research in Women's Health

The University of Texas Medical Branch invites applications for four Interdisciplinary Women's Health Research (IWHR) Scholars.

Two or more years of support are available to beginning investigators through a research training grant funded by NIH. Scholars will be appointed as junior faculty in appropriate departments relevant to their research interests. Eligible applicants for the IWHR Scholarships include MDs and PhDs who have completed clinical training or postdoctoral fellowships and are commencing basic, translational, clinical, or health services research relevant to Women's Health. Scholars will participate in an intensive mentored research experience leading to independent scientific careers addressing women's health concerns.

Research training areas include:

- Minority Health/Health Disparities
- Substance Use
- Infections & Immunology
- Adolescent Health
- Endocrinology
- Geriatrics & Breast Cancer

Only applicants qualified for junior faculty positions will be considered. Proof of eligibility to work in the United States is required. Appointments begin Jan. 1, 2006. The program seeks candidates who will enhance campus diversity.

Scholars must be motivated and able to commit 75 percent of professional time to research in women's health.

For information and application instructions contact: Abbey B. Berenson, MD, Director, Center for Interdisciplinary Research in Women's Health, The University of Texas Medical Branch, Galveston, TX 77555-0587, 409-772-2417, abberens@utmb.edu.

UTMB is an equal opportunity affirmative action which proudly values diversity. Candidates of all backgrounds are encouraged to apply.

Postdoctoral Fellowship In Psychology And Women's Health - The University Of Texas Medical Branch At Galveston

The overall structure of the program is designed to achieve independence in research over the course of two years.

The research curriculum provides training in theory and methods as they pertain to interdisciplinary research in women's health in the context of the clinical research setting. A structured core curriculum that includes didactic, small group learning, mentoring, and experiential learning activities will be offered. Supervised writing of grant applications and manuscripts will be an integral part of training.

For clinical applicants, the curriculum provides supervised training hours in the clinical assessment and care of inpatient and outpatient populations, and fulfills the requirement for licensure in the state of Texas after one year. Applicants must have their doctoral degree. The deadline for applications is open and application materials will be considered as they are received. The start date is flexible. To apply, submit a letter of interest, curriculum vita, and three letters of reference to Carmen Radecki Breitkopf, Ph.D., Department of Obstetrics and Gynecology, 3.108 John Sealy Annex, Route 0587, Galveston, Texas 77555-0587.

One Of The Top Clinical Psychology Internship Programs Available Talk About Stimuli

The United States Air Force supports three revolutionary clinical psychology internships, one of which was awarded the "Outstanding Training Program Award" by AABT in 2002. Consultants have suggested that the Air Force may offer better preparation for psychology careers than more traditional routes into the profession. By taking a revolutionary approach, we are integrating clinical psychology into primary care practice. We have the setting, the faculty and the support to offer superb preparation for a career as a psychologist. To be part of this prestigious program, to earn a com-

petitive salary and benefits and to have a guaranteed job after the program's completion, please call 1-800-423-USAFA or log on to AIRFORCE.COM for more information.

Faculty Position in Cancer Control

The Comprehensive Cancer Center of Wake Forest University (CCCWFU) and the Division of Public Health Sciences invite applications for a tenure track faculty position (rank open) in Cancer Control with an emphasis on cancer survivorship. Specific area of research is open though we particularly seek applications from those interested in psychosocial and behavioral aspects of cancer survivorship.

The successful candidate will participate in an active program in cancer control as part of an NCI-funded Comprehensive Cancer Center. The CCCWFU has a large and dynamic group of faculty in numerous departments collaborating in the areas of cancer survivorship, behavioral oncology, quality of life, cancer screening, tobacco control, molecular epidemiology, complementary and alternative therapies, and health services research. The CCCWFU has a Department of Defense funded Behavioral Center of Excellence, a Prostate Center of Excellence, serves as a CCOP Research Base, and participates in CALGB trials. The Division of Public Health Sciences has over 50 faculty and 250 staff in three departments: Social Sciences and Health Policy, Epidemiology and Prevention, and Biostatistical Sciences and is ranked first nationally in NIH research funding among medical school departments of public health and preventive medicine.

