
ViewPoint features candid conversations with prominent health behavior scholars. The column focuses on the human or interpersonal side of research and addresses such topics as how renowned researchers were initiated into the world of research, why they continue to do it, personal challenges encountered over the years, ingredients necessary to be a success as an investigator, key characteristics and qualities of inspirational mentors, sources of consternation, challenges that lie ahead, hot topics worthy of pursuit, and books and materials that are must reading. The intention is to share the viewpoints and thinking processes of our leading health behavior scholars. We hope that the column will be an inspiration to young and seasoned scholars alike.

Dr **Bruce Simons-Morton**, is Chief, Prevention Research Branch (PRB), Division of Epidemiology, Statistics, and Prevention Research, National Institute of Child Health and Human Development, National Institutes of Health, where he directs an intramural research group. The PRB program of research on adolescent health behavior focuses on 3 areas: (1) preventing motor vehicle crashes among young drivers, (2) preventing adolescent problem behavior, and (3) promoting family management of childhood injury and disease. He is the author of the textbook *Introduction to Health Education and Promotion*, second edition, and has published over 150 journal articles, books, and book chapters. Dr Simons-Morton is a Fellow and immediate past president of the American Academy of Health Behavior and the 2007 AAHB Research Laureate. Previously, he was chair of the Public Health Education Section of the American Public Health Association and vice president of the Society for Public Health Education. He was educated at the University of California at Santa Barbara, San Diego State University, University of Northern Colorado, and The Johns Hopkins University School of Hygiene and Public Health. Previously he held academic positions at Temple University, The University of Texas Medical Branch, and the University of Texas School of Public Health.

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Editors: Please describe your research focus and position at the National Institutes of Health (NIH).

Dr Simons-Morton: I am an intramural investigator at the National Institute of Child Health and Human Development, where I study adolescent health behavior. The Prevention Research Branch (PRB) that I direct has a dozen staff, including tenure-track investigators, postdoctoral fellows, research assistants, and a data manager. Our research focuses on 3 areas: adolescent problem behavior, young drivers, and family management of childhood disease. The PRB is one of only 2 intramural, population-based behavioral science research groups at the NIH. So my position and branch are relatively unusual at the NIH.

Editors: What is your specific role?

Dr Simons-Morton: As the chief of the Prevention Research Branch and a se-

nior investigator, I am responsible for developing and conducting a program of research on adolescent health behavior. Basically, my job is to manage our program, recruit and supervise staff, and maintain a productive program of research.

My position came about because the former director of my division, an epidemiologist, was given the title, Associate Director for Prevention. When he was appointed, he decided he needed somebody who actually knew something about prevention. He created the PRB and I was hired.

Editors: It's interesting that the decision to hire a behaviorist came from nonbehaviorists.

Dr Simons-Morton: Actually, it's not unusual; on the extramural side, there are lots of behavioral and social scientists who represent a very wide range of inter-

ests including anthropology, health education, psychology, and sociology. They provide consultation to university investigators planning to submit grant proposals, serve as project officers on funded grants, and have many other responsibilities.

Editors: *Is your competition for funds equivalent to those seeking extramural funding? Do you go through the same procedures?*

Dr Simons-Morton: The competition for contract funding is within my own institute. These funds are limited, but separate from grant funds, so I don't compete for funding with extramural researchers. About 90% of the program money at the NIH is devoted to extramural research (mostly in the form of grants to R1 institutions); and about 10% of the money is devoted to intramural research, most of which is for molecular biology, genetics, and other biomedical laboratories. Only a small amount is devoted to population research, most of which is epidemiology.

Editors: *Does your branch have a budget?*

Dr Simons-Morton: My branch has a reasonable budget for travel, operations, and pilot studies. However, we don't have sufficient money on an annual basis for large studies. For this we need to compete for contract funding, and this process is not dissimilar to the way university researchers compete for grants.

Intramural researchers like me conduct research and our productivity is carefully evaluated. We are reviewed by an outside group every 4 years, and these evaluations go a long way toward determining future funding. It is very much a merit-based system.

