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ISBM

International Society of Behavioral Medicine

photo: pixelio.de / Gerd Altmann

Content

News from the Editor

Dear readers,

Welcome to a new instalment of our society's newsletter! Remember how I asked you to weigh in on the use of the picture representing the "spirit" of behavioral medicine? Well, so far nobody weighed in on whether this is a good or a bad example. I didn't get any suggestions for alternatives, either. So I guess I will stick with this one until somebody comes up with a better idea. The polls are not closed on this matter, yet!

This time around, we have a fascinating account of Brian Oldenburg's professional life, featured in our interview section. Go to page 6 to learn how the Olympics in Beijing are associated with behavioral medicine, you will be surprised to learn the answer!

Unfortunately, I couldn't find a member society willing to write a brief presentation of the society for this edition. I sincerely hope that there will be plenty of queries for the next issue which is supposedly coming out in August. So, if you want to present your society to the readers of this newsletter (potentially no less than 8000 individuals!), then please send me a note (u.nater@psychologie.uzh.ch).

In the current issue, I want to specifically point out the feature on our next two awardees in the awardee series, the update on the upcoming ICBM in Washington (it's going to be one of the biggest behavioral medicine gatherings, ever!), as well as reports from the President, Early Career Network, and the Editor of our society's journal.

I am very much looking forward to seeing you all in Washington!

Best wishes to all of you,

Urs Nater
Newsletter Editor

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Letter from the President

Dear all member societies and all individual members of our member societies,

Norwegians are particularly interested in the winter Olympics. All the athletes, competing in all kind of different weird winter activities, of interest for a minority of the world population, do indeed engage us. Actually, most of us Norwegians do not really understand that the rest of the world believes we are strange. According to Wall Street Journal, by the end of these Olympic Games, the Norwegians will have pulled off what is, arguably, one of the finest performances in the modern history of sports. The only problem is that nobody outside Norway seems to take us seriously. Norway has won more Winter Games medals than any other nation. Nevertheless, most people are unaware of Norway's Winter Games dominance. Those who are can be quick to dismiss it with stereotypes. The Norwegians are born on skis, they'll say, because the whole country is one giant snowpack. It doesn't help that Norwegians don't like to toot their own horns. Instead, the thousands who traveled across the world to Vancouver stand along ski trails banging cowbells so loudly that nobody can hear the announcer declaring yet another medal-finish for Norway.

So what does this have to do with behavior medicine? There are several things; one is that the majority of Norwegians sits passively in their chairs or sofas and is physically inactive. Sports events tend to make more people passive than active, which is not good for our health. The other point is that what seems important to us, may be totally irrelevant to the rest of the world. This may indeed be the case for many of us. I believe behavioral medicine is one of the most important fields in the world, but the world may disagree with me. I have a good friend who believes he is kind of famous. In a discussion between my son and my friend, they did agree that he was famous. My son was impressed, sat quiet for a while and said; what a shame that so few people know about it! This is a challenge for ISBM and our member societies. There is a lot of really good and interesting activities going on in our member societies that many of us could and should learn from. Our Newsletter editor has done an important job trying to get more information about what is going on in the member societies out to the other societies.

The work for the ICBM in Washington D.C. is in very good progress. I have to admit that I was very nervous when we had only about 100 submitted abstracts by the original abstract deadline. However, a number of people put down a substantial amount of work, and by the extended abstract deadline we had more than 660 submitted abstracts. We expect even more abstracts submitted for rapid poster communication, and hope as many as possible of the members of our member societies will be there. Tell someone about it and bring a friend to the ICBM 2010! Maybe our congress is a bit like the Winter Olympics, fairly few participants from a few selected countries, but with very enthusiastic supporters that sometimes makes too much noise so we cannot hear what is really going on.

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Letter from the president

Involving our member societies has been a main aim for me as president of ISBM. The Program Committee for the ICBM 2010 in Washington D.C., with Linda Baumann as chair, has worked really hard this winter. Linda Baumann and the rest of the Program Committee have done an excellent job in engaging and involving our member societies in the planning of the ICBM 2010. I do not believe we have had representatives and nominations from so many of our member societies ever before. I am indeed grateful that Linda has worked so hard to achieve this, and for the positive responses from our member societies.

Last year we worked hard together with the Italian Society of psychosocial medicine to get the proposal for Rome in the best shape possible. Even after intense efforts by the president of that society, Lucio Sibilia, the Italian Society had to withdraw their proposal, and we had to start all over again. A call for proposals and direct contact with some of the member societies resulted in two very good proposals for ICBM 2012. One was from the Netherlands Behavioral Medicine Federation with Groningen as the suggested site, and the other was from the Hungarian Society of Behavioural Sciences and Medicine, with Budapest as the suggested site. After careful review from the Board and the Governing Council, the Governing Council voted in favor of Budapest. I am indeed very pleased that we now have a very good host for the ICBM 2012.

Last year, the secretary of ISBM, Peter Kaufmann, resigned from his position, and Urs Nater our Newsletter editor has stepped in as secretary for ISBM. I am very pleased with this solution, and Urs has performed his duties as secretary in a very good way. You will hear more from Urs later, and do not hesitate to contact him if you have any questions regarding ISBM.

There is quite a lot of activities going on in ISBM, you will be able to read more about some of it in the Newsletter.

