

SOCIETY *of* BEHAVIORAL MEDICINE

Better Health Through Behavior Change

Board Meeting

MINUTES

Wednesday, March 30, 2016

Washington Hilton, Kalorama Room (Lobby Level), Washington, DC

ATTENDEES

In Attendance (alpha order)

Monica L. Baskin, PhD - Member Delegate*

Ellen Beckjord, PhD, MPH - Digital Health Council Chair*

Joanna Buscemi, PhD - Health Policy Committee Chair

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

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

Edwin B. Fisher, PhD - Awards Committee Chair

Marian L. Fitzgibbon, PhD - President*

Sherry Sheinfeld Gorin, PhD - Scientific and Professional Liaison Council Chair*

Kristi D. Graves, PhD - Council on Special Interest Groups Chair*

Laura Haughton McNeill, MPH, PhD - Membership Council Chair*

Bradford W. Hesse, PhD - Communications Advisor

Lisa M. Klesges, PhD - Past President*

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

Suzanne M. Miller, PhD - *Translational Behavioral Medicine* Editor

Rajani S. Sadasivam, PhD - Website Editor/Social Media Team Chair

James F. Sallis, Jr., PhD - President Elect*

William J. Sieber, PhD - *Outlook* Editor

Kathleen Wolin, ScD - Program Committee Chair

Amy L. Yaroch, PhD - Member Delegate*

Nicole Zarrett, PhD - Education, Training, and Career Development Council Chair*

* = voting member; quorum = 7 voting members

Regrets (alpha order)

Elliot J. Coups, PhD - Member Delegate*

David X. Marquez, PhD - Program Committee Co-Chair

Sherry L. Pagoto, PhD - Civic and Public Engagement Committee Chair

Brent Van Dorsten, PhD - Development Committee/Revenue Enhancement Working Group Chair

Guest (alpha order)

Sara A. Knight, PhD - Governance Working Group Chair

Staff (alpha order)

Lindsay Bullock - Senior Media and Member Communications Manager

Amy Stone - Executive Director

Tara Withington, CAE - Consulting Partner

MINUTES

Call to Order

Dr. Fitzgibbon called the meeting to order at 10:30 a.m. ET.

Conflict of Interest Disclosures

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

November Board Meeting Minutes

Dr. Fitzgibbon presented the minutes from the November 2015 Board meeting.

Decided by consensus to approve the November 2015 Board of Directors meeting minutes as presented.

Approve Board Reports

Dr. Fitzgibbon requested the Board's council and committee reports be approved via consent.

Decided by consensus to approve all Board reports.

Financial Report

Dr. Diefenbach reported SBM's 2015 financials have been successfully audited, with total assets of approximately \$1.3 million including about \$20,000 in net revenue. SBM has approximately \$500,000 invested with TIAA-CREF. Based on Finance Committee and Executive Committee recommendations, SBM will move those funds to Capital Counsel, which will be able to provide more personalized advice about how to invest wisely for optimum financial return.

MOTION: Moved by Dr. Diefenbach and seconded by Dr. Klesges to accept the 2015 audit report. The motion carried.

Health Policy Discussion

Dr. Sallis said he plans to make health policy work a priority of his presidency, similar to the presidents that recently preceded him. He suggested enhancing current efforts by contacting state-level legislators, working with advocacy groups and other organizations on joint statements, and helping SBM members properly communicate with politicians, the public, and the media. Dr. Hesse said future policy briefs could look at the current public discourse about a topic, with an eye toward risk management—but not necessarily risk aversion.

Governance Report

Dr. Knight described recent governance changes, including: routine calls among the president, president-elect, and past-president to ensure continuity of presidential initiatives; and updated board report templates that focus on accomplishments and future goals. Dr. Klesges said future governance initiatives will look at the process for nominating chairs and candidates for SBM elections and positions.

Digital Health Council Report

Dr. Beckjord reported that the council has approximately 500 Twitter followers, is contributing to a new encyclopedia of behavioral medicine, has surveyed members about industry collaborations, is advising on SBM's consulting initiative, and is creating a document to define SBM-industry partnerships. That document will help SBM welcome industry while managing any associated risks. The survey showed only 30% of respondents were very satisfied with the work they have done with industry. Many said their home institution doesn't provide help navigating industry relationships; SBM may be able to fill that void.

Business/Consulting Enterprise Update

Dr. Beckjord said students at the Katz School of Business at the University of Pittsburgh provided several business model options for developing an SBM commercial venture that could 1.) help SBM members' intellectual property (including research evidence) influence new digital health products; and 2.) generate revenue for SBM.

