

The Academy's Opportunity to Increase Its Influence

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These remarks by the incoming president of the Academy were presented at the closing ceremonies of the 5th annual scientific

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"Endeavors succeed or fail because of the people involved. Only by attracting the best people will you accomplish great deeds."

Colin Powell

I am struck by the comments of former General of the Army and Secretary of State Colin Powell, and I believe they apply to the Academy. The Academy's greatest asset is its people, its members. Collective influence, achieved by working cooperatively together, has greater likelihood of making a difference than individual efforts, but it does not negate the fact that an individual working within a collective can still accomplish great deeds. Both types of contributions will be encouraged. The Academy has fulfilled Powell's criteria for success by attracting some of the best health behavior researchers nationally and internationally. The Academy can progress if it "harnesses" the talents of its members and subscribes to an age-old adage: "If everyone does a little, no one has to work too hard." In other words, it is my intention to involve as many as I can to help the Academy reach its goals and objectives.

Also important to the Academy's future

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is to have a plan. A plan is necessary to guide and focus our efforts, to provide a metric or standard by which efforts can be evaluated, and to recognize the accomplishments of those who have worked hard to execute the plan and to achieve tasks that have been identified as salient to the success and future of the Academy.

The intention is to operate by and execute a plan to increase the stochastic success of the Academy. Early in his presidency, Dr Mohammad R. Torabi asked me to chair a committee to develop a plan to help guide the Academy in the immediate future. I am indebted to the following individuals who generously volunteered their time to assist in the development of the plan: (a) Mohammad Torabi, who wrote an initial draft and who received input and feedback from prior presidents Robert McDermott, Elbert Glover, and Chudley Werch, and (b) Karen Liller, Dennis Thombs, and Terri Manning, who worked diligently on revisions. The initial draft of our report, "Future Directions for the American Academy of Health Behavior," will soon be presented to the Board for consideration and then distributed to the membership in some fashion.

In order to sustain and expand the national and international influence of the Academy, there must be a concerted effort to do the following:

(a) Focus on financial solvency and security of the Academy and

(b) Continue to concentrate on the development and dissemination of knowledge in health behavior.

Financial solvency is paramount to sustain and enhance any organization. It

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allows an organization to increase its influence by increasing the quality and quantity of the work it can accomplish. Financial solvency provides an organization the confidence to “position” itself and to declare and promote its distinction from other organizations. During the coming year, I am requesting that the Board devote the time and effort necessary to complete 2 major tasks: (A) a business plan that focuses on producing diverse income streams and (b) a plan and timetable for establishing permanent Academy administration. A business plan will help place the Academy in a better position to obtain such benefits as external funding and help the Academy become more self-reliant and self-sustaining. A business plan facilitates decisions about such issues as organizational structure and location and considering the best action steps for financial solvency. The goals I have set forth for my year as president mirror statements made by President Torabi¹ in his incoming presidential address. Like Dr Torabi, I hope that financial solvency becomes a reality for the Academy in the next 5 to 7 years, that we are closer to that goal at the completion of my term, and that future presidents of the Academy have the luxury of focusing on the pressing health behavior issues of our time, during our conference and as presented in this issue of the journal. The focus on financial solvency does not change the original commitment made by founders of the Academy to keep membership small, base membership on meritocracy, and consequently make belonging to the Academy prestigious, focusing exclusively on research and meeting in locations with unique venues. The focus on financial solvency and a business plan is to take full advantage of all economic and personal assets and to operate the Academy prudently.

These dual responsibilities of establishing financial solvency and providing a premier conference are momentous and currently require the will and full concentration and commitment not only of the Board, but also members of the Academy. Without a secure monetary base, the Academy is one poorly funded conference away from extinction or a serious setback that could potentially be fatal. The Academy will be successful if it can count on teams of people to share the workload equitably. The efforts of a few are insuf-

ficient to meet the challenges of the Academy both in the short and long terms. We have a talented Board and Academy members who are clearly willing to unselfishly give of themselves and their talents. My goal is to engender greater member participation as well as productivity of members of the Board. Many members have already “stepped up” to volunteer to help in whatever capacity they are needed. I encourage others to contact me, if they would like to be involved. Most want to contribute, to feel that they are contributing, and to experience the exhilaration of making a difference. Every Board member will be asked to chair a working group or ad hoc committee. In addition, every committee will have a charge, a set of tasks, and a timeline for completion of the tasks. This structure will move the Board more toward an executive model or a decision-making body and will provide an opportunity to develop and train a “farm team” by involving members who may wish to be future Board members.