Despite all the good activities in ISBM, we still have a number of challenges in how to improve communication in the organization. Hopefully we will be able to move that a bit further the next 5-6 months before the next Board and Governing Council meeting. A main goal, as I see it, is to encourage even more participation from our member societies, and, in particular, to strive to accomplish a generation shift in our governing councils and elected officers. I hope many young ISBM enthusiasts are eager to step up and in to important positions in ISBM, and will encourage all member societies to nominate good and enthusiastic candidates for the different positions.

Hege R. Eriksen
President ISBM

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News from the Editor-in-Chief of IJBM

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Special series

International Journal of Behavioral Medicine has published a special series on Psychological Aspects of Cardiovascular Disease in issue 16,3. The special series consists of 8 papers, plus an editorial by Katri Raikkönen. Papers focus on positive and adaptive traits, on negative affect, on socioeconomic status, on behavioral interventions and on social support. IJBM intends to publish other special issues or special series. Please feel free to contact me if you are interested in a particular topic. I am willing to discuss various options and alternatives with regard to special issues or series. Email: j.dekker@vumc.nl.

TOC alert

Many interesting papers have been published in recent issues of IJBM. I would like to invite you to check the Table of Contents of IJBM. Just to remind you: the free Table of Contents Alert is available at the ISBM website: do register! In addition, do remember that access to the online version of IJBM is free for all members of national societies. If you do not remember the username and password: contact the representative of your national society or me (j.dekker@vumc.nl).

The Editor's choice

Kathryn Robb, Alice Simon and Jane Wardle published a paper on *Socioeconomic Disparities in Optimism and Pessimism*, (IJBM 2009, 16: 331-338; DOI 10.1007/s12529-008-9018-0). Background Socioeconomic status (SES) exhibits a graded relationship with health. Explanations for the SES gradient in health have drawn on environmental, cultural, psychosocial, and behavioural factors, with growing recognition that a complex interplay of causal processes underlies the relationship. While optimism has been strongly linked with health, there have been surprisingly few reports examining SES differences in optimism.

The purpose of the study was to assess the relationship between SES and trait optimism and pessimism in a representative community sample of older British adults. Community samples of adults were mailed self-report questionnaires. Optimism was measured by the Life Orientation Test (LOT), which generates a total score and positive (optimism) and negative (pessimism) subscale scores. SES was assessed with an individual-level index of socioeconomic deprivation based on education, housing tenure, and car ownership.

There was a strong SES gradient in the total LOT score, with higher SES being associated with higher scores. However, when pessimism and optimism subscales were analyzed separately, the gradient was strong for pessimism, but minimal for optimism.

The authors concluded that lower SES is associated with viewing the future as containing more negative events, but there was little SES difference for positive events. The results suggest that lower SES people view the future in a strikingly more negative light but are almost as likely as higher SES groups to expect good

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events in the future. This may imply that engaging lower SES groups in preventive behaviors requires tackling their lower expectations of success.

IJBM Submission and review characteristics 2009

The number of manuscripts submitted to IJBM in 2009 amounted to 131. The number of manuscripts with a final decision was 80. The acceptance rate was 24%. Manuscripts originated from the following regions: Africa: 2%; Asia: 23%; Australia/NZ: 8%; Europe: 38%; Middle and South America: 1%; and North America: 29%.

The table gives an overview over the submission and review characteristics over the years. The table shows that the number of manuscripts submitted to IJBM increased steadily over the years. The acceptance rate decreased in 2008 and seems to stabilize in 2009.

Search for members of the Editorial Board

IJBM hast started the search for new members of the Editorial Board, who are willing to review manuscripts submitted to IJBM. If you are interested, please contact me directly at j.dekker@vumc.nl. The scope of IJBM extends from research on biobehavioral mechanisms and clinical studies on diagnosis, treatment and rehabilitation to research on public health, including health promotion and prevention. IJBM publishes research originating from all continents, and is inviting research on multi-national, multi-cultural and global aspects of health and illness.

Joost Dekker
Editor IJBM

	2006	2007	2008	2009
Submitted ms: n	62	89	107	131
MS with final decision: n	56	81	58	80
Acceptance rate: % [1]	52	49	23	24

[1] Number of accepted ms/number of ms with final decision (per year)

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Interview with Brian Oldenburg

Q1. Brian, first of all, thank you so much for agreeing to be the third interviewee in this series. This special series covers individuals who are long-term members of ISBM and have contributed to behavioral medicine in a significant manner. Could you briefly outline your involvement in behavioral medicine as a professional field and your current scientific interests?

A1. It's interesting now that I look back over my professional working life, I realize that I've actually been involved in the field of behavioral medicine for much longer than I was even aware of at the time. I would say that I started undertaking behavioral medicine research in the late 1970's, however, I didn't call it that and nor did I attend my first 'real' behavioral medicine conference until 1987, when I made a poster presentation at the 8th Annual Meeting of US Society of Behavioral Medicine in Washington D.C, USA. With that poster, I was presenting some of my earlier doctoral research findings concerning the psychosocial aspects of end-stage renal disease and I had used Spielberger's State-Trait Anxiety Inventory for one of my measures. A very well spoken man came up to my poster and started to interrogate me on my study and how I had actually used these scales; however, he did not introdue himself to me at that stage. After talking to me for more than 15 minutes – and for what seemed like an eternity - he finally said to me, ''I'm Charlie Spielberger'' and I was then very embarrassed because I hadn't known who I had been talking to for all that time! That experience had a big impact on me and made me realise that no matter how important you are in this world, it's always very important to talk to and interact with students and early career researchers about their research and their career development.

