

SOCIETY *of* BEHAVIORAL MEDICINE

Better Health Through Behavior Change

Board Meeting
Saturday, November 5 and Sunday, November 6, 2016
The George Hotel, Washington, DC

ATTENDEES

In Attendance (alpha order)

Elva M. Arredondo, PhD – Member Delegate*
Monica L. Baskin, PhD – Member Delegate*
Ellen Beckjord, PhD, MPH – Digital Health Council Chair*
Gary G. Bennett, PhD – President-Elect*
Joanna Buscemi, PhD – Chair, Health Policy Committee
David E. Conroy, PhD – Chair, Publications and Communications Council*
Elliot J. Coups, PhD – Member Delegate*
Michael A. Diefenbach, PhD – Secretary/Treasurer and Chair, Finance Committee*
Edwin B. Fisher, PhD – Chair, Awards Committee
Marian L. Fitzgibbon, PhD – Immediate Past President and Health Policy Council Chair*
Sherri Sheinfeld Gorin, PhD – Chair, Scientific & Professional Liaison Council*
Kristi D. Graves, PhD – Chair, Council on Special Interest Groups*
Lorna Haughton McNeill, MPH, PhD – Chair, Membership Council*
David X. Marquez, PhD – Chair, Program Committee
Kevin S. Masters, PhD – Editor, *Annals of Behavioral Medicine*
Suzanne M. Miller-Halegoua, PhD – Editor, *Translational Behavioral Medicine*
Rajani S. Sadasivam, PhD – Editor, SBM Website and Social Media Team
James F. Sallis Jr., PhD – President*
Rachel C. Shelton, ScD, MPH – Co-Chair, Program Committee
Brent Van Dorsten, PhD – Chair, Development Committee
Nicole Zarrett, PhD – Chair, Education, Training, and Career Development Council*

Regrets (alpha order)

Bradford W. Hesse, PhD – Communications Advisor
William J. Sieber, PhD – Editor, *Outlook*

Guests (alpha order)

Dan Ellenberger – Accountant, EDI Accounting
Paula Gantz – Director, Paula Gants Publishing Consultancy
Paul Rushizky – Director, EDI Information Services

Staff (alpha order)

Lindsay Bullock – Senior Media and Member Communications Manager
Mary Dean, JD, CAE – Executive Director
Tara Withington, CAE – Consulting Partner

*Denotes voting member

MINUTES

SATURDAY, NOVEMBER 5

Call to Order

Dr. Sallis called the meeting to order at 12:37 p.m. ET.

Conflict of Interest Disclosures

No disclosures were made.

July Board Meeting Minutes

Dr. Sallis presented the minutes from the July 2016 board meeting.

MOTION: Moved by Dr. Sallis and seconded by Dr. Baskin to approve the July 2016 Board of Directors meeting minutes. The motion carried.

Financial Reports

Dr. Diefenbach reported 2016 expenses are in line with projections. Capital Counsel has invested the Society of Behavioral Medicine's (SBM's) assets in the stock market and in liquid bonds with a 1.8% interest rate. SBM's portfolio is managed conservatively and invested in socially responsible funds.

Dr. Diefenbach presented the proposed 2017 operating budget. Most income and expenses are conservatively estimated to increase by 3% and all interest income is budgeted at \$0. The Finance Committee has negotiated a 2-year Executive Director Inc. (EDI) contract that features a 3% increase in management fees each year and assumes no staffing changes.

MOTION: Moved by Dr. Diefenbach and seconded by Dr. Coups to approve the 2017 budget. The motion carried.

Dr. Diefenbach explained SBM's special interest groups (SIGs) currently pay the Society a fee to cover staffing needs for organizing annual meeting pre-conference sessions. The fee is 10% of any income from the sessions, which amounted to \$1,900 collected in 2016. This fee has not been increased in quite some time, but expenses have gone up; there are more SIGs, and SIGs are more active. The fee could be increased to 13% to account for the additional staff support now required. Dr. Sallis suggested since SIGs are a key grassroots part of SBM and the amount collected is small, it may make sense to eliminate this fee altogether. Dr. Graves requested a separate fee rate for the Student SIG since it has a smaller budget than the other SIGs. Drs. Diefenbach and Graves will continue discussing this issue to find a solution that works for SBM and the SIGs.

