SIG Council Conference Call
MINUTES
Wednesday, November 15, 2017
9 a.m. HT/12 p.m. PT/1 p.m. MT/2 p.m. CT/3 p.m. ET
Call in number: 1-800-377-8846 Access Code: 89250669#

In Attendance
Amanda N. Szabo-Reed, PhD – Aging
Neha Gothe, PhD - Aging
Lisa Cadmus-Bertram, PhD – BIT
Manal Alabduljabbar, PhD - BIT
Barbara Andersen, PhD – Cancer
Shawna Ehlers, PhD - Cancer
Pamela Behrman, PhD – CFH
Natualiya Zelikovsky, PhD- CFH
Elizabeth Beverly, PhD – Diabetes
Allyson Hughes, MA – Diabetes
Jennalee Wooldridge, MA – Diabetes
Betina Yanez, PhD – EMMH
Sagina Ford, PhD – EMMH
Robert Newton Jr., PhD – EMMH
Heather McGinty, PhD – EBBM
Jennifer Funderburk, PhD– IPC
Aisha Langford, PhD- HDM
Megan Oser - HDM
Kathryn Hoerster, PhD– MVH

Welcome to SIG Council
Dr. Graves welcomed the group to the call and announced there was a special guest on the call, Dr. Gee from APA Division 38.

Social Media Best Practices
Dr. Gee, chair of APA Division 38’s Social Media Committee joined the group to discuss how they have been successful with APA’s social media accounts.

The structure of their Social Media Committee is as follows:

- 8 committee members
  - 4 who work with Twitter and Facebook
  - 4 work on LinkedIn
  - Each member gets one week per month to handle posting

- Posting frequency goals:
  - Two to Three times per day with Twitter and Facebook
  - Once per day for LinkedIn

Dr Gee also explained their content guidelines stating that they try to post a broad variety of information with the goal being to post anything pertaining to health psychology. They also try to post popular news articles on the topic where appropriate. She noted that they are very careful to keep all posts neutral, staying away from controversial or political topics or promoting any materials or products.

Allyson Hughes then presented on how to interpret Twitter analytics (see PowerPoint attached to call reminders).

SIGs and Social Media Webinar
Allyson Hughes stated that the SIGs and social media working group is planning to hold a webinar about using social media for personal and program promotion. They welcome any collaborators.
Dr. Cadmus-Bertram indicated that the BIT SIG would have members interested in collaborating on this webinar.

**Student Liaisons**

Manal Alabduljabbar, BIT SIG Co-Chair and Student Liaison, spoke about her involvement with the BIT SIG.

She talked about the BIT SIG’s 5 for 5 initiative on BIT SIG calls where members can present their research in a 10 minute session on their conference call. She also mentioned that she had interviewed a faculty and industry member for an *Outlook* article that was published in the fall issue. Finally, she talked about her involvement in conducting a survey of SBM members to determine what activities they would like to see from the BIT SIG. Manal Alabduljabbar will be back to give a recap on the results of this survey once they are in.

- Dorothy McLeod Loren, Student SIG Chair, talked about the Student SIG side of the Student Liaison process. She said that Student Liaisons give them a “lifeline” to each of the SIGs that have them when planning events. They also help them to stay involved with each of the SIGs.

Dr. Cadmus-Bertram, BIT SIG Co-Chair, stated that having Manal Alabduljabbar as a Student Liaison has been very helpful to the SIG. She said that it gives a voice to students in the SIG and helps them to become involved in more activities.

Dr. Mielenz asked about the length of term for Student Liaisons and if any of the SIGs had a good process for obtaining a new liaison when necessary. Dorothy McLeod Loren responded that there is no official term length for Student Liaisons but that keeping it to one year if possible allows other students to get involved. She also indicated that most SIGs solicit liaisons through their SIG listservs.

**Population Health Sciences SIG Presentation**

Dr. Smith re-introduced the SIG as a forum for behavioral researchers interested in or engaged in research focused on multiple determinants of health with an emphasis on social, environmental and organizational influences on health and health-related behavior. Broad areas of research may include but are not limited to the following: translational research focused on developing real-world solutions and policies to improve population health; research focused on informing public health efforts with behavioral science; and secondary analysis of public data resources to examine trends in population health by geographic regions, population subgroups and other socio-environmental factors. Said research may aim to strengthen community data and research capacities, leverage existing healthcare delivery and public health systems and public data resources to build an evidence base to inform efforts to protect health across the nation.

She mentioned that they are a newer SIG, having been formed in 2012. Their activities for the year are as follows:

- An *Outlook* article that was published in the fall issue
- An annual membership survey
- A Breakfast Roundtable at AM18
- Co-sponsorship of a Midday Meeting with Dr. Buscemi on health policy briefs
- A session on leveraging social media to impact public health
- Want to obtain a Student Liaison
- Working to implement a new leadership structure:
  - Current Chair
  - Incoming Chair
  - Past Chair

Dr. Smith mentioned that they had done some analysis of cross-membership between their SIG and others and they found that they have significant overlap with the following SIGs:

- EMMH
- MHBC
- TTBCI

**Physical Activity SIG Presentation**

Dr. Phillips discussed the Physical Activity SIGs collaboration with the Student SIG, ETCD, and Cancer SIG on an upcoming mentoring webinar series that will be a part of SBM’s broader Behavior Change Grand Rounds. She mentioned that they currently have two webinars scheduled for 2/8 and 2/22.

They hope to continue these and hold six webinars in 2018. They welcome collaboration and are open to ideas for future topics. Those who are interested in collaboration should reach out to the chairs of one of these SIGs.

**Next meeting:** Wednesday, December 20 at 9 a.m. HT/12 p.m. PT/1 p.m. MT/2 p.m. CT/3 p.m. ET.