My current scientific interests mainly focus on investigating new and novel ways to prevent and manage chronic non-communicable diseases and their risk factors and determinants. However, I would say that over the years, my research on how to improve health and well-being has gradually moved more and more 'upstream' and more of my research now focuses on the health of 'populations' rather than individuals. I've also become increasingly interested in policy, social and environmental interventions as a way of influencing people's health, particularly in disadvantaged and vulnerable populations. I am also doing a lot of research in developing countries and regions in the world, particularly in China and Southern Africa, so I spend almost half of each year travelling and working in other countries now. For example, I'm currently involved in research related to chronic disease prevention and management trials in Malaysia, China, India and South Africa.

Q2. Could you please tell us about your educational and scientific background? Where do you come from scientifically and how did you get into the emerging field of behavioral medicine?

A2. I first graduated in psychology in 1975 from University of NSW (UNSW) in Sydney,

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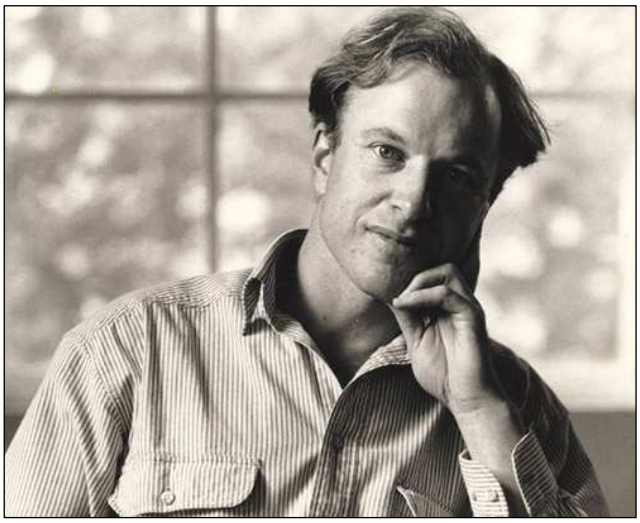
Australia. The UNSW School of Psychology was still a very new school when I commenced there in 1972 and it had just established one of the very first behavior therapy training programs outside the USA. That was a very exciting time to do psychology because there was so much new research being undertaken and there was also a superb community psychology program that had recently been established, by one of my earliest mentors, Robin Winkler. At the same time as studying psychology, I also did another major in sociology, so I graduated with a double major in both sociology and psychology. Soon after that, I then undertook a Masters of Clinical Psychology also at UNSW, because at that time, I thought I would really like to be a clinical psychologist working in mental health services and I wanted to start applying all of these very exciting new behavior therapy techniques to help people. However, after working overseas for a couple of years and coming back to Australia, I actually found myself working at one of the best university teaching hospitals in Sydney, The Prince Henry & Prince of Wales Hospitals, that had just established a new Department of Consultation-Liaison Psychiatry to provide mental health services to the general wards of the hospital. For the first time in my professional working life, I found myself working mainly in the medical and surgical wards of a hospital. Because many excellent clinical and other research units were co-located at this hospital, this also brought me into contact with some of the best Australian researchers in the fields of high blood pressure, renal disease and heart disease. I became so interested in clinical medical research that I decided that I really wanted to undertake more formal training in medical research and epidemiology. So, my next step was to commence a Ph.D. research program and I was jointly supervised by a Professor of Psychiatry (Gavin Andrews) and a Professor of Renal Medicine (Graham Macdonald), both of whom became terrific and lifelong mentors for me.



As I said at the beginning of this interview, I realise now that I look back on the research I was undertaking in the early 1980's, I was actually doing behavioral medicine research, but there were not very many psychologists doing this kind of research in Australia at that time, so I didn't actually know what to call the field that I was researching! My doctoral research examined the complex interplay among behavioral, psychosocial and biological influences on fluid non-compliance in people who were undergoing renal dialysis. I also begun to start publishing in journals at this time and I conducted my very first 'real' clinical trial. As time

went on, I became more and more interested in epidemiology (and the related public health sciences) and I realised that a background and training in the social and behavioral sciences was really perfect for understanding epidemiology and biostatistics. Following the completion of my Ph.D. in 1987, I spent some time overseas and met many of the "rising stars" in US behavioral medicine and public health at that time. As I think back to that time in US, probably the four people who had the most long term impact on me were Jim Sallis at San Diego State University, Bob Kaplan who was at University of California (San Diego) at that time, Tom Coates at University of California (San Francisco) and Steve Weiss who was still at US NIH National Heart, Lung and Blood Institute (NHLBI) at that time.

By the time I returned to Australia, I really knew that I wanted a career in public health and behavioral medicine research, but I really didn't know where I was going to be able to do this! However, due to a fortuitous set of circumstances, I got my first full time research and academic position in the School of Public Health at the University of Sydney in 1988. Since that time, I have continued to work in Schools of Public Health around Australia along with a number of short stints with other academic and research groups, mainly in the Netherlands (University of Leiden and Maastricht University) and USA. I left Sydney University in 1994 and moved to become the Head of a relatively new but rapidly developing School of Public Health in Queensland in Australia and in 2006, I move to the School of Public Health and Preventive Medicine at Monash University in Melbourne, where I am currently, Professor and Inaugural Chair of International Public Health at that university.

Q3. Do you think that behavioral medicine as a field is picking up on trends from other related fields, such as psychology or internal medicine, or do you think that behavioral medicine is setting trends which influence other areas as well (or both)? Can you provide examples?