I thank our 2 local conference hosts, Robert Valois and Bill Zimmerli, for their efforts to make the current conference a success and for doing all possible to make our stay here comfortable and enjoyable. Molly Laflin and David Seal have put countless hours into developing a program proposal for next year’s conference in Monterey, Calif. The conference will be devoted to the status and contributions of theories to health behavior research. The program should prove to be exciting, informative, and compelling presented against a beautiful backdrop of the Pacific Ocean, where on a clear day you can see across the Monterey Bay to Santa Cruz, where the wharf extends about a half mile out to sea. The Academy also is indebted to Ken McLeroy and Bruce-Simons Morton, who provided input about the proposal and offered many thoughtful suggestions.

There are additional people to whom I am indebted I want to thank. The danger in doing so is leaving someone out. At the head of list are Molly Laflin and Terri Manning. Molly and Terri have tirelessly given to the Academy and are always working quietly behind the scenes. If you have ever attended an Academy meeting, the successes of the conference and responsibility for logistical support have been shared by these 2 wonderful people. Terri has done a superb job as Executive Director in her paid, but almost exclu-

sively volunteer position. Bruce Simons-Morton is a consummate professional who is already doing an exceptional job as President-Elect. Dennis Thombs has marshaled and spearheaded the first Academy "white paper" titled "A Vision for Doctoral Research Training in Health Behavior: A Position Paper from the American Academy of Health Behavior," which is soon to appear in the *American Journal of Health Behavior*.² This has been a tremendous undertaking with great potential benefit for academic training units nationally and internationally.

I also would like to thank those who ran for Academy offices. The elections were very close. I am pleased to announce that 57.6% of the membership voted, which is on par with national percentages for US presidential elections. I also would like to welcome and congratulate our new Treasurer, Lorraine Wallace, and our new Delegate 2, Joan Cowdery. My commitment is to involve all those who ran for office and to encourage those not elected this year, to run again. As I can attest, the history of the Academy bears out that success comes to those who persist. I would like to thank Mark Kittleson for his "behind-the-scene" efforts in helping to operate an impartial election and all those who took time to provide feedback about the process.

I would like to thank Mohammad R. Torabi for his leadership, for all the time he spent on behalf of the Academy, and for personal monetary donations. I appreciate his support of all the members of the Board, especially me. Mohammad always goes beyond the call of duty. I am indebted to the Board members who have unselfishly donated their time, talents, expertise, and resources to serve the Academy.

I would like to recognize former presidents of the Academy Elbert Glover, Chudley Werch, and Robert McDermott. I appreciate their friendship and support, mentorship, wise counsel, continued contributions, dedication, and commitment to the Academy. I especially want to thank Elbert for his vision and financial support, without which the Academy would never have become a reality. It seems like yesterday when the inaugural executive committee consisting of Elbert, Chudley, Molly, and me met April 1, 1997, in Morgantown, WV to plan the first conference. It is hard to believe that the Academy has now been officially in exist-

ence for 7 years.

I would like to thank my wife, Jacquelyn K. Black, for restoring joy and happiness in my life and celebrating with me this opportunity to serve the Academy. I sincerely appreciate her unselfishness by allowing me the freedom to focus on the Academy and its contributions to ameliorating health behavior research and participating in the pedagogy of future generations of scientists.

A prior draft of the plan for future directions called upon the AAHB president to highlight major scientific research, directions, and steps for the Academy. I would like to start that tradition now. Research presentations at Academy conferences often focus on intervention research or testing the efficacy of an intervention. Currently, there is a debate about the merits of investigator-driven intervention research versus community-based participatory research. This debate would be a noteworthy topic for a white paper about the different types of information produced and the practical benefits. The information provided in this paper is not meant to "fuel" the debate or as endorsement or sanction for one type of research over another. I have been impressed by the fact that many of the issues confronting investigator-driven intervention researchers today are the same ones encountered nearly 3 decades ago when I was a doctoral student. Although it is doubtful that lessons learned in one area of research can be entirely applied or generalized to all areas of health behavior intervention research, the lessons learned that are listed in Table 1 may be useful as a checklist for consideration by investigators, as a means to generate further discussion, or perhaps as the basis of a future white paper.