SBM Cyber and Financial Security Overview

Mr. Rushizky explained EDI has the following Internet connectivity/website security features:

- Constantly updated firewalls restrict access to known devices, servers, and networks, and monitor all traffic. Alerts go out to pertinent staff 24/7 if there are issues or suspicious activity.
- All emails are quarantined if they contain suspicious attachments or links. Google Spam Filter and anti-virus/malware programs scan new emails and documents at the network and individual desktop levels. Passwords must be changed on a regular basis.
- EDI's employee handbook and human resources training go over cybersecurity protocol in depth.
- SBM's website uses secure https links for transmitting sensitive data like credit card information.
- The main SBM website is hosted remotely at a secure data center. Database-integrated areas of the website like member login and meeting registration are hosted in-house. This segmentation of the public and private sides of the website allows better performance and security.

Mr. Rushizky also described the following database security features:

- SBM's database is housed in a secure room in the EDI offices on a redundant power grade with two Internet providers for connectivity. Data is also pushed to an even more secure remote center. Database backups are completed every hour with a full backup to the remote center done once a day.

- Database access is restricted via firewalls. EDI staff have access to their client's database only. Database health and traffic is constantly monitored.
- Data stored from SBM members does not include credit card information, social security numbers, or health information.
- Members' passwords are encrypted so staff can never know the passwords or impersonate users.

Mr. Ellenberger described the following financial security features:

- Each SBM transaction must be authorized, recorded, and paid by different individuals to a proper system of checks and balances where at least two different people are involved in processing each payment.
 - Transactions must be authorized by the executive director and be accompanied by a signed invoice. An EDI accountant records the transaction in accounting or wire transfer software. A separate accounting assistant cuts the checks.
 - An authorized signer must sign all checks. Signers are the executive director, consulting partner, and treasurer. Checks for more than \$2,000 require two signatures.
- An independent auditor tests and analyzes this system annually. The auditor is required to report any weaknesses and make recommendations to strengthen the system.

Ms. Withington said EDI is an accredited association management company, which requires meeting specific security standards. In fact, EDI helped author many of the standards. In the event of some sort of security breach, a response would be determined on a case-by-case basis. Responses could include notifying SBM's Executive Committee, Board, or membership.

Research Translation Discussion

Dr. Sallis encouraged each Council and Committee chair to consider how his/her group can encourage SBM members to increase the impact of SBM research and get it used in more practice and policy environments.

Dr. Buscemi said the Health Policy Committee shares evidence-based research with legislative aides on Capitol Hill and with the broader public on social media. Dr. Miller said *Translational Behavioral Medicine (TBM)* is founded on the idea that for translation to happen scientists can't just talk to each other; *TBM* has policy professionals on its Advisory Board and encourages them to share articles with their policy networks. SBM/*TBM* could reach additional policy professionals by being part of the National Quality Forum, writing commentaries for *Health Affairs*, or reaching out to popular groups like AARP.

Dr. Baskin said a barrier to translation is that not all research is ready to be scaled and translated. Dr. Van Dorsten said some behavioral research is not translated to practice because insurance companies won't reimburse for those treatments. Dr. Shelton said many scientists lack training in translation or feel intimidated presenting their research to doctors or legislators. Dr. Bennet said some SBM members do translation, in particular with industry partners, but are hesitant to talk about it because some scientists view those arrangements negatively or are suspicious of commercialization. A culture shift will be required for some as commercialization and scalable impact are closely linked. Board members suggested the culture could be changed in small ways. For example, Dr. Sallis said 2017 Annual Meeting symposia discussants could come from non-academic policy arenas to ensure translational discussions happen during each session.