A3. I find this quite a hard question to answer because I really think the field of behavioral medicine is so inter-disciplinary that it is very hard to disentangle the causal chain and links with so many other fields and disciplines! However, I do think it is probably the case that behavioral medicine is more and more influenced by developments in other underpinning disciplines and fields. For example, as we come to understand the role and importance of social and environmental influences on health, we now (almost) take it for granted that behavioral medicine interventions need to focus more on social and environmental influences in relation to health outcomes than was the case even 10 or 15 years ago. I am also particularly interested in the inter-play between behavioral medicine and public health research. I also find epidemiologists and biostatisticians can be lot of fun to work with and I really enjoy the multi-disciplinarity of both behavioral medicine and public health. Although I spent many years training and working in psychology, and collaborating with many psychologists over the years, I often say that I have never worked in an academic department of psychology and I don't

know that I have ever really "missed" that experience. Indeed, although I still collaborate with psychologists from many different countries around the world, I would say that most of the psychologists I collaborate with are also based in Schools of Public Health and/or are part of very multi-disciplinary research teams.

Q4. You are a long-standing member of ISBM and you have been part of the editorial board of the International Journal of Behavioral Medicine. What were the most significant milestones in the development of both the society and the journal over time in your eyes?

A4. Before I answer this question, I must say that it was so very important for me to attend and to be part of the very first International Congress of Behavioral Medicine in Uppsala, Sweden in 1990. I have been to every ICBM since then and so many of my research and other collaborations, as well as my personal and professional relationships, can be 'mapped' back to people I have met as a result of our congresses and other ISBM activities. For example, it is through my involvement with ISBM and US SBM that I have met and then been able to develop long term collaborations with colleagues in Sweden (Gunilla Burrell), Finland (Pekka Puska, Antti Uutela and Pilvikki Absetz), US (eg. Jim Sallis, Bob Kaplan, Karen Glanz, Ed Fisher, Barr Taylor) and many others.

From my point of view, I would say that there are three standout ISBM developments. Firstly, it has been really great to see the establishment of so many excellent national/regional behavioral medicine societies and many of those are now outside Western Europe and USA. This includes the development of relatively new societies in Asia, Australia/New Zealand and Latin America. The second really exciting development has been to see how our International Congress of Behavioral Medicine has become such a terrific conference and a wonderful place to meet long standing colleagues and friends every 2 years in a different part of the world. Thirdly, it is so wonderful to see how the International Journal of Behavioral Medicine has gradually become such an important and influential global behavioral medicine journal. I strongly believe that 'behavioral medicine' will become even stronger as a global field when we can demonstrate even more convincingly the important contribution of this field to the health and well-being of people in the less developed regions of the world.

Q5. You served as our society's President from 1998 to 2000, and you were the Program Committee Chair for the sixth ICBM. I can imagine that these two positions hold particular challenges. Can you tell us a little bit about it?

A5. I am not sure you really want to know about ALL the challenges! However, I always find it an honour to serve in leadership roles as President of a society and/or as Congress Program Chair for an international conference. Of course, there are always significant challenges with such roles, particularly with any international or global organization, but

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on the other hand, such roles work much better when there is a good, strong team of other great people to work with and that has always been the case with ISBM. However, many of the ISBM leadership group have been involved with the organization for at least 15-20 years now, so I would say that a very exciting challenge for the future of ISBM is to identify who are going to be the 'early' and 'mid-career' researchers and academics who will be the ISBM leaders for the next 15-20 years!

Q6. Our society is an international one. Still, different countries and cultures might have different approaches to the same issue. As an Australian, do you think that there is a specific Australian (or Australasian) perspective on behavioral medicine? If yes, how is it defined?

A6. Yes, I think this probably is the case, because there are differences in the ways in which the underpinning disciplines of behavioral medicine, such as psychology, are practiced in different countries. Moreover, health systems and health services vary between countries, so this also leads to different approaches being used to address similar problems. As I spend more of my working life in countries like China, India and South Africa, I now also realise that most researchers, educators and health practitioners in developed countries are still not very good at "exchanging" evidence and experiences between countries, cultures and settings. For example, I have seen firsthand and experienced some of the best 'real world' socio-behavioral intervention programs in countries like South Africa that are being implemented and 'scaled up' for people at 'high risk' of HIV/AIDS and other big public health challenges. These programs are often really well adapted and culturally translated to the local situation and context. While there is a very rapidly developing global evidence base for behavioral medicine now, I believe there is still a strong tendency for those in developed countries to think that the 'best' and 'most important' evidence only comes from developed countries.

Q7. You are a professor of public health and firmly rooted in public health research. What contributions to public health do you expect from behavioral medicine? It would be great if you could respond to this question a) from a general perspective and b) from a personal perspective. In the context of the latter, I would also like to ask you to tell us a little bit about your role as an international health advisor for the Olympics in Bejing.

