

# SOCIETY *of* BEHAVIORAL MEDICINE

*Better Health Through Behavior Change*

## Board Meeting MINUTES

Saturday, November 21 and Sunday, November 22, 2015  
The George Hotel, Washington, DC

### **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  
Elliot J. Coups, PhD – Member Delegate\*  
Alan M. Delamater, PhD – Publications and Communications Council Chair\*  
Michael A. Diefenbach, PhD – Secretary Treasurer and Finance Committee Chair\*  
Marian L. Fitzgibbon, PhD – President\*  
Sherri 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\*  
Lisa M. Klesges, PhD – Past President\*  
David X. Marquez, PhD – Program Committee Co-Chair  
Kevin S. Masters, PhD – Editor, *Annals of Behavioral Medicine* Editor  
Suzanne M. Miller, PhD – *Translational Behavioral Medicine* Editor  
James F. Sallis, Jr., PhD – President Elect\*  
William J. Sieber, PhD – *Outlook* Editor  
Brent Van Dorsten, PhD – Development Committee/Revenue Enhancement Working Group Chair  
Kathleen Wolin, ScD – Program Committee Chair  
Amy L. Yaroch, PhD – Member Delegate\*  
\* = voting member; quorum = 7 voting members

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

Edwin B. Fisher, PhD – Awards Committee Chair  
Bradford W. Hesse, PhD – Communications Advisor  
Sherry L. Pagoto, PhD – Civic and Public Engagement Committee Chair  
Rajani S. Sadasivam, PhD – Website Editor/Social Media Team Chair  
Bonnie Spring, PhD, ABPP – *Translational Behavioral Medicine* Editor  
Nicole Zarrett, PhD – Education, Training, and Career Development Council Chair\*

### **Guest (alpha order)**

Sara A. Knight, PhD – Governance Working Group Chair  
Eric Meade – Leadership Development Institute Consultant

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

Lindsay Bullock – Senior Media and Member Communications Manager  
Amy Stone – Executive Director  
Tara Withington, CAE – Consulting Partner

## **SATURDAY, NOVEMBER 21**

### **Call to Order**

Dr. Fitzgibbon called the meeting to order at 12:45 p.m. EST.

### **Conflict of Interest Disclosures**

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

### **July Board Meeting Minutes**

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

**MOTION: Moved by Dr. Klesges and seconded by Dr. Coups to approve the July 2015 Board of Directors meeting minutes as presented. The motion carried.**

### **Financial Reports**

Dr. Diefenbach and Ms. Stone gave a presentation on SBM budget basics, including the board's oversight role, the annual budget timeline, budget goals, reserves, and risk assessment. They commented, in particular, that SBM's reserves are sufficient for survival but not for funding new initiatives if an adverse event were to occur (e.g., Annual Meeting cancellation).

Dr. Diefenbach presented the October 2015 financials.

**MOTION: Moved by Dr. Diefenbach and seconded by Dr. Klesges to approve the October 2015 financials. The motion carried.**

Dr. Diefenbach presented the proposed 2016 operating budget. He said the budget assumes a 3.5% increase in income and expenses. The budget is conservative and does not rely on any Annual Meeting grants or investment income. The budget includes projected net income of \$47,000 for 2016.

**MOTION: Moved by Dr. Diefenbach and seconded by Dr. Delamater to approve the 2016 operating budget. The motion carried.**

### **Revenue Enhancement Report**

Dr. Van Dorsten said the Revenue Enhancement Working Group is exploring new partnerships with industry, including a possible consulting enterprise. A class within the Katz School of Business at the University of Pittsburgh is working on a possible blueprint for such an enterprise. Specifically, students will answer: What products does industry want from SBM? What is the value of our product? What is the motivation for partnerships? What might key activities look like? How much will this cost per client?

### **Digital Health Council Report**

Dr. Beckjord said the council is working on establishing a presence on the SBM website by January, reaching 1,000 Twitter followers by March, and creating infographics to explain SBM to business. The council is also reaching out to potential Annual Meeting sponsors, organizing an Annual Meeting exhibitor reception, and contributing to the second edition of the *Encyclopedia of Behavioral Medicine*.