Website Report

Dr. Sadasivam said the Web and Social Media Team has been working on a redesign of the SBM website to ensure the easiest possible usability. The redesign will also make items more accessible for translation to policymakers and the press. Board members reviewed mockups of the new website layout and menu structure, and expressed support for the changes. Changes can be completed for \$6,000 in 25-40 business days. The cost would be covered by the regular website budget.

Membership Council Report

Dr. McNeill reported that SBM experienced record-high membership in 2016 (+2,300). The council's inaugural group of 15 SBM champions are contributing to the increase by spreading the word about SBM activities at

their home institutions. For 2017, SBM unveiled affiliate membership so organizations can join the society. The council is particularly focusing on reaching organizations with local chapters in California and/or San Diego since the 2017 Annual Meeting will be held there. Four groups have been identified for their locations as well as because SBM would like to increase membership diversity in those professions: American Public Health Association, American Nurses Association, Academy of Nutrition and Dietetics, and National Medical Association.

Dr. McNeill said the council is also considering separate ways to reach out to schools of public health, nursing, or medicine. Board members suggested strategies including blast emails and free Annual Meeting day passes.

SIG Council Report

Dr. Graves said each SIG now has a student liaison to assist in planning and promoting student activities. The council has an Education, Training, and Career Development Council liaison to help ensure smooth planning and little redundancy for mentoring activities. On council calls, SIGs ask for help and share strategies as part of a new IdeaLab. For instance, on the group's last call, the Diabetes SIG sought input for organizing a poster walk. SIGs can now take over SBM's social media accounts during events. This helps build SBM's main social media brand while also giving SIGs social media exposure.

Education, Training, and Career Development Council Report

Dr. Zarrett said the council is revitalizing its Consultant Program to make sure enrolled consultants are still engaged. New consultants are also being added. Board members suggested the program could be publicized by sharing success stories (e.g., consultants help with tenure packages, grant proposals) on the SBM website, on social media, in the SBM digest, and in a video.

Dr. Zarrett explained the council will host a Meet the Board session at the 2017 Annual Meeting. At least nine Board members are needed to lead small group discussions about leadership.

Dr. Zarrett said the council is also planning to produce webinars, perhaps by recording a few Annual Meeting sessions or inviting presenters from top sessions to record iterations of their presentations after the fact. Board members said an after-the-fact recording could be better formatted for archival viewing. Ms. Dean said recording meeting sessions is cost-prohibitive, but SBM already has a webinar program subscription. Dr. Zarrett said webinars could ultimately offer paid continuing education credits or require an access fee.

Discussion of SIG Prevalence

Dr. Sallis said SBM's number of SIGs makes it hard to schedule Annual Meeting space, dilutes SBM members, and potentially makes it harder for new SIGs to gain approval. Dr. Graves said the SIG Council discussed criteria for sunseting SIGs on its June call. SIG chairs felt sunseting would not be appropriate because they all do collaborative work and contribute to SBM. Definite criteria could not be discerned, however SIG chairs are required to attend at least half of the SIG Council calls and cross-SIG collaboration is a requirement for hosting midday 2017 Annual Meeting sessions. Dr. Baskin suggested annual SIG reports could help the board decide if a SIG is not doing enough or if any SIGs have overlapping interests and should be combined. Dr. Fitzgibbon said such reports may be seen as punitive. Dr. Masters said all societies struggle with grassroots involvement and the SIGs help SBM combat that issue.

Digital Health Council Report

Dr. Beckjord reported the council is hosting three symposia at the 2017 Annual Meeting as well as one pre-conference workshop and a poster session featuring recipients of Small Business Innovation Research or Small Business Technology Transfer grants. The council is coordinating a new Annual Meeting matchmaking event that would allow industry representatives and members to connect one-on-one about how research can inform products. This event would start by offering waived registration to industry partners. As it gains popularity, it could generate revenue for SBM. The council is also exploring the creation of a webinar series on industry collaboration.