A7. I have already made some comments about the very important interplay that exists between the fields of behavioral medicine and public health and nowhere is this interplay more important than in the most rapidly developing and changing countries in the world in Africa, Asia and Latin America. In developing countries that do not have really well developed research and practice that is specifically related to behavioral medicine, public health provides a very good 'lens' through which it is possible to study very important health challenges – such as the chronic non-communicable diseases and their risk factors – and to research innovative approaches to prevention and management that are relevant

to those countries and their systems. When I became involved as a public health advisor for the Beijing Olympic Games soon after the 2000 Olympic Games in Sydney, I had the opportunity to work with many different health organizations and universities in China to address the health issues – for example, communicable diseases, environmental health, tobacco control – that had already been identified as potential threats for the Beijing Olympic Games in 2008. Through a fortuitous set of circumstances that arose from an evolving collaboration between the Beijing Olympic Games Organizations (BOCOG), the Beijing Government, the National Health Ministry and the World Health Organization, the Chinese decided to use the Beijing Olympic Games to create a lasting public health legacy for Beijing and China from the Olympic Games. Indeed, this turned out to be the case, with rapid improvements taking place in air quality, tobacco control and many other health issues in Beijing over the last 5 years. As it turns out, an English and Chinese language Monograph will be published in the next couple of months which tells this story, how it happened and what the lessons will be for developing countries in the future, who aim to use mass events, such as Olympic Games, World Cup Football etc, to improve the health and well-being of their people.

Q8. Finally, what do you see in the future of behavioral medicine? If a young person wants to do something new and exciting, what would it be?

A8. Globally, countries comprising 80% of the world's population, cannot afford the very expensive, technology-dependent and inefficient health systems that have been created by developed countries over the last 50 years. For these countries in the most rapidly developing regions of the world, if they are going to be able to improve the health and well-being of the majority of their people, behavioral medicine is absolutely critical and they do not really have a choice to ignore the contribution of behavioral, psychosocial, environmental and other factors on health outcomes and how to improve these. So, I would say that the future of behavioral medicine is definitely not in doubt! Consequently, for any young person who has trained in a discipline or field relevant to health, I would say that the career prospects in behavioral medicine and related fields look pretty good to me!

For my final words of advice, I would say three things:

1) Be prepared to follow non-traditional paths to get to where you want to go because this will often end up being (even) more interesting than the traditional path you may have followed to get there.
2) Make sure you choose a couple of really good mentors and make sure at least one of them is someone who has not developed their career in a very traditional way. It often takes some courage and risk-taking to do things differently from those around you!
3) If at all possible, it's really important to experience what life and work are like in other countries or cultures. This will also help you question many of your own assumptions and ways of doing things.

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Q9. I don't want to be the person to decide who is important in behavioral medicine and who is not. So, I let you decide ☺. Who should be the next person I am going to interview? There are three prerequisites: the person should be a woman, should not stem from the same country as you do, and should be a member of ISBM.

A9. I would recommend that you interview Graciela Rodriguez from Mexico. She is a very interesting person and she has been one of the most important figures in the development of the field of behavioral medicine in Mexico and the rest of Latin America. She has also been very influential 'behind the scenes' of ISBM in all sorts of interesting ways!

Thanks so much for your time, I really appreciate it!

Brian Federick Oldenburg, Ph.D., is Professor of International Public Health at the Department of Epidemiology and Preventive Medicine at Monash University in Australia. He is a former president of the International Society of Behavioral Medicine (ISBM) and the Division of Health Psychology, International Association of Applied Psychology. He is a member of the Editorial Board of the International Journal of Behavioral Medicine, Health Psychology Review, and the Asia Pacific Journal of Public Health, among others. He served as chair and member of various ISBM committees.

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Early Career Network

Hi everyone! It's six months away from the next International Congress of Behavioral Medicine. We are currently busy organizing a few exciting social and conference activities for our young researchers. This issue will give you an overview of all these happenings so that you can start planning your travels.

ECN Workshop

We are grateful and honored to have finalized speakers for our conference workshop. Led by Ed Fisher from the United States, and co-facilitated Brian Oldenburg (Australia), Renee Boothroyd (US) and ourselves, the workshop entitled "Cross Cultural Research in Health Promotion and Chronic Disease Management" aims at improving skills to conducting health promotion and disease management research in international settings. The workshop will highlight issues pertaining to the selection of research objectives and outcome indicators, identification of reliable measures of outcomes, and development of interventions that combine strategies based in research evidence and provide for tailoring to local strengths and needs. The workshop will provide an interactive forum for addressing these issues.

Social night out

Feedback from early career members at the previous ICBM conference recommended that a more informal meeting take place where members could have the chance to discuss their work with others. Therefore an early career dinner is proposed for the Thursday night of the conference at a time and venue to be confirmed. Assistance from local organizers have identified a few places of interest but anyone from the Washington DC area or who knows it well is more than welcome to contribute suggestions.

ECN Accomodation

Another way for early career researchers to get to know each other is to meet through their accommodation whilst at the conference in Washington DC. To be in the best interests of many early career members a place was identified that was economically viable yet convenient to the conference venue. Details of this accommodation will be posted on the ICBM Washington website.

If there are any questions about any of these activities or the ECN please don't hesitate to make contact.

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ICBM 2010 Theme and Featured Presenters

The theme of the 11th ICBM is "Translational Behavioral Research: A Global Challenge", which will encourage global networking among all who contribute to the science and practice of behavioral medicine. ICBM 2010 will include keynote addresses, master lectures and panels, symposia, round-table discussions, oral and poster presentations, meetings of special interest groups, workshops, scientific and trade exhibitions and ample opportunity to network with colleagues. Our speakers are prominent individuals from five continents who will address basic science, community applications and policy issues of behavioral medicine.

