

# SOCIETY *of* BEHAVIORAL MEDICINE

*Better Health Through Behavior Change*

## **Board of Directors Minutes**

**Marriott Rivercenter**

**San Antonio, Texas**

**April 22, 2015**

### **In Attendance (alpha order)**

Monica L. Baskin, PhD – Membership Council Chair\*

Ellen Beckjord, PhD, MPH – Digital Health Council Chair\*

Elliot J. Coups, PhD – Member Delegate\*

Alan M. Delamater, PhD – Chair, Publications and Communications Council\*

Michael A. Diefenbach, PhD – Secretary Treasurer and Chair, Finance Committee\*

Paul A. Estabrooks, PhD – Health Policy Council Chair\*

Marian L. Fitzgibbon, PhD – Chair, Health Policy Committee

Laura L. Hayman, RN, PhD, FAAN – Chair, Awards Committee

Bradford W. Hesse, PhD – Communications Advisor

Lisa M. Klesges, PhD – President\*

Kevin S. Masters, PhD – Editor, *Annals of Behavioral Medicine*

Claudio R. Nigg, PhD – Council on Special Interest Groups Chair

Sherry L. Pagoto, PhD – Member Delegate\*

Lila J. Rutten, PhD - Chair, Program Committee

Rajani s. Sadasivam, PhD – Editor, SBM Website/Social Media Team

Sherri Sheinfeld Gorin, PhD – Chair, Scientific & Professional Liaison Council\*

William J. Sieber, PhD – Editor, *Outlook*

Bonnie Spring, PhD, ABPP – Editor, *Translational Behavioral Medicine*

Brent Van Dorsten, PhD – Chair, Revenue Enhancement

Kathleen Wolin, ScD – Co-Chair, Program Committee

Dawn K. Wilson, PhD – Past President\*

Amy L. Yaroch, PhD – Member Delegate\*

\* = voting member

Quorum = 6 voting members

### **Regrets (alpha order)**

Nicole Zarrett, PhD – Chair, Education, Training & Career Development Council\*

### **Staff (alpha order)**

Amy Stone – Executive Director

Tara Withington, CAE – Consulting Partner

## **MINUTES**

### **Call to Order**

Dr. Klesges called the meeting to order at 10 a.m. She reviewed the meeting agenda and asked if there were any requests to pull reports from the consent agenda; no requests were made. She then directed members' attention to the 2013 strategic plan, which indicates SBM should focus on finding new funding streams for members and the

society, increasing programmatic focus on digital health and big data as well as on new research methodologies; she noted that progress has been made on all fronts.

### **Conflict of Interest Disclosures**

Dr. Klesges called for conflict of interest disclosures; no disclosures were made.

### **November Board Meeting Minutes**

Dr. Klesges presented the minutes from the November 2014 Board of Directors meeting. Dr. Sheinfeld Gorin requested a correction, as yellow-highlighted below:

### **Scientific and Professional Liaison Council Report**

Dr. Sheinfeld Gorin reported that the Council continues to enlarge SBM's reciprocal relationships with a number of external scientific and professional organizations; these liaisons include conference presentations with the Society of Medical Decision Making (SMDM), North American Primary Care Research Group (NAPCRG), Cochrane Collaboration, ISBM, American College of Sports Medicine (ACSM), The Obesity Society (TOS), Public Health Law Research Group, and AMIA. In addition, we are developing joint policy briefs, position statements, and manuscripts with some of these groups.

**MOTION: Moved by Dr. Klesges and seconded by Dr. Diefenbach to approve the November 2014 Board of Directors meeting minutes as corrected. The motion carried.**

### **Consent Calendar**

**MOTION: Moved by Dr. Yaroch and seconded by Dr. Nigg to accept the April 2015 board reports from councils, committees, and publication editors except those submitted by the ETCDC Council, Publications Council, Governance Working Group and Revenue Enhancement Working Group, which will be reported verbally. The motion carried.**

### **Revenue Enhancement Working Group Report**

Dr. Van Dorsten explained that Dr. Klesges charged this working group with exploring new, untapped funding possibilities for SBM.

Working group members met several times throughout the 2014-15 SBM year, considering various options. After reviewing the strategic plan, group members noted that it emphasizes the importance of members' expertise and values influencing the emerging digital health industry, thereby ensuring that technologies emerge in a "right," evidence-based way. Throughout their discussions, group members considered whether relationships with industry might suggest or offer revenue opportunities noting that interest from the emerging digital health industry in members' research *is* growing. Many in this industry want to learn from SBM members' digital health research because results can inform product development and likely lead to technologies that increase consumer satisfaction and health. For their part, SBM members are interested in learning about technologies that can be employed in research and how they can be

used to prevent and manage risk factors associated with disease and poor health outcomes.

