

Board of Directors Meeting Minutes

Wednesday, March 6, 2019, 10 a.m. – 3 p.m. ET

Kalorama Room, Washington Hilton, 1919 Connecticut Ave NW, Washington, DC, 20009

IN ATTENDANCE (ALPHA ORDER)

Elva M. Arredondo, PhD Member Delegate*	Amy Huebschmann, MD Chair, Education, Training, and Career Development Council*	Rajani S. Sadasivam, PhD Editor, Website/Social Media
Gary G. Bennett, PhD Immediate Past-President; Chair, Nominating Committee*	E. Amy Janke, PhD Chair, Scientific and Professional Liaison Council*	Margaret Schneider, PhD Member Delegate*
Joanna Buscemi, PhD Chair, Health Policy Committee	Robert M. Kaplan, PhD Chair, Awards Committee	William J. Sieber, PhD Editor, Outlook
David E. Conroy, PhD Chair, Publications and Communications Council*	Scherezade K. Mama, DrPH Chair, Membership Council*	Monica Wang, PhD Chair, Civic and Public Engagement Committee
Michael A. Diefenbach, PhD President-Elect*	Suzanne M. Miller, PhD Editor, Translational Behavioral Medicine	Sandra J. Winter, PhD, MHA Secretary/Treasurer and Chair, Finance Committee*
Marian L. Fitzgibbon, PhD Chair, Health Policy Council*	Sherry Pagoto, PhD President*	Amy L. Yaroch, PhD Chair, Development Committee
Brian D. Gonzalez, PhD Chair, SIG Council*	L. Alison Phillips, PhD Co-Chair, Program Committee	
Eric Hekler, PhD Chair, Program Committee	Lila J. Rutten, PhD, MPH Member Delegate*	

* = voting member; quorum = 7 voting members

REGRETS (ALPHA ORDER)

Heather Cole-Lewis, PhD Chair, Digital Health Council*	Kevin S. Masters, PhD Editor, Annals of Behavioral Medicine	
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STAFF AND GUESTS (ALPHA ORDER)

Monica L. Baskin, PhD Chair, Diversity Leadership Working Group	Joost Dekker, PhD Member-at-Large, International Society of Behavioral Medicine	Sherri Sheinfeld Gorin, PhD Chair, Ethics Working Group
Lindsay Bullock Executive Director	Luke Driscoll Managing Director, CCS Fundraising	Tara Withington, CAE Consulting Partner, SBM
Robert Carroll Media and Member Communications Manager	Frank J. Penedo, PhD Past President, International Society of Behavioral Medicine	
Cynthia M. Castro Sweet, PhD Representative, Digital Health Council	J. David M. Rozsa, CAE, ACA CEO, Metacred	

CALL TO ORDER AND CALL FOR DISCLOSURES

The meeting was called to order at 10 a.m. ET. No conflict disclosures were made.

CONSENT AGENDA

MOTION: Dr. Janke moved to approve the November Board meeting minutes and all council/committee/SIG reports. Dr. Gonzalez seconded. The motion carried.

OVERVIEW OF THE “WHAT SBM MEANS TO YOU” PROJECT

Dr. Hekler presented a special anniversary feature for the SBM Annual Meeting. This year, meeting attendees will be encouraged to write a few words about what SBM means to them on a provided notecard and then tack their response to a community bulletin board. The bulletin board will be viewable to the public during the entirety of the meeting. To jumpstart the project, Board members will pin their own words to the bulletin board prior to the Board meeting lunch break. The bulletin board will then be presented in the main meeting space.

OVERVIEW OF FUNDRAISING FEASIBILITY STUDY REPORT

Mr. Driscoll presented the fundraising feasibility study results. In summary, the study concluded that fundraising on a large scale was not feasible for SBM at this time, but SBM could be successful with smaller, more targeted campaigns. The survey results indicate a high level of support and respect for the organization, and a willingness to give smaller or undecided amounts. 84% of members surveyed support more public-facing initiatives, and a majority agreed that the timing for fundraising was right, and considered the society to be at an inflection/pivot point. However, members surveyed expressed concern that fundraising was not part of the societal culture, and that the purpose for fundraising lacked specificity, and they were confused as to where the money would come from. They also expressed concern over accepting donations from companies or organizations that act contrary to SBM’s message. Many surveyed did not believe they have the contacts necessary to solicit donations from large donors or organizations. Some members wondered if the membership dues should be increased rather than asking for donations on top of dues. When asked what they would like the fundraising to be used for, communications tested highest at 86%.