Keynote Addresses

Kelly D. Brownell, PhD
Harnessing Science for Social and Policy Change: The Diet and Obesity Example
Professor of Psychology, Epidemiology and Public Health
Director, Rudd Center for Food Policy and Obesity
Yale University (United States)

Jaakko Kaprio, MD, PhD
Contribution of Genomics to Behavioral Medicine
Professor of Genetic Epidemiology, Department of Public Health, University of Helsinki, National Institute for Health and Welfare (Finland)

Olive Shisana, BA(SS), MA, ScD
Behavioral Research in Informing HIV Prevention Practices
Executive Director, South African National Research Program
CEO of the South African Human Sciences Research Council (HSRC)
(South Africa)

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Masters Lecturer

Karen D. Davis, PhD
Development of New Diagnostic Tools and Treatments for Brain Disorders
Division of Brain, Imaging and Behaviour, Toronto Western Research Institute, University Health Network; Department of Surgery and Institute of Medical Science, University of Toronto (Canada)

Theresa M. Marteau, BSc, MSc, PhD
Communicating Genetic Risks: Three Fallacies and a Challenge
Professor, Health Psychology Section, King's College London (United Kingdom)

Adolfo Martínez-Palomo MD, DSc
Bioethics and Behavioral Research
Coordinator of the Science Council for the Presidency
Emeritus Professor of Experimental Pathology, Center for Research and Advanced Studies (Mexico)

Robert Croyle, PhD
Cognitive, Motivational and Social Processes Underlying Threat Appraisal and Coping
Director, Division of Cancer Control and Population Sciences, National Cancer Institute (United States)

Master Panels*

Athula Sumathipala, MBBS, DFM, MD, MRCPsych, CCST, PhD
Medically Unexplained Symptoms
Honorary Director, Institute for Research and Development in Sri Lanka; Honorary Research Fellow, Section of Epidemiology Institute of Psychiatry, Kings College, University of London (Sri Lanka)

Lin Li, BA, MPh, PhD
Predictors of Quitting Behaviors among Adult Smokers in China Compared to two Southeast Asian Countries and four Western Countries
Research Scientist, VicHealth Centre for Tobacco Control, Cancer Council Victoria in Australia (Australia/China)

Mira Aghi, MA, PhD
Issues and Dynamics of Tobacco Research for Behavior and Policy
Behavioral Scientist, Communication Expert, Advocacy Forum for Tobacco Control (AFTC); UNICEF; Global Youth Tobacco Survey; International Network of Women against Tobacco (INWAT); Society for Research on Nicotine and Tobacco (SRNT); Cancer Patients AID Association (India)

Fred Wabwire-Mangen, MBChB, MPH, PhD
The Changing Epidemiology of HIV/AIDS in Africa
Associate Professor, Makerere University School of Public Health (MUSPH) (Uganda)

**A generous grant from the Rockefeller Foundation to our host society, the Society of Behavioral Medicine, will be used to support the participation of the master panelists from developing regions of the world. Their contribution will allow us to expand our views of the translation of behavior science to diverse settings.*

Abstract Submission and Scoring Procedures

We are pleased to announce that we received more than 650 abstract submissions by the 15 January deadline! Fifty-two track chairs and co-chairs representing twenty-one countries have blindly scored all abstract submissions in the past several weeks. Each abstract was judged in several categories, including:

- Scientific Significance
- Strength of Methodology/Design
- Creativity/Originality/Innovation
- Clarity of writing
- Consideration of Meeting Theme

At the end of the scoring period, the results were tabulated and presented to the Scientific Program Committee. The Committee then made the final selections based on the chairs' scores and recommendations, and all sessions were scheduled during a three day in-person meeting.

If you did not have an opportunity to submit an abstract by the January deadline, Rapid Communications Poster Submission will open on Monday, 15 March and close on Saturday, 1 May 2010.

Congress Registration

All abstract presenters, as well as attendees, must formally register for the Congress and pay the required registration fee. Please note that registration for the congress will be a requirement for abstracts being published in the special supplement issue of the International Journal of Behavioral Medicine.

Register online at https://www.sbm.org/isbm/registration_form.asp by 15 June 2010 to take advantage of the Early Registration pricing, which offers a substantial discount to both member and non member attendees.

Lodging Information

The Grand Hyatt Washington D.C. is the headquarter hotel for ICBM 2010. Be sure to make your reservations by 6 July 2010, to take advantage of the low Congress rates. Please visit https://resweb.passkey.com/Resweb.do?mode=welcome_ei_new&eventID=1482447 to book your room.

Local Activities

From the lobby of the downtown Grand Hyatt, hop on the Metro, and you'll discover that all the attractions in Washington DC are within easy reach. Here are just a few samples of local activities:

Corcoran Gallery of Art
500 17th Street NW
Washington DC
202-639-1700
www.corcoran.org

National Gallery of Art
6th Street & Constitution Avenue, NW
Washington DC
202-7373-4215
www.nga.gov

Smithsonian

Museums of The Smithsonian are free and include:

- African Art Museum
- Air and Space Museum
- American Art Museum and the Renwick Gallery
- National Museum of the American Indian
- Anacostia Community Museum
- Cooper-Hewitt National Design Museum
- Freer and Sackler Galleries (Asian art)
- Hirshhorn Museum and Sculpture Garden
- National Zoo
- Natural History Museum
- Portrait Gallery
- Postal Museum
- Smithsonian Institution Building, the Castle
- African American History and Culture Museum

Contact details

For information on the Congress and details of rapid communications abstract submission, please visit the Congress website at www.icbm2010.org.

Please direct any inquires about the ICBM program to Amy Genc Moritz, ICBM 2010 Secretariat, at amoritz@icbm2010.org

We look forward to welcoming everyone to the 11th International Congress of Behavioral Medicine in Washington, D.C. in August 2010!