Opportunities for collaboration exist with the Maya Angelou Research Center on Minority Health, the Women's Health Center of Excellence, the Sticht Center on Aging, and the Department of Health and Exercise Science.

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The faculty position is offered in the Department of Social Sciences and Health Policy and/or another department, depending upon the applicant's qualifications and interests. Applicants should have a PhD or MD with additional training/experience in behavioral medicine, psychology, epidemiology, health services research, or clinical trials. Experience in collaborative research in a multidisciplinary setting and excellent written and oral communication skills are required. The successful applicant should have a strong publication record and demonstrate ability to secure extramural funding. Opportunities for teaching exist within our Master's degree program in Health Sciences Research.

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

Applicants should send a cover letter, curriculum vitae, names of 3 references, and a summary of research interests to Dr. Nancy Avis, Director of Cancer Control, Department of Social Sciences and Health Policy, Piedmont Plaza II, Wake Forest University Health Sciences, Winston-Salem, NC 27157. Applications will be accepted until the position is filled. For more information about the Division of Public Health Sciences or Comprehensive Cancer Center, visit: www.phs.wfubmc.edu or www1.wfubmc.edu/cancer/Research/.

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

Postdoctoral Fellowships in Obesity

The Weight Control & Diabetes Research Center, which is directed by Rena R. Wing, PhD and is under the umbrella of the Centers for Behavioral and Preventive Medicine, The Miriam Hospital/Brown Medical School, invites applications for postdoctoral fellow-

ship positions. Fellows will be closely mentored by Dr. Wing and the faculty at the Weight Control & Diabetes Research Center so that fellows can develop into independent faculty members. Fellows initially work on currently funded NIH research projects related to behavioral weight control and then identify their own area of specialization. Ongoing research at the Weight Control & Diabetes Research Center relates to behavioral approaches to weight loss and maintenance, use of Internet and other new technologies, pediatric obesity, strategies to modify the environment, prevention of weight gain, gene environment interactions, weight changes during pregnancy and effects of weight loss on diabetes, incontinence, and other health problems.

Applicants with a variety of different backgrounds are sought, including exercise physiologists, nutritionists, clinical psychologists, and epidemiologists. The applicant must have an MD or PhD degree and prior experience in research related to the area of obesity.

Applications can be submitted now, with a flexible start date. To apply, please send the following: curriculum vitae, letter describing current research interests and sample research publication(s) to: Rena R. Wing, PhD, Weight Control & Diabetes Research Center, The Miriam Hospital/Brown Medical School, 196 Richmond Street Providence, RI 02903, rwing@lifespan.org.

The Miriam Hospital is an Equal Opportunity/Affirmative Action Employer and actively solicits applications from women and minorities.

2007 SBM Achievement Awards

Visit the SBM Website today for more information on eligibility criteria and application requirements for the 2007 SBM Achievement Awards, www.sbm.org. The deadline for submission of all 2007 awards nominations is November 15, 2006.

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Call for Papers for a Special Issue to Appear in Preventive Medicine

Conceptualizing Multiple Health Risk Behavior Research

Guest-Editors: Claudio Nigg, Judith Prochaska, Andrea Kozak & Bonnie Spring

Editorial Advisors: Kenneth Wallston, Wayne Velicer & James Prochaska

Background

Health risk behaviors tend to co-occur and predict heightened risk of morbidity and mortality. Prevalent forms of behavioral multi-morbidity include tobacco and other substance use, poor quality diet, and physical inactivity. Multiple risk behaviors, in turn, are associated with other psychosocial risk factors (e.g., poverty, victimization), and psychological morbidities (e.g., depression, stress). Despite such overlap, however, a majority of health promotion interventions address risk factors as if they were categorically separate entities. Yet it is rare for patients to present for treatment with only one risk factor.

Given a window of intervention opportunity, a potentially more efficient paradigm is to target multiple behaviors. Growing evidence suggests the potential for multiple-behavior interventions to have much greater impact on public health than single-behavior interventions. However, there exists surprisingly little understanding of some very basic principles concerning multiple risk research and practice. The proposed special issue is intended to stand as a landmark collection of state-of-the-science conceptual papers on core topics in multiple risk behavior research.