Students noted the target customers are likely small- to mid-sized business with an existing digital health solution that they are seeking to finalize to bring to market or that they want to use to collect data to support commercialization efforts. Options for serving such customers include 1.) SBM serving as an organizational structure that facilitates members' consultation; or 2.) SBM and designated members creating an evidence-based online toolkit or inventory of strategies/guidance that customers could purchase.

Dr. Beckjord noted that the Digital Health Council recently fielded an academic-industry collaboration survey, the results of which are relevant to a potential business model: 70 respondents (n = 116) who have previously collaborated with industry said such collaborations included consulting. More than 50% of respondents said it was "important" or "very important" to: 1.) know how to be more valuable to industry partners'; 2.) understand the ins-and-outs of intellectual property; 3.) understand how to structure and execute financial agreements with industry; and 4.) determine how to charge for their work. Results of the survey, Dr. Beckjord said, can be interpreted as supportive of the idea that SBM members do or would like to consult with the digital industry and would welcome support from SBM in this endeavor. If SBM were to move forward with a business venture of some type, Dr. Beckjord asked, what kinds of resources would be necessary? Moreover, does the current organizational structure of SBM lend itself well to such an enterprise or would a new structure be needed?

During the ensuing discussion, board members:

- mentioned potential risks associated with creating a business enterprise
- suggested SBM can manage risk
- questioned whether industry shares SBM values (reducing health disparities, changing health behaviors) and, if not, whether evidence-based consultation would be welcomed
- said some entrepreneurs do want "to do it right" i.e., are interested in integrating evidence-formed ideas into their development processes and would welcome consultation

Awards Committee Report

Dr. Fisher noted that for several years SBM has not received any nominations for the clinical mentor award. (Currently there are two categories of mentor awards, research and clinical.) Moreover some of the nominees for research mentors are less advanced in their careers than others. ETCD chair, Dr. Zarrett, has suggested eliminating the clinical mentor category and creating two levels of research mentor awards, one for senior members and one for mid-career members.

It was decided by consensus to replace the two mentor categories (research and clinical) with one category, "distinguished mentor"

It was also agreed that the awards process needs to more intentionally encourage award applications from members of underrepresented groups as well as those from members whose work has addressed equity and diversity.

Dr. Fisher said he and his committee members plan to discuss ideas for establishing an award category recognizing lifetime achievements.

Membership Council Report

Dr. Haughton McNeill recommended approval of two new council initiatives designed to grow membership. The revamped affiliate Membership category (previously called corporate membership) will allow nonprofits and other entities to join SBM for a fee, incurring tiered benefits such as Annual Meeting registration, ability to post on SBM's communication channels, etc. A new champions program would identify volunteer members as "champions" based on their employment at an institution where SBM would like to gain a stronger foothold; champions would spread the word about SBM activities (e.g., abstracts, awards, and meeting registration) around their workplaces.

MOTION: Moved by Dr. Haughton McNeill and seconded by Dr. Sheinfeld Gorin to approve the champions program. The motion carried.

MOTION: Moved by Dr. Haughton McNeill and seconded by Dr. Sallis to approve the proposed affiliate membership structure. The motion carried.

EDI Report

Due to Ms. Stone's upcoming retirement, Mrs. Withington said EDI has an internal candidate being considered for the SBM executive director position. This person will likely meet with Dr. Sallis in May and could be trained with Ms. Stone beginning in June.

Program Committee Report

Dr. Wolin said the 2016 Annual Meeting has a new mobile app and new null results poster session that the committee is very proud of. The committee has recommended that future annual meetings consider abstract submissions in a streamlined way that would eliminate confusion about tracks and content areas and would help ensure abstracts are reviewed by the proper experts. Rather than using both tracks and content areas, the committee suggests a single list of topic categories. Submitters would select a main category and a secondary category, and would identify the category under which they would like their submission reviewed.

MOTION: Moved by Dr. Sallis and seconded by Dr. Delamater to adopt the single list abstract review process. The motion carried.

LinkedIn Invitations

Dr. Sadasivam explained the Web Team is trying to grow interaction and discussion posts on LinkedIn. One way to do that is to grow the number of group members so that more people can post. The Web Team requests to use SBM's promotional list of approximately 30,000 people who are in the field of behavioral medicine but who do not belong to SBM.

MOTION: Decided by consensus to invite members of the promotional list to join the LinkedIn group in small batches to monitor any impacts and block any problem users or posts.

President's Report

Item not discussed due to time constraints.

Board Member Annual Meeting Responsibilities

Ms. Stone briefly reviewed 2016 Annual Meeting events that Board members should attend.

Adjourn

The meeting adjourned for the day at 3:05 p.m. ET.