Mr. Driscoll provided the following recommendations:

- Leadership must work to develop a culture of philanthropy within the society.
- Board members must be educated on their prospective roles, which would include leading by example.
- Initial fundraising efforts should focus on specific areas and deliverables that tested high--communications tested highest at 86%.
- SBM members should begin fostering relationships with corporate and foundation partners.
- Leadership should engage volunteer leaders within the society, and ask them to serve expanded roles. A major task of the expanded roles would be to cultivate relationships with potential funders.
- Leadership should review and evaluate the society’s fundraising progress in the fall of 2020.
- Leadership should evaluate conflicts of interest when seeking money from industry sources.

Mr. Driscoll interviewed four corporate partners. Their responses were considered important because companies provide most of the funding for associations. Companies contribute 80% of funding for associations, compared to 5% for non-association fundraising.

What do companies most often fund?



- Scholarships
- Research
- Training/leadership development

Mr. Driscoll stressed that while SBM should definitely pursue corporate funding, the society doesn't want funders to dictate how the money is used, nor should they allow funders to steer societal engagement. Fundraising should be about a shared interest to problem solve or advance initiatives. Funding should not be seen as buying equity.

Mr. Driscoll laid out the potential roles of the Board in regards to fundraising:

- Endorse the program and lead by example—donate.
- Open doors for possible funders and endorsing partners. Encourage membership to do the same.
- Participate in meetings and events outside of the society. These are great opportunities to connect with funders outside the organization. This will also increase the society's visibility in the funding arena.

In conclusion, Mr. Driscoll recommended that SBM focus on smaller, more focused campaigns initially to help create a "culture of philanthropy" in the organization.

Some Board members noted concern that the study focused too much on SBM membership, and not enough on non-members. Others shared concerns that publishing revenues might dry up in the near future due to expiring contracts and open science. Therefore, SBM should be pursuing alternative revenue streams now. Some also noted that pharmaceutical companies are big donors, and suggested that the society not shy away from them.

DECIDED BY CONSENSUS: Approve building an SBM culture of giving internally and externally.

AWARDS UPDATE

Dr. Kaplan proposed new awards for health policy work and science communication. Dr. Pagoto announced that she will fund the science communication award. She will contribute \$500 a year to the winner. The award will be called the "Leading the Narrative Award."

Dr. Kaplan announced Awards Committee changes to the awards nomination process for the 2020 awards cycle:

- The Awards Committee will work more closely with ETCD.
- The second nomination letter will now be optional. Often times, the second letter does not add much new information, but it does significantly increase the burden, and the barrier to entry. The barrier to entry should be lower.
- A bylaw change will allow a larger number of Awards Committee members, starting this year. This increase in committee membership is necessary to accommodate the increased workload.

MOTION: Dr. Bennett moved to approve the new SBM awards (Leading the Narrative and Health Policy Advocacy). Dr. Conroy seconded. The motion carried.

MEMBERSHIP COUNCIL SURVEY PANEL

Dr. Mama presented Membership Council's proposal for an SBM survey panel. The panel will be composed entirely of SBM members, and it will be tasked with answering council/committee surveys on a variety of topics (e.g. societal initiatives, membership changes, etc.). The group will consist of 10-12 members. The members will be diverse in age, gender, race, career stage, etc. They will meet twice a year, once virtually prior to the fall Board meeting, and once in person at the SBM Annual Meeting. There will be no monetary compensation for the group members, but they will be gifted a complimentary luncheon at their business meeting

during the SBM Annual Meeting. Dr. Mama proposed that the SBM Champions serve as the survey group. Member delegates will also serve on the group.

MOTION: Dr. Gonzalez moved to approve the creation of the survey panel. Dr. Conroy seconded. The motion carried.

OVERVIEW OF MICRO-CREDENTIALING FEASIBILITY STUDY REPORT

Mr. Rozsa presented the micro-credentialing feasibility study results. The study concluded that an SBM micro-credentialing program would be successful. The study predicted that the SBM program would become profitable much quicker than most micro-credentialing programs. A majority of people surveyed were in favor of implementing a micro-credentialing program, and a majority were also in favor of an accelerated timeline for implementation.