Linda Baumann
PhD, RN, Scientific Program Chair

Important Deadlines

Early Bird Registration Discount Deadline:	**15 June 2010**
Rapid Communications Poster Submission Opens:	**15 March 2010**
Rapid Communications Poster Submission Closes:	**1 May 2010**

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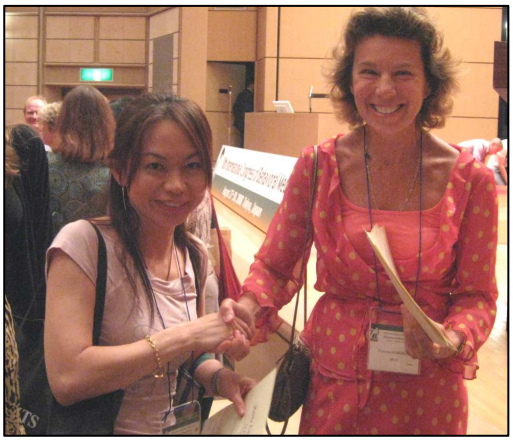
Awardees

Dr Wong Li Ping

Dr Wong Li Ping, received her Ph.D. in medical science (Epidemiology) from the University of Malaya in 2004. Upon graduation, she took a position as a lecturer at the Medical and Research Development Unit (MERDU), Faculty of Medicine, University of Malaya, Malaysia. She takes part in the Faculty's research methodology and biostatistical teaching both at the undergraduate and graduate levels, as well as biostatistical consultancy services within and outside the Faculty.



She expressed a heart felt gratitude to ISBM for granting her the AWARD that enabled her to present her research findings at the ICBM, Tokyo, 2008. At the conference, she received constructive feedback that addresses areas in need of improvement. Additionally she also gained insights into new research methodologies and research issues. She believes that ICBM is a primary international event that provides an opportunity for academicians and researchers in the field of behavioral medicine throughout the world to gather, exchange ideas, and present their research findings. She viewed the AWARD serves to increase motivation among young researchers contributing to research and development in behavioral medicine. She also hopes ISBM would continuously give this AWARD to recognize and inspire young researchers at the beginning of their profession. She is looking forward to attending and presenting her latest research findings at the forthcoming ICBM, Washington, 2010.

Recognizing the importance of behavioral component in medicine, Dr Wong wishes to continue working for the advancement in the area of behavioral health in her organization by engagingly actively in research and teaching. Dr. Wong's research has centered almost exclusively on social and behavioral medicine. Her current research activity focuses on role of race, culture, and ethnicity on health. She has diverse research interests, all in the field of social and behavioral medicine, include:

1) Research on risk behaviors (HIV/AIDS Surveillance; HIV/AIDS-related discrimination and stigmatization; youth risk behavior surveillance)
2) Research on preventive behaviors (Cervical cancer screening; HPV vaccination; 2009 influenza H1N1 vaccine)
3) Community responses (Behavioral responses to emerging infectious diseases, 2009 influenza H1N1 and influenza vaccination; HPV vaccines; deceased organ and tissue donation; knowledge and attitudes towards thalassemia)
4) Sexual reproductive health research (dysmenorrheal and PMS of young female; male sexual dysfunction; hysterectomy and detrimental effect on

women's sense of psychosocial well-being and sexual functioning; impact of aging on sexual function in women)

Currently a Senior Lecturer, Dr. Wong has authored and co-authored over 30 papers published in local and international peer-reviewed journals and has been awarded 8 grants as Principal Investigator and 11 grants as Co-investigator. She has also served as a reviewer for peer-reviewed journals including AIDS Care, Journal of International AIDS Society, International Journal of Gynecology and Obstetrics, Journal of Men's Health, Singapore Medical Journal, and Malaysian Family Physician. She has presented over 40 papers at local, national, and international conferences.

Roger Persson

In 2005, when I started working as a senior researcher at the National Research Centre for the Working Environment (NRCWE) in Copenhagen, it was in continuation of having worked at the Departments of Occupational and Environmental Medicine in Malmö and Lund in Sweden. My qualifications for these positions derived from my basic training as a research psychologist and from my degree in political science.

Currently much of my time is directed towards the task of being project leader in an evaluation project concerning health promotion in the Danish police. My research interests and activities remain diverse however, and include bullying, ergonomics, noise, personality and psychophysiology research. These diverse topics reflect, in part, the applied and changing nature of occupational health research as well as the variety of my own and my colleagues' interests. Apart from collecting first hand experience by listening to patients or conducting workplace visits, good research ideas are often born during informal talks with colleagues during the coffee break. Sometimes these ideas are realised, at other times they are discarded or put in storage for later use.

However, to understand today's pattern of health and illness in occupational settings it is, in many cases, important to understand the individual's total life situation and to integrate psychosocial, behavioural and biomedical knowledge. For this reason, developing the supplementary qualities of physiological, psychological and behavioural research methods is high on my own, and many of my colleague's, research agendas, as is a focus on the interaction between society, work organization and the individual worker. In practice this complexity is also often reflected by cross-disciplinary research and international collaboration.