Although industry/SBM researcher relationships are already emerging, group members further reasoned that SBM could play a useful role in nurturing them in ways that are congruent with SBM's mission and values. To that end the working group is recommending that SBM develop a business plan for an SBM consulting enterprise that would serve SBM, industry, and patients ethically and well. Moreover, such an enterprise could serve as a revenue stream if industry, or, possibly, non member researchers, were willing to pay a service fee. The group further recommends that SBM ask a prestigious business school for assistance with formulating a business plan; a faculty person might regard the opportunity as a valuable graduate school class project. Several members of the working group have ties with business schools and could inquire as to receptiveness.

Since relationships with industry represent a culture shift for SBM, Dr. Klesges asked board members to break into small groups, discuss, and report back on three items: SBM's core values that should undergird relationships with industry; how relationships could benefit SBM and its members; and areas of caution.

Report results appear below:

#### Core values

We must protect our integrity by ensuring

- transparency at all levels
- equitable, inclusive, and multi-disciplinary opportunities
- that science/evidence is embedded into products
- a focus on patients
- that industry understands and values behavior change, the scientific research process, and research evidence; a tension exists between the scientific process and product development/launch process; they're fundamentally different and absent mutual understanding and respect, relationships can go awry
- that we approach relationships with more in mind than monetary yield; relationship bench marks should include prevention across the life course; wellness or optimal health; optimizing outcomes for multiple stakeholders, including industry, payers, professional organizations; and sustainability
- that products reach the under served
- that relationships and the technologies they lead to are sustainable

#### Benefits

Could:

- facilitate translation of evidence into practice and policy
- facilitate members' access to useful proprietary data
- help ensure that digital health products are evidence based
- broaden members' expertise and knowledge areas; e.g., open a window into how industry manages population health
- make SBM more nimble and relevant
- draw attention to SBM, including its focus on translation and its journals
- help members network and compete in the entrepreneurial world, thereby creating new career opportunities

- increase our repository of evidence-based practices
- help create a learning systems environment

#### Areas of caution

- science could be undermined
- our mission could shift, or “creep”
- SBM could be perceived as being too closely aligned with industry; the enterprise could be perceived as an endorsement of products made by industries with which consulting relationships are established
- we might incur legal costs
- members might object to relationships
- an enterprise could create competition among members
- members might face conflicts of interest created by their affiliations with their institutions or other organizations
- creating an enterprise could require extensive SBM resources, possibly more than warranted
- unanticipated “land mines” or unintended consequences

**MOTION: Moved by Dr. Klesges and seconded by Dr. Diefenbach to explore possibilities for engaging a business school and our members in developing a digital health consulting enterprise business plan. The motion carried.**

#### Finance report

Dr. Diefenbach reported that the Audit Committee, which comprises non board members, recommends that the board accept the 2014 SBM audit, conducted by an independent audit firm (not by EDI). He then reviewed the March 2015 SBM financial statement. Dr. Diefenbach said SBM is in very good financial shape; with reserves of ~\$900,000 the society could operate for one year without any income, a goal we have been striving for. That said, he noted, resources are always needed to launch new programming and in order to do that *and* continue increasing reserves, we must develop additional funding resources. The SBM budget is a sensitive one, he explained; primary revenue streams – investment earnings, membership dues, and annual meeting revenues, which include the NIH conference grant – are subject to vicissitudes outside our control. The NIH conference grant revenue, in particular, is far from guaranteed and without it, the income from an annual meeting declines, sometimes significantly. Diversifying funding streams could help stabilize the budget.

**MOTION: Moved by Dr. Diefenbach and seconded by Dr. Estabrooks to accept the 2014 SBM audit. The motion carried.**

**MOTION: Moved by Dr. Diefenbach and seconded by Dr. Yaroch to approve the March 2015 financial statement.**

#### Continuing Education report

Dr. Diefenbach explained that although annual meeting attendees purchase continuing education credits, credit revenues consistently exceed SBM’s costs for providing them. Factoring in staff time and payments to our continuing education vendor, we spend

~\$50,000 annually; annual revenues average about \$15,000. About 12% of attendees purchase and claim credits. Given the financial implications and the relatively low number of meeting attendees who claim credits it was decided to survey previous attendees who claimed credits, to better understand their importance. A survey was sent to all 412 attendees who claimed credits for sessions at the 2012, 2013, and 2014 meetings; 121 attendees responded to the survey.

In response to the question “How important are CE credits in your decision to attend SBM’s Annual Meeting?” 38% responded “extremely important”; 30% responded “Very important”; 21% responded “Moderately important”; 9% responded “A little bit important”; and 2% responded “Not at all important.” The survey also asked the maximum amount attendees would be willing to pay for credits; 21% would pay a maximum of \$59 (the 2015 rate); 31% would pay \$80; 32% would pay \$100; 3% would pay \$125; 6% would pay \$150; and 6% would pay \$200.