Most doctoral-level NIH staff are extramural, and their primary functions are to advise outside investigators and to serve as project officers for a portfolio of funded grants in their areas of expertise. One project officer might have dozens of grants, all having something to do with children and adolescents, but the grants might range from infants to college students or from clinical trials on drugs dealing with diseases to health promotion. They sometimes develop areas of special emphasis and publish requests for announcements (RFA), which are areas of designated research interest, but without specific set aside funding, and occasionally, requests for proposals (RFP), which generally have

a specific amount of money set aside to fund one or several proposals. They have many other responsibilities as well.

In contrast, my job is more like that of a university researcher. I develop study ideas, conduct pilot work, compete for funding, conduct studies, analyze data, and publish. For most studies, we use a competitive process to award contracts to university or consulting groups and enter into collaborations to conduct the research.

Editors: *How would someone find out about one of your contracts?*

Dr Simons-Morton: Government contract announcements are published in the *Congressional Business Daily* in advance of the deadline. I also notify researchers who are known to have the appropriate expertise because RFPs typically allow only 60 days to respond. An independent expert panel reviews the proposals. Next, we enter a negotiation phase with the groups that received the best score and finally make a selection and award the contract.

Editors: *How many studies are you involved in at one time?*

Dr Simons-Morton: I'm conducting a lot of studies. There are probably a dozen in process and at various stages. Typically, I like to have one large study ongoing in each of our 3 research areas and at least one in the planning stage, plus several smaller methods or pilot studies. Currently, we are conducting a particularly exciting study testing the efficacy of delivering a problem-solving intervention using college-age mentors to deliver an intervention to increase school commitment and to reduce aggressive behavior among inner-city middle school children.

Editors: *What is the likelihood of success for the intervention?*

Dr Simons-Morton: I think it has potential. It takes advantage of mentoring, which is a promising intervention delivery approach. We did an earlier study where we had master teachers provide one-on-one mentoring to sixth graders, which went very well. In the current study, we are trying to figure out how to use mentors in ways that could eventually be adopted more broadly.

Editors: *It sounds like feasibility and exportability of interventions are important considerations?*

Dr Simons-Morton: Yes! I like conducting efficacy trials, which to me means

creating theory-based innovative interventions and testing them under reasonably optimal conditions to determine whether the approach is worth evaluating further. But as Russell Glasgow points out, when you go from efficacy to effectiveness trials or diffusion dissemination trials, there is a lot that doesn't translate. A single efficacy trial doesn't tell us whether or not an intervention will perform well in different settings. We need more replication studies and small effectiveness trials and component experiments to figure out whether or not an intervention translates to practice and what the active components of the intervention are.

Editors: Please describe your young driver research.

Dr Simons-Morton: Young drivers have very high crash rates. Regardless of how much practice-driving novice drivers receive, the first months and years are dangerous. Young driver crash risk is particularly elevated under high-risk driving conditions, for example, with teen passengers and at night. It seems it takes months of independent, unsupervised driving for a novice to become a reasonably safe driver.

I developed the Checkpoints Program, which includes persuasive communications designed to increase adoption of the Checkpoints Parent-Teen Driving Agreement, and evaluated it in several randomized trials. These studies demonstrated that it is possible to increase parent limit-setting on high-risk driving conditions such as teen passengers and night driving during teens' first year of licensure. Now I am trying to learn more about the "active ingredients" of the program, the best means of delivering the program, and ways of improving effectiveness. I also have several studies ongoing that are designed to learn more about the nature of teenage driving risk.

Editors: How did the young driver research develop? What inspired you? What were your thought processes?

Dr Simons-Morton: I had conducted several injury prevention studies in the past and one of my postdoctoral fellows was interested in doing a study on novice teen driving privileges. We worked up a small survey and were surprised to learn how few restrictions parents placed on their newly licensed drivers. We did a prospective survey and got similar re-

sults. My fellow moved on, but I was intrigued; the more I learned about the topic the more I realized how little was known and that there was a dearth of relevant observational and intervention studies. I developed an initial study that turned into a series (we are conducting our fifth randomized controlled trial) of studies developing and evaluating the Checkpoints Program, which remains the only program of its kind with demonstrated efficacy. Meanwhile, I developed several observational studies to address the nature of teen driving risk. Research has shown that the risk of a fatal crash is higher for teens, but not adults, when passengers were present. I did a study where we positioned observers at the exit of area high school parking lots and found that in the presence of teen passengers teen drivers drove faster (radar gun) and followed more closely (video) than usual traffic. Now, I am conducting a follow-up study. I also have several other studies in progress designed to provide better information about the nature of novice teen driving risks. I have a terrific new postdoctoral fellow working with me on this research. Basically, the more I learned about the topic, the more I wanted to know. Starting on this line of research late in my career was a real advantage because I knew how to develop a program of research with each study developed incrementally and systematically on the previous study.