Before focusing on Table 1, originally developed by Blue and Black,³ I would like to thank Carolyn L. Blue for her friendship, support, scholarly leadership, and dedication and for always being a consummate professional in pursuit of the truth and the betterment of science. The lessons learned evolved from an integrated review we conducted of 30 articles describing 17 interventions that focused on improving *both* physical activity and diet behaviors. Included in the table are 12 critical issues and suggested actions. Described below are selected lessons learned, and comments are presented

Table 1
Checklist of a Dozen Lessons Learned

Check	Issues	Actions
✓	1. Theory connected to program components and outcomes	Identify and express connection among theory, problem, definition, critical inputs, outcomes, and extraneous factors.
✓	2. The program and its components relevant to problem	The problem needs to be explicitly stated and addressed by the program and its components.
✓	3. Practicality and feasibility	Focus on intervention realism for implementation in “real world” settings by staff with multiple demands and responsibilities.
✓	4. Preference in change strategies	Participants decide on which strategies are suitable for them.
✓	5. Pedagogy	Concentrate on sound health pedagogy to focus on individual differences such as in mental age, learning styles, and literacy levels.
✓	6. Moderating variables and extraneous factors	Measure and report differential effects in performance of moderating variables or extraneous factors (eg, place, organizational settings, social circumstances, demographics, psychographics, cultural, and literacy).
✓	7. Recruitment, retention, intervention adherence, and relapse	Develop and report strategies effective for recruiting and retaining participants. Address issue relevant to adherence and directed toward the integrity and fidelity of the intervention and concentrate on relapse prevention strategies.
✓	8. Dose-response/strength	Identify and report components that are efficacious and how much is needed, how often, and for whom.
✓	9. Therapeutic index or safety factor	Measure and report positive and ill effects of the intervention.
✓	10. Process evaluation	Comprehensive assessment and reporting of issues to assess integrity and fidelity of the intervention as well as measures of behavioral, quality of life, and participant satisfaction outcomes. Address infusion of intervention to ascertain what was learned from program components.
✓	11. Dependent variables	Include measures that are reliable and valid and continue efforts to develop gold standards in assessments of dietary and physical activity behaviors.
✓	12. Sustaining intervention effects	Refocus on individual acceptance and intervention appropriateness.

Note.

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with the full realization that intervention research is extremely complicated and difficult to conduct under the best of circumstances.

The overarching lesson learned from the integrated review is to focus on process evaluation (internal validity) or to “decompose” interventions. According to Campbell and Stanley:⁴ “Internal validity is the basic minimum without which any experiment is uninterpretable . . .” (p. 5). None of the articles reviewed included process evaluation. Consequently, no information was reported, for example, about which components are effective, how much intervention is needed (ie, the dose-response relationship or biological gradient), for whom the program is most effective, or the untoward or negative effects of the intervention (see Black and Laflin’s⁵ interview of Robert S. Gold related to “therapeutic index” or safety factor). Another lesson learned was that investigators should explicitly identify a theory and use that theory to plan and implement the intervention as well as to explain the causal processes that mediate the connection between the intervention and outcomes. It also is important to state the behavioral problems to be modified and to target behaviors and be specific about interventions rather than provide a “smorgasbord” of techniques and constantly add to them in hopes of ultimately concocting a “powerful intervention.” An additional lesson learned was that if the ultimate objective is to implement interventions in “real world” settings, interventions must be practical, parsimonious, efficient, and exportable, and they must take into account the numerous demands of staff and clients. Interventions also need to follow sound pedagogical principles, and the educational process needs to be formalized according to clear statements pertaining to vision, mission, aims, goals, and learning and change objectives. Individual differences need attention as well in order to address differences in learning styles, cultural sensitivity, and change preferences. Other factors to take into account are moderating variables and extraneous factors and it is important to report interaction effects of moderating variables as well as subgroup analyses,

when possible. In addition, it is important to routinely report and measure recruitment strategies and procedures, retention, and program adherence and to enroll participants who potentially need the intervention the “most” rather than those who may change independently without intervention or devise a minimal intervention on their own. Another salient issue is to identify or develop relevant dependent variables to program goals and objectives that are more precise and can provide reliable measurement rather than rely on self-report measures that may be biased and psychometrically suspect. Last, there must be focus on designing sustainable intervention effects over long periods of time, which may be possible by taking into account the composite of the lessons learned as reported above.

I look forward to the year ahead, to teamwork to advance the Academy, and to working with stellar, talented people. The words of Gaius Valerius Catullus reflect my sentiments for the Academy, “May it live and last for more than one century.” I hope the efforts we initiate this year will help the Academy do just that, live long and be prosperous in the future.

Acknowledgments

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