Projected users of the program exclude SBM members. Projections focused on healthcare professionals, people working in digital health, and industry professionals, among others. Of the employers surveyed, 94% would be more likely to hire a candidate if the candidate possessed the credentials offered by the prospective program.

Members are typically conservative about offering credentialing outside the organization, but SBM responded counter to that, and many were in favor. However, members want the difference between those credentialed and those with PhDs in the field to be sufficiently articulated.

According to Mr. Rozsa, 50 respondents wanted to see a credential offered to address behavior change theory and its implementation/methodology. SBM should not offer credentialing in big data analytics or motivational interviewing due to existing competition or other concerns.

Mr. Rozsa identified eight competitors. Four of the eight are internet-based, and lacking reputation. The competitors mostly offer credentialing in long-term behavior change science and behavior change implementation science.

Mr. Rozsa presented his firm's financial projection for the prospective program:

- Price equals perceived value.
- If the program is priced too low, applicants will view it as having little value.
- If the program is priced too high, your target audience could potentially be priced out.
- Micro-credentialing gamifies the education process. Credentialing can become addictive, which helps the program grow. Many participants who complete one credentialing program will come back to complete more.
- The revenue projection assumes that SBM members will get a discount.
- As an added bonus, SBM membership could see an increase if micro-credentialing participants become members in order to get the discounted rate for the program.
- A conservative projection, assuming a member rate, 3-pack as the standard purchase foresees:
 - A self-sustaining program in year 2. Programs usually take 3-5 years to become self-sustaining.
 - The program recouping its initial investment cost in year 3. Programs usually need 5-7 years before they recoup their initial investment.
- SBM would need to invest \$100,000 before the program is self-sustaining.

Mr. Rozsa believes that the program could be a great success with personal trainers, UX designers (user experience designers), and dieticians. In conclusion, Mr. Rozsa recommended that SBM create and implement a micro-credentialing program. Mr. Rozsa stated that Metacred advises against implementing a program 33% of the time.

Mr. Rozsa's revenue projection assumed a \$9,000 marketing spend. This number concerned the Board, as many felt it was far too low, and therefore skewed the projection. Mr. Rozsa explained that "marketing dollars spent" does not equate to success. He believes that many great marketing tools are available for free, and suggested they be taken advantage of.

Mr. Rozsa's revenue projection assumed a 5% royalty for all members who helped develop the program.

The projection recommends offering 6 micro-credentials in year one: 3 micro-credentials for digital health, and 3 micro-credentials for allied health.

The certificates do not expire, but credentials can be timestamped to show the age of the training. Credentialed users will want to return to get the updated credentials with the more recent timestamp. In essence, they become repeat customers. Digital badges are used to validate and authenticate the recipient's training, and to protect against forgery and fraud.

Mr. Rozsa assured the Board that the program would clearly communicate that what is offered is a credential, not a certification.

DECIDED BY CONSENSUS: Initiate an RFP process for micro-credentialing program development.

GENOMICS WORKING GROUP REPORT

Dr. Arredondo presented her report on the Genomics Working Group. According to Dr. Arredondo, many members were initially confused about the connection between genomics and behavioral medicine. However, it was eventually decided that behavioral science was not only relevant, but important to the development of genomic research, and it was agreed that a voice was needed at the table. In response, bi-directional learning was suggested. Genomic workers need input from behavioral scientists, including clarification on how to best implement the science into genomics, and behavioral scientists can use advances in genomics to add dimension to their existing behavioral models and studies. The working group completed several projects including a systematic assessment with findings submitted to TBM, and conference sessions.

Dr. Arredondo proposed to sunset the working group, but suggested that a genomics liaison be appointed to SPLC. The council, with the help of the liaison, will continue the working group's efforts.

MOTION: Dr. Mama moved to sunset the working group and to appoint a genomics liaison to SPLC. Dr. Diefenbach seconded. The motion carried.

DIVERSITY LEADERSHIP WORKING GROUP REPORT

- Dr. Baskin presented the Diversity Leadership Working Group report. The group has accomplished most of its original goals, including encouraging diversity in SBM elections and awards, having councils and committee regularly report on their diversity, having a group member join the Mid-Career Leadership Institute Steering Committee, and having the Board formally adopt a diversity policy.