Editors: What excites you about research?

Dr Simons-Morton: There are 3 things. First, I really like the process of figuring out what are really good, testable, and important ideas. Second, I like the creative process of using theory to inform the development of interventions. Third, I like the "doing" part of research, obtaining resources, bringing together a team of investigators, developing a workable study design, creating the intervention, selecting measures, analyzing the data, and publishing the results.

Editors: What are your top priorities for future research in any one of the 3 areas of your research?

Dr Simons-Morton: Despite 30 years of research on this topic, I think there's still a lot we don't really understand about adolescent problem behavior. Proximal social influence is important area that has been well studied, but more research is needed on the nature of peer and par-

ent influences on adolescent behavior. I don't think we really understand the relative importance and interactive nature of socialization, selection, and social norm processes. We also don't really have a very good understanding of parenting adolescent youth, and we need to learn more about how to facilitate effective parenting during this period. More work also is needed on improving social context. It would make a big difference if we were able to improve schools and the relationships between teachers, teens, and parents.

As I said earlier, I have conducted several studies showing that teen passengers, particularly male passengers, increase the risky driving behavior of teenage drivers, particularly males. We need to learn more about how teen passengers influence risky driving. In general, we need to learn more about teenage driving risk. Currently, I am conducting the 40-teen Study in collaboration with investigators at the Virginia Tech Transportation Institute. We have instrumented the vehicles of novice drivers to evaluate their driving performance during the first 18 months of licensure. We're interested in learning how driving improves over time and how it varies in the presence or absence of teen passengers both at night and during the day.

Editors: *Is there anything you would like to add that might help us understand your approach to research at the PRB of the National Institute of Child Health?*

Dr Simons-Morton: There are 2 important threads that run through all of the research in my group. One is an emphasis is on adolescent development. Anyone who works with youth knows that they change rapidly and that boys and girls the same age are similar in some ways, but quite different in other ways. So I believe it is important to consider adolescent development issues in developing studies with adolescents. Second, I am interested in the role of parents and ways of improving parenting practices during the adolescent transition. Parents remain important influences on their adolescent children, but many parents fail to maintain the kinds of parenting practices that would protect their children from harmful behavior. For example, youth who believe their parents would be upset with them if they smoked are less likely to smoke. Almost all parents want their kids not to

smoke, and yet many fail to make that known regularly and explicitly.

Editors: *What are the key ingredients in good research?*

Dr Simons-Morton: Good research starts with good ideas. Good ideas come from having a thorough understanding of theory, the behavior and population of interest, and the research literature on the topic. Ideas need to be nurtured and tested in pilot studies and then in randomized trials. I think methodological rigor is absolutely important. Perseverance is required. Good collaborators and staff make all the difference.

Editors: *What type of training do you think students should seek in a doctoral program?*

Dr Simons-Morton: I think research experience is most important. Students should get involved in studies at various stages to learn about conceptualization, design, pilot work, data collection, data processing, analyses, and publishing. This is not to say that formal training is nor important. I recommend the thoughtful white paper on this topic written by a committee led by Dr Dennis Thombs entitled *A Vision for Doctoral Research Training in Health Behavior: A Position Paper from the American Academy of Health Behavior*, which was published in the *AJHB* and which can be found on the *AAHB* website.

Editors: *What course work would you recommend?*

Dr Simons-Morton: Course work on study design and statistical analyses is essential. Even though course work is wonderful, you really learn research (and most everything) mainly by doing.

Editors: *Do you think it's better to "drill deep" in a research area than to have "breadth"?*

Dr Simons-Morton: I think you have to have breadth before depth, but both are important. Typically, people in our field are concerned with big ideas like how to prevent adolescent problem behavior or prevent motor vehicle crashes among young drivers. While a broad understanding of these problems is required, they need to be broken down into smaller, researchable questions. I think one of the most important things faculty members, advisors, and mentors can do is to steer their students away from research that isn't manageable. Population research is terribly difficult, expensive, and time-consuming. Stu-

dents can learn a lot more and make valuable contributions, if the question is pared down to something meaningful but highly specific.