Being a beneficiary of the Scientific Distinction Award is, of course, a great honour for me. The reward is also recognition for the efforts put in by my former and current research colleagues who, over the years, have invested their interest and skills to the benefit of my work. In contrast to teaching, which gives you immediate feed-back, research is often solitary work and the response time from outside

the research group can often be counted in months or years. This was, in fact, one reason that made me apply for the Scientific Distinction Award. It gave me an opportunity to test whether my combined research achievements thus far were actually valued outside my immediate network of colleagues. Another, albeit related, reason for my application was to improve my future chances for receiving funding in a seemingly more unforeseeable and competitive research landscape. My idea here was simply that obtaining recognition that goes beyond the national level and the adjacent research community would be a better indicator of quality and hopefully give me a competitive advantage in future fights for grants. Of course, ultimately, one must not forget that scientific endeavours are a high risk game. Today's winner could easily be tomorrow's loser, as knowledge become obsolete and provisional truths are replaced with new provisional truths. So while I'm happy for the recognition, I'm also aware that much of my work is ahead of me and that research careers may, for various reasons, end abruptly. Before my own career comes to a halt, however, I hope to have made some scientifically sound and robust contributions that will help advance behavioural medicine as a means for enhancing occupational health research and thereby help reduce occupational disease and improve workers well-being.

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News from Societies

Event **24th Annual Conference of *The European Health Psychology Society***
Date **1st – 4th September 2010**
Place **Cluj-Napoca, Romania**

Dear Colleagues,

The European Health Psychology Society invites you to participate in the 24th Annual Conference to be held in Cluj-Napoca, Romania, 1-4 September 2010. The conference provides the opportunity to present research findings and to share working experience with colleagues from countries all around the world, to strengthen current networks and build new ones. Your participation and scientific contribution can broaden and deepen our understanding of global health in light of the conference theme, Health in Context. Cluj, the treasure city of Transylvania, which from the Middle Ages onward has been a multicultural city characterized by diversity and intellectual effervescence, offers the perfect setting for the 2010 Annual Conference of the European Health Psychology Society.

We look forward to seeing you in Cluj,
Adriana Baban, Conference President

Scientific Programme

The 24th Conference of The European Health Psychology features a variety of formats including: Keynote lectures, Symposia, Oral and Poster sessions; Roundtables/Panel discussion; Pre-conference workshops; Synergy and Create workshops.

Keynote Speakers

Prof. Michelle Fine (City University of New York, New York, USA)
Prof. Michael Murray (Keele University, Keele, UK)
Prof. Mircea Miclea (Babes-Bolyai University, Cluj-Napoca, Romania)
Prof. Suzanne Segerstrom (University of Kentucky, Lexington, USA)

Important Dates

February 15th 2010 – Deadline for abstract submissions
April 15th 2010 – Abstract acceptance notification
May 15th 2010 – Deadline for early registration and hotel accommodation
June 15th 2010 – Deadline for Synergy and Create application/registration

Website: http://www.ehps-cluj2010.psychology.ro/
Email: contact_ehps@psychology.ro

Local organizers

Babes-Bolyai University, Cluj-Napoca & Romanian Association of Health Psychology

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News **Behavioral medicine meets physiotherapy: a new training program**

Who **Anne Söderlund**, professor of physical therapy, Mälardalen University, School of Health and Welfare, Division of Physical Therapy.

History and present

Physiotherapy training started in autumn 2004. A teacher at Mälardalen University who thought that we should have a physical therapist trained in Mälardalen contacted Eva Denison in Uppsala. The idea of a profiled physiotherapy program came from another person, Eva Denison, PhD, Physical therapist, who had in their thesis in 1999 integrated a behavioral medicine approach with physiotherapy studies, and who had seen the benefits of this combination. Since then, this kind of integrated research efforts has expanded a lot, particularly in the area of pain, which is one of the most important fields for a physiotherapist.

The training program is an evidence-based physiotherapy program. We are the only physical therapist program in Sweden with this profile and we are also convinced that we are the only program in the world which has incorporated behavioral medicine in a physical therapist program. Students all the way from semester 1 to semester 6th are learning functional behavior analysis and behavior change principles, which are the key elements of the program.

Challenges in Education

To find mentors for students with this profile was not an easy thing. There were only very few courses in behavioral medicine. This led to an operation which has resulted in about 300 clinical physiotherapists being trained by us in behavioral medicine today. The training encompasses a 7.5 hp single course in behavioral medicine, but also by 2-day short courses and alternative training events-days to ensure the quality of mentoring of our students. We held several public seminars to present the education profile. These have been very well attended and later in the autumn of 2009, we managed to convince a number of politicians for our cause and received positive approvals by officials from the surrounding community.

Future

I have a vision of the future, including other health care training to focus more on teaching the importance of a person's beliefs, expectations, and systematic work on behavioral change. We also would have very different effects on teamwork at all levels of care. But to get there, inter-professional collaboration in research is needed.

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News **Two new international research networks established**

Who **Arja R Aro**, Chair, ISBM ICSC, araro@health.sdu.dk

Two exiting research and network initiatives have been established! One is the **EIRA network** (EIRA=Evidence In Research and Action, which provides an international platform for those interested in bridging the gap between research evidence, practice and policy in health promotion The other one is the **Peers for Progress** global program to promote peer support in health care and health promotion. These networks plan to organize a session together at the ICBM in Washington in August 2010.

You can find more information about these initiatives, their potential for research collaboration, and about the previously established network on Subjective and Unexplained Health Complaints at the ISBM International Collaborative Studies Committee (ICSC) website http://www.isbm.info/ICSC/best_projects.html. Websites for the new networks are: www.sdu.dk/eira and www.peersforprogress.org