Remaining goals are (1) encouraging members to complete their demographic information to allow better tracking of diversity (this was postponed due to changing privacy laws but could be accomplished by the Membership Council); and (2) creating a diversity leadership workshop for early-career members (Dr. Baskin shared a formal proposal for this workshop and ETCD Council is interested in spearheading it).

MOTION: Dr. Mama moved to approve a one-day early-career diversity workshop at the 2020 SBM Annual Meeting. Dr. Janke seconded. The motion carried.

MOTION: Dr. Pagoto moved to sunset the diversity leadership working group, and to fold the remaining work into Membership and ETCD councils. Dr. Diefenbach seconded. The motion carried.

ETHICS WORKING GROUP REPORT

Dr. Sheinfeld Gorin presented her proposal to turn the Ethics Working Group into an official Ethics Council, which would include a Board seat for the chair. As a council, the group would develop ethical guidelines for behavioral medicine research and practice, particularly regarding advances in technology (e.g., digital privacy, unethical data mining via social media). The group would advise members on these issues and serve as an oversight body.

Dr. Sheinfeld Gorin presented the working group's accomplishments to date:

- A review of conflict of interest forms.
- A review of conflict of interest challenges.
- Procedural guidance for the Board.
- Educational sessions presented at the 2018 and 2019 SBM Annual Meetings.
- A review of the codes of ethics from outside organizations (e.g. APA, AMIA, etc.).

Dr. Sheinfeld Gorin presented a set of proposed next steps if the group were to become a formal council:

- Develop a set of core values. The core values will need a consensus, and approval from the Board. They will become the foundation of the proposed ethics guidelines.
- Develop ethics guidelines in conjunction with the Board, and perhaps by relying on member focus groups and surveys.
- Continue to offer support and guidance to the Board on ethical issues.

Board members questioned why SBM should enforce research ethics when SBM is an outlet for presentation and does not perform or fund research.

SBM bylaws already allow the expulsion of members due to misconduct, for which the Board has jurisdiction.

MOTION: Dr. Conroy moved to sunset the Ethics Working Group. Dr. Diefenbach seconded the motion. The motion carried.

PROGRAM COMMITTEE REPORT

Dr. Hekler reported a \$70,000 increase in sponsorship revenue, and commended the acquisition of a diverse speaker group. The committee developed a 40th anniversary welcome reception for the 2019 meeting, and adjusted Saturday's business meeting to start later and include a presidential meet and greet. Saturday will be open to the public, but due to lack of initial interest, the health fair has been cancelled. Breaks between sessions have been increased from 15 minutes to 30 minutes as a way to encourage more networking between sessions.

ISBM UPDATE

Drs. Penedo and Dekker presented to the Board their vision for the future of the International Society of Behavioral Medicine (ISBM), and ways that SBM can help.

- ISBM is currently in communication with 28 global societies.
- ISBM is now incorporated in the United States. They are currently seeking non-profit tax status.
- The society is putting great emphasis on the collaboration between multi-disciplinary fields. They are actively facilitating international collaboration.
- They have begun to engage SBM members who are interested in global health.



Board members suggested SBM continue its 2020 Annual Meeting programming at the ISBM conference in Glasgow, Scotland, later that year. This would be an incredible joint effort that would help advance both domestic and international perspectives. Dr. Penedo stated that the program for the next ISBM meeting is currently being developed, so it is a good time for SBM to develop continued programming that would start in San Francisco and end in Glasgow.

STAFFING CONSIDERATIONS

A discussion of increased staffing was tabled until more is decided about Development Committee and Micro-credentialing Subcommittee future needs.

BOARD CONFERENCE RESPONSIBILITIES

Ms. Bullock encouraged Board members to think of themselves as SBM ambassadors and make a point to promote SBM, welcome new members, thank exhibitors, and attend special sessions like the anniversary kickoff, supporter reception, and business meeting. Dr. Pagoto thanked the Board for their service and specially acknowledged the departing Board members.

ADJOURN

The meeting adjourned at 2:55 p.m. ET.

Minutes submitted by R. Carroll on March 22, 2019.