Editors: *You have been very prolific. When and where do you write?*

Dr Simons-Morton: I find writing to be hard work, taking lots of time (E.B. White in the *Elements of Style* says, "There are no good writers, only good rewriters"), so I make it a priority to write (or rewrite) every day. I set deadlines and strive to make them. I get to the office early and I stay late and I reserve one weekend morning for writing.

Editors: *Do you feel your life is well balanced between family and work?*

Dr Simons-Morton: Balance can be difficult. My wife, Denise, also is in a high-level position at the NIH with many responsibilities. Work is a very big part of our lives, but also we have active social lives. We both exercise regularly. We enjoy the many attractions and advantages of the District of Columbia. We have season tickets for a theater series. We enjoy independent movies; we travel. I think our lives are rich and full.

Editors: *You must be well organized to be so prolific.*

Dr Simons-Morton: I think productivity requires perseverance. When I was at the University of Texas, School of Public Health Center for Health Promotion Research, a sign was prominently displayed that read, "The study is not over until the papers are published!"

Editors: *Whose research do you admire?*

Dr Simons-Morton: I am impressed with the creative intervention research of Cheryl Perry and Alfred McAllister. I admire those who have developed sustained research programs on adolescent problem behavior prevention, people like Gil Botvin, Brian Flay, Steve Sussman, and Richard Catalano. I am impressed with Herb Severson's and Chudley Werch's brief interventions. I admire Tom Valente's work on social networks because he has figured out creative and useful ways of examining issues of diffusion with which I have long been fascinated. These are just a few of the people who come to mind.

Editors: *What journals do you repeatedly read for research ideas?*

Dr Simons-Morton: I rely primarily on literature searches on specific topics that cut across journals.

Editors: *What databases or indexes do you prefer?*

Dr Simons-Morton: The NIH subscribes to Porpoise, a service that provides me with the table of contents for new issues of selected journals and alerts me to newly published articles in specified areas.

Editors: *You received your EdD from Northern Colorado University (NCU). Please share why you elected an EdD versus a PhD or a DrPH degree.*

Dr Simons-Morton: Neither the PhD nor the DrPH was an option at Northern Colorado I went there at the last minute when I was offered a teaching assistantship. The health education program was located in a college of health, physical education, and recreation and was not research oriented. At the time, I wanted to be a college professor, which I thought meant teaching. I learned only enough about research to complete a dissertation, and I thought that was plenty.

My first faculty position was as an assistant professor at Temple University, where I served on the promotion and tenure committee. I learned that to be successful it was helpful to be of good character and a popular and capable teacher, but essential to be a noted expert and well-published researcher. I realized that I couldn't just set aside my dissertation and say, "Well, thank God that's over! I never have to do that again." When I started conducting independent research, I began to realize how poorly trained I was. After a few years, I went back to school for additional research training as a postdoctoral fellow. At Hopkins, I was immersed in research and surrounded by incredibly smart people. It was there that I honed my research skills.

Editors: *Are there people in your life that you count as mentors?*

Dr Simons-Morton: Absolutely. At San Diego State University, where I completed a master's degree, I started running regularly with one of my professors, Warren Boskin. It was from him that I learned to read broadly and apply outside ideas to health education. He got me to read and think about literature, philosophy, and science fiction. While running, we would discuss books and ideas of all sorts. As a postdoctoral fellow at Johns Hopkins, I had the good fortune to work with Tom Coates, the well-known HIV/AIDS researcher, who at the time was doing car-

diovascular risk prevention research. He had studied with Al Bandura, Carl Thoresen, and John Krumboltz at Stanford; and from Tom I learned how to apply theory in rigorous ways in the development of creative interventions and to be very careful about research methods. Guy Parcel, with whom I worked for 10 years, had a big influence on my life. From Guy, I learned a lot about how to be a good boss, how to be resourceful, and how to make good use of people's skills.

Editors: *What is the future of health education?*

Dr Simons-Morton: I think there's a case for optimism because of the growth in professionalism. Since I've been in health education and health promotion, the following have occurred: certification, standards for academic training, increased sophistication of professional organizations including the Academy, Society for Public Health Education (SOPHE), and the PHEHB section of the APHA. Also, there have been dramatic changes in the conceptualization of the field and the understanding of contemporary ideas such as the diffusion of innovations and social networks. There's great diversity of thought and exciting ideas being shared. When you go to a conference, you learn new things; and there are many exciting, thoughtful, talented, and committed people in the profession.