**MOTION: Moved by Dr. Fitzgibbon and seconded by Dr. Sallis to approve spending \$250 for Twitter and LinkedIn widgets for the Digital Health Council Web page. The motion carried.**

### **Program Committee Report**

Dr. Wolin explained the 2016 Annual Meeting had 1,119 abstract submissions and 53 submission proposals. Both are good rates. Overall, those submissions had a 95% approval rate. Dr. Fitzgibbon provided a list of meeting keynote presenters and master lecturers.

Dr. Wolin said currently abstracts have tracks *and* content areas. Posters and papers are more likely to be organized by content area rather than track, and meeting attendees are more likely to use content area to determine which sessions to attend. Attendee and abstract reviewer feedback has shown that some feel tracks do not align well with areas of expertise. This may necessitate a review of whether or not both content areas and tracks should continue being required of abstract submitters.

### **Leadership Development Institute Report**

Dr. Fitzgibbon explained that the proposed Leadership Development Institute would focus on mid-career behavioral medicine researchers and practitioners. It is envisioned that the institute would have 24 participants in its first year. The institute would have a two-day intensive workshop at the 2016 Annual Meeting; then mentors and coaches would work with participants throughout the next year. Participants would complete a leadership project and present it at the 2017 Annual Meeting.

Mr. Meade led SBM Board members through an interactive session on leadership qualities and skills. Board members also provided feedback on a draft call for applications.

### **Adjourn**

The meeting adjourned for the day at 5:15 p.m. EST.

## **SUNDAY, NOVEMBER 22**

### **Call to Order**

Dr. Fitzgibbon called the meeting to order at 9:45 a.m. EST.

### **Governance Report**

Dr. Klesges explained that a Governance Working Group was previously tasked with reviewing SBM governance structures and suggesting changes to anticipate risk and improve alignment with SBM's strategic directions. Based on the group's recommendations, the following changes were implemented: the president, past-president, and president-elect join weekly calls so there can be more continuity between presidential years; Dr. Fitzgibbon's presidential initiative (Leadership Development Institute) was presented to the Executive Committee with associated costs; and a new template is being used for council and committee reports to the SBM Board. The new report template assesses outcomes as well as alignment with strategic directions.

Dr. Knight instructed board members to divide into three teams to assess if progress has been made on three specific working group recommendations: continuity of presidential initiatives (group 1); coordination of councils and committees, and alignment of councils and committees with strategic directions (group 2); and attention to outcomes and integration of member interests (group 3). Reporting for group 1, Dr. Diefenbach said SBM presidents could work in conjunction with other like-minded societies to help develop behavioral medicine standards and innovative funding ideas. Reporting for group 2, Dr. McNeill said the strategic directions should be better communicated to councils, committees, and the wider SBM membership so that council and committee chairs can have them top of mind all year long, not just when filling out a board report. Reporting for group 3, Dr. Coups said member delegates could better take the pulse of the membership—and let members know who they are—via *Outlook* articles or “office hours” during Annual Meeting poster sessions.

### **Membership Council Report**

Dr. McNeill said the council has two new initiatives to increase SBM membership and diversity. A brand new SBM Champions program would identify champions at key institutions; champions would encourage their co-workers to join SBM, submit abstracts, etc. A refreshed “corporate” membership would allow like-minded organizations and companies to join SBM. Board members suggested the corporate membership may be more successful if called an “affiliate” membership. The champions program could target geographic areas near the next Annual Meeting as well as historically black colleges.

### **Member Delegates' Reports**

Dr. Baskin is on the Membership Council, Leadership Development Institute working group, and Nominating Committee. She also drafted an *Outlook* article and membership survey.

Dr. Coups is on the Leadership Development Institute working group and completed SBM's 2016 Annual Meeting R13 grant application. He also created a clear timeline and outline of the R13 process.

Dr. Yaroch is on the Leadership Development Institute working group and the Health Policy Committee. She provided input on a school lunch position statement.