Call for Papers

Papers are now being solicited for this special issue. Some illustrative manuscript ideas are listed under each topic area, but other papers will be considered, ideas may be combined, and not all listed exemplars may be covered. Each topic area, corresponding to a roman numeral, is expected to include 3-4 papers.

Articles must be formatted according to the Preventive Medicine Guide for Authors as adapted specifically for this issue (see www.hawaii.edu/ogsas/MHRB.doc). Manuscripts are to be no longer than 2,500 words all inclusive, and must be submitted by March 31, 2007.

Special Issue Topics

- I. Multiple Risk – A Primer
 - Review of Epidemiological Data on Multiple Risk Prevalence
 - Health Care Costs of Multiple Risk
 - Defining Multiple Risk
 - Prevention
- II. Review of Multiple Risk Behavior Intervention Studies
 - Primary Prevention: Child and Adolescent Intervention Studies
 - Secondary Prevention: Pre-Diabetes, Pre-Hypertension, Pre-Cancer
 - Disease Management: Diabetes, Coronary Disease, Cancer
- III. Measurement and Data Analysis Issues
 - Method Variance in Assessment: Subjective vs. Objective Measures, Screener vs. Tests, Participant Burden
 - Selection vs. Classification Models
 - Outcome Measurement
 - Impact Equation
- IV. Theory Testing Across Behaviors
 - Theoretical Principles of Change
 - Common Determinants Across Behavior vs. Behavior Specific Constructs/Variables
 - Creating a Theory of Multiple Behavior Change
- V. Optimal Intervention Design
 - Synergism vs. Independence of Intervention Elements
 - Multiple Intervention Interference
 - Modular vs. Integrated Intervention
 - Participant Choice Models
 - Simultaneous vs. Sequential Intervention
- VI. Issues in Service Delivery and Implementation
 - Containing Health Care Costs
 - Multiple Risk Factor Intervention in Clinics
 - Delivery Channels for Multiple Risk Factor Interventions
 - Use of Technology

Politics From the Start

It should come as no surprise that Washington, America's foremost city of politics, was born out of political compromise.

Washington did not exist as either a city or a capital at the close of the American Revolution. At that time, the newly formed federal government endured a nomadic existence, setting up headquarters in eight locations, most notably New York City and Philadelphia. A weary Congress wanted a home of its own and voted in 1785 to create a permanent federal city. Divisions arose when the northern states wanted a northerly location, preferring a site along the Delaware River and the southerners wanted the capital farther south, along the Potomac River. Eventually, they compromised. If the northern states agreed to establish the capital on the Potomac, the federal government would assume the war debts of the colonies. Thus, Washington was created.

To establish the new nation's capital, Virginia and Maryland donated land to create the District of Columbia. George Washington, the first president, selected the site, at the confluence of the Anacostia and Potomac rivers. The new federal city was close to his

estate, Mount Vernon, on the Potomac and near Georgetown, Maryland, an important tobacco market. The new federal enclave included Georgetown and another thriving community, Alexandria, Virginia.



Source: <http://www.wcities.com/en/guide/history/37/guide.html>

<http://marriott.com/property/propertypage/wasdt> - photos of Wardman Park Marriott Hotel

Restaurants & Lounges at Wardman Park Marriott Hotel:

Perle's

- American
- Open for breakfast, lunch and dinner
- The finest selection of seafood, beef, chicken and brick-oven pizza in a casual setting.

Starbucks

- Specialty coffees and teas, and fresh baked goods

Lobby Bar

- Intimate comfortable atmosphere

Woodley Market

- Our gourmet deli serving breakfast items, snacks and gourmet takeout sandwiches and meals

Harry's Pub

- American
- Open for lunch and dinner
- Featuring cocktails and light fare in a casual setting.



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Please send Outlook correspondence to:
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Editor, SBM Outlook

Phone: (808) 441.8189

E-mail: calbright@crch.hawaii.edu

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2. Please submit only original articles, not articles that have been previously published in another organization's newsletter or bulletin.
3. The Outlook editor may edit articles to fit the format of the newsletter, or defer articles to another issue based on space limitations. The submitting author(s) will be informed, prior to publication, and will be sent a copy of any edited article for approval or withdrawal.
4. Submitted articles could be reviewed by the Publications and Communications Committee Chair and, potentially, additional SBM Board members to determine appropriateness for publication and/or length.

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