There also is cause for concern. I am impressed with how difficult it is to be a practicing health educator or an applied researcher. I am concerned that we are not recruiting enough good people and training them well enough. Funding and reimbursement for health education and health promotion is not secure. There's a lot of competition from people in other fields such as psychology. Professional preparation and research training in health education is just not as good as it could be or needs to be.

Editors: *Please share some of the achievements of which you are most proud.*

Dr Simons-Morton: I am very proud of my textbook, *Introduction to Health Education and Health Promotion*, which I coauthored with Walt Green and Nell Gottlieb. The book provided the chance to organize my thoughts about the nature of the profession. At conferences, students sometimes come up to me and say, "I would never have gotten through my doctoral orals if it hadn't been for your book."

I believe I have contributed meaningfully to the research on adolescent substance use. My program of research on young drivers is innovative and has advanced our understanding of the problem and aspects of its solution.

I'm very proud of having received the SOPHE Distinguished Fellow Award and the Academy of Health Behavior Research Laureate Award.

I am proud of my former students and postdoctoral fellows who have gone on to do great work.

Editors: *What brings you joy in life?*

Dr Simons-Morton: I have 2 wonderful children and a lovely, intelligent wife. They are priceless and more important than all else. I really enjoy the success of my past students and postdocs. I am a nationally ranked squash player in my age-group. It is a very fast game and I love the competition. While playing, I'm completely absorbed and not thinking about anything else, totally in the moment. I read a lot and could not imagine a life without books.

Editors: *How would someone get a postdoctoral position with you?*

Dr Simons-Morton: I am always looking for talented young postdoctoral fellows. The Intramural Training Award (IRTA) Postdoctoral Fellowship is described on the NIH website. Our postdocs serve as coinvestigators on our research teams and get terrific experience and opportunities to publish.

Editors: *What are the 2 or 3 defining moments in your life that are responsible for where you are today?*

Dr Simons-Morton: It was thrilling being a Navy pilot, but ultimately I realized I wanted to make a more important contribution with my life. Later, while waiting to go to law school, I took some classes at San Diego State University in the Department of Health Science and Safety that looked interesting; and that's how I discovered health education. By completing a postdoctoral fellowship at Hopkins, I developed my research skills, changed the direction of my career, and met my lovely wife, Denise; and nothing could beat that experience.

Editors: *If you could spend an evening with one person and that could be somebody from long ago in history or currently alive, who would that person be and why?*

Dr Simons-Morton: It would be wonderful to spend an evening with one of the

founding fathers, Ben Franklin, George Washington, or John Adams. If I could only pick one contemporary person, it would probably be Jared Diamond, the noted geographer from UCLA.

Editors: *What is a book outside of health education that you think everyone should read?*

Dr Simons-Morton: I recommend *The Tipping Point* by Malcolm Gladwell. It's about how small things make a big difference. It has a lot of applications to our profession. Politically, I would recommend Al Franken's *Lies and the Lying Liars Who Tell Them: A Fair and Balanced Look at the Right*. Also, I found Barak Obama's book, *The Audacity of Hope*, very inspiring. I highly recommend 2 books by Jared Diamond. In *Guns, Germs, and Steel*, Diamond explores the reasons (mainly geography and climate) why societies in the northern hemisphere developed more rapidly than societies in the southern hemisphere. If I had to recommend one book, it would be *Collapse* in which Diamond describes the rapid declines of centuries-

old civilizations caused by climate change, environmental degradation, war, and bad leadership. Does this sound eerily similar to modern society?

Editors: *If you couldn't be a researcher, what other profession do you think you'd like to try?*

Dr Simons-Morton: I think it would be fun to be a foreign correspondent, a movie critic, or a novelist. I really admire people who can write creatively to tell a story, while exploring socially relevant issues. It also would be fun to be the general manager of a Major League Baseball team.

Editors: *Do you have any regrets?*

Dr Simons-Morton: It might have been nice to have gone to better or different colleges than I did before I went to Hopkins. However, life is a journey over which you have only so much control. In hindsight you might say, "Well, I should have done this, I should have done that." We are all greatly influenced by events and timing outside our control, so what really matters is what you make of the opportunities that come along.