A discussion then ensued as to the importance and value of offering continuing education credits and whether SBM should continue or discontinue the practice. It was agreed that offering credits acts as an imprimatur, conveying SBM’s legitimacy and prestige. Moreover, by awarding six credit types (to certified health education specialists, dietitians, nurses and nurse practitioners, physicians, psychologists, and public health professionals) our continuing education program conveys that SBM is a multi-disciplinary organization. Clinicians in particular need credits and given the importance of attracting and retaining clinician members, the practice is important. It was mentioned that psychologists need credit for ethics courses so SBM should explore offering them.

It was decided to continue offering continuing education credits, better market the opportunity, and increase the cost.

### **Governance Working Group report**

Dr. Knight presented an addendum to a governance report that was presented to the board in November 2014. The addendum provides greater detail on the action steps needed to implement the Governance Working Group’s recommendations.

Dr. Knight noted that in looking at SBM’s overall governance structure and processes, her group considered that structure and process are insufficient for strong governance; ethics and values must also come into play; without them, organizations can fail. It’s important to create room or opportunities and processes that allow for dissent. Checks and balances can help ensure reflection and critical thinking.

Dr. Knight then reviewed each recommendation as follows:

#### **Recommendation 1: Roles and Functions of the Executive Committee Members.**

To ensure a strong Executive Committee that welcomes and engages in difficult discussions and provides checks and balances, at least one Executive Committee member – possibly the Past President – will need to champion this role.

#### **Recommendation 2: Continuity of Presidential Initiatives**

Questions of continuity and impact will need to be evaluated and reviewed annually.

### Recommendation 3: Coordination of Councils and Committees

Re-formatting the reports that committees and council submit to the board could help ensure coordination.

### Recommendation 4: Alignment of Councils and Committees with Strategic Directions

Each committee and council needs to be given a charge that aligns with strategic directions or other core programs/initiatives.

### Recommendation 5: Attention to Outcomes

The charge needs to either include outcomes or an expectation that the committees/councils will identify and report on them.

### Recommendation 6: Integration of Member Interests

On an ongoing basis, the board needs to have systems and strategies in place that identify member interests and trends in the field and also communicates the board's responsiveness as well as emerging directions, programs, and initiatives.

Dr. Knight then asked board members to identify their highest priority recommendations and how governance changes could empower them to better serve the field and SBM.

Responses included:

- Improved coordination of council and committee activities
- Creating a more robust communications' infrastructure that would allow for improved, more efficient and timely communication
- An annual strategic orientation and progress updates
- Determining how to better engage the energy and creativity of the SIGs

### **ETCD report**

Dr. Zarrett was unable to attend the board meeting; in her stead, Amy Stone asked board members to consider whether it would be appropriate or effective to require volunteer service from Fellows, i.e., to make SBM service a condition of fellowship because, for example, it is sometimes challenging to identify Fellows who are able to serve as poster mentors. Because the status of Fellow is honorific, board members agreed that it would not be appropriate. Instead it was suggested that by better recognizing Fellows for their service we might see an increase in service participation.

Other suggestions for Fellow recognition include a "Fellows Meet-Up" at the annual meeting; creating a regular communications mechanism with Fellows that solicits their ideas and input related to SBM activities, programming, and initiatives.

### **Springer Publications report**

Ms. Janice Stern reported that Springer is:

- merging with McMillan
- now registered with Cross Check, a pilot program that allows articles to be checked for plagiarism; the program also allows authors to be notified when their article is cited

*Re TBM:*

- Abstracted in PubMed Central; will soon re-submit application for PubMed indexing and we should receive a response within six months.
- PFD downloads/usage still proportionately high

*Re Annals:*

- Chris France's team is still filling issues.
- There were a few bumps with the editorial manager system but they have been worked out

**Annals report**

Dr. Masters reported that his new team is on board and he will be able to fill issues with a backlog of submissions. As noted by Ms. Stern, some editorial manager processes have been slow but improvements are being made. More reviewers are needed and he welcomed the suggestion to reach out to Fellows for that purpose.

**TBM report**

Dr. Spring reported that the journal is doing well; the acceptance rate is down, i.e., the journal is now able to be more selective. There will be two special sections in upcoming issues, one focused on social media and one focused on translation. An international associate editor is now on board.

Dr. Delamater reported that Dr. Marc Gellman is looking for associate editors for an online update of the Encyclopedia of Behavioral Medicine. In particular, editors are being sought for sections on aging, nursing, sleep, and behavioral economics.

**Outlook report**

Dr. Sieber reported that he has been working with SIG contributors to enrich their submissions, which, in turn should stimulate interactivity among SIGs.

**Website/social media report**

Dr. Sadasivam noted that the number of SBM's LinkedIn subscribers has increased. He will be adding a student member to the website/social media team.

**Annual meeting report**

Dr. Rutten presented a brief overview of the meeting's sessions and reported that attendance numbers are healthy.

The meeting adjourned at 2:36 p.m.