### **SIG Council Report**

Dr. Graves drew attention to two newer SIGs (Optimization of Behavioral Interventions, and Violence and Trauma) and one SIG-in-formation (Sleep). She also drew attention to SIG collaborations with each other and with outside groups to plan Annual Meeting sessions.

Dr. Graves said SBM members are allowed to distribute up to \$6 of their annual membership dues to the SIGs of their choice. Members often choose the SIGs they belong to. Because students pay lower dues, none of their dues are allocated toward SIGs, which means the Student SIG has less money than leaders would like. Ms. Stone said the Finance Committee will look at options for addressing this.

Dr. Klesges commented that evidence-based behavioral medicine (EBBM) is infused into all areas of behavioral medicine now. Since SBM has an EBBM SIG, the society's separate EBBM Committee may no longer be necessary.

**MOTION: Moved by Dr. Klesges and seconded by Dr. Buscemi to present a ballot measure to the SBM membership that would discontinue the EBBM Committee. The motion carried.**

### **Publications and Communications Council Report**

Dr. Delamater said the two main issues before the council are the continued transition of *Translational Behavioral Medicine* to a new editor-in-chief and the change from print to online subscriptions for SBM members receiving the society's two journals.

### **Annals of Behavioral Medicine Report**

Dr. Masters reported that *Annals* has received 383 submissions so far this year. The submission rejection rate is 76%; 38 days pass—on average—from submission to first decision for each submission; and PDF downloads of articles are increasing steadily.

### **Translational Behavioral Medicine Report**

Ms. Bullock reported that total submissions are going up (107 so far this year), the rejection rate is going down (36.8%), and days from submission to first decision are going down (68.6 days). *TBM* applied for PubMed Medline indexing this fall and should receive a decision by late February or early March, 2016.

Dr. Miller reported that her associate editors, editorial board, and advisory board are diverse, engaged, and international. Associate editors are reviewing manuscripts and thinking of possible special issue topics.

### **Outlook Report**

Dr. Sieber said he has been working with *Outlook* authors to make sure their articles focus on future activities. He joined a recent SIG Council call to encourage SIGs to follow the formats of recent, popular articles (e.g., interviews, SWOT analyses).

### **Web and Social Media Team Report**

Ms. Bullock said the Web Team used strategic social media strategies to increase use of the Annual Meeting hashtag (4.7 million Twitter users reached in 2015 compared to 1.6 million in 2014). The team also led an upgrade of SBM's website; the site will now be "responsive" and more user-friendly for mobile visitors. The team added two student members this fall.

### **Education, Training, and Career Development Council Report**

Ms. Stone said ETCD is looking at enhancing its existing Syllabi Program. The council's Meet the Professors session at the 2015 Annual Meeting went quite well and plans are underway for an even better session at the 2016 meeting.

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

Dr. Gorin said council members and their respective liaison organizations are planning 2016 Annual Meeting sessions. New liaisons may focus on areas that go beyond "just health" (e.g., housing).

### **Health Policy Committee Report**

Dr. Buscemi explained the committee has issued several recent briefs (i.e., integrated peer support, school lunch, colorectal cancer screening, physical activity). The committee has also developed a template for pitching new brief ideas, and has shared that template with SIGs. The committee is now working to increase dissemination of its briefs via social media, co-authorship, and partnerships.

### **Civic and Public Engagement Committee Report**

Ms. Stone said CPEC has been quickly identifying briefs and position statements worthy of SBM sign on. CPEC has also been submitting opinions for calls for comments (e.g., WHO child obesity call for comments).

### **President-Elect Report**

Dr. Sallis said he is interested in continuing efforts that allow SBM to have an impact beyond science, such as policy advocacy, writing for non-scientists, and serving on committees outside of traditional science. He said SBM cannot achieve better health through behavior change by talking only to academic peers. He expects this concept to play out in the 2017 Annual Meeting program.

### **Adjourn**

The meeting adjourned for the day at 12:45 p.m. EST. The next meeting is in person on Wednesday, March 30 in Washington, DC.