Genomics Working Group Report

Dr. Graves said the group is tasked with (1) identifying strategies for making SBM members more aware of how genomics is relevant to their work and (2) helping behavioral medicine contribute to genomics. A 2017 Annual Meeting symposium is planned on the relevance of genomics. The working group will have a more in-depth plan for the board to consider in spring 2017.

Adjourn

The meeting adjourned for the day at 4:35 p.m. ET.

SUNDAY, NOVEMBER 6

Call to Order

Dr. Sallis called the meeting to order at 8:45 a.m. ET.

Annals of Behavioral Medicine Report

Dr. Masters reported that *Annals'* 2016 submissions are similar to 2015. It becomes hard to find reviewers in December (a time when many papers are submitted) but the Editorial Board helps manage the workload. Dr. Masters will present on panels at SBM's 2017 Annual Meeting and the International Congress of Behavioral Medicine. A special section is planned on neurocognitive perspectives on risky sexual behavior.

TBM Report

Dr. Miller said *TBM* now features editor's choice articles and lay summaries. An emphasis is being placed on having authors write blog posts and commentaries. The rejection rate has been going up. Submissions are also up given the journal's first impact factor. Special issues are planned on community-engaged dissemination and implementation; coordination of chronic care; and clinical and public health genomics.

Publishing Contract Report

Dr. Gantz is engaged as SBM's publishing consultant to issue proposals for publishing *Annals* and *TBM*. Ms. Gantz will also assist with reviewing proposals and contract negotiations. As a first step, Ms. Gantz completed a listening tour with key SBM stakeholders. She reported to the Board that the following key points emerged:

- Journal goals include more international distribution, more distribution in non-traditional markets (e.g., policy arena), an enhanced digital presence, and more branding of the journals as part of SBM.
- Current strengths include strong impact factors, clear differentiation of the goals of SBM's two publications, and overall good publisher communication about editorial and production items.
- Weaknesses include a lack of SBM branding or engaging digital presentation, low article downloads, limited journal marketing, long times from acceptance to online publication, and a small consortia licensing presence.

Scientific and Professional Liaison Council Report

Dr. Gorin said the council has about 12 active liaisons with other organizations. Recent projects include 2017 Annual Meeting session submissions in conjunction with groups like The Obesity Society, American Medical Informatics Association, American College of Sports Medicine, International Society on Hypertension in Blacks, American College of Lifestyle Medicine, American Academy of Family Medicine, and the American Academy on Communication in Healthcare.

Program Committee Report

Dr. Marquez reported the committee received a record number of abstracts (1,419) for the 2017 Annual Meeting. Abstracts were grouped by primary and secondary topic areas rather than tracks and content areas. There has been no negative feedback about this change. Plans are underway to make the 2017 meeting an "active conference" with active applause, stand/stretch breaks, walking maps, healthy decision prompt posters, and cocktail tables for standing during sessions.

Health Policy Committee Report

Dr. Buscemi said more early-career SBM members and SIGs have become involved in drafting policy briefs. The committee is also partnering with more organizations for endorsement/co-dissemination. Briefs in

development cover pain/opioids, summer physical activity for kids, National Institutes of Health funding, and sugar-sweetened beverage taxes. 2017 Annual Meeting sessions are planned and a *TBM* paper on SBM's policy activities is in draft form.

Awards Committee Report

Dr. Fisher recommended a new Fellow Review Committee be created to review fellow applicants. The committee would be populated by 3-5 existing fellows. This would make the Awards Committee's workload more manageable while ensuring fellows are involved in the process. The board agreed with this plan, and suggested a diverse group of fellows be chosen for the committee. The committee would be in effect for the 2018 awards year.

Dr. Fisher reported on an idea to develop opportunities for naming existing SBM awards after distinguished members of the society for a small donation. This would honor individuals while providing funding for administration of the award. The naming could last for 5-10 years. Board members expressed concern about the logistics and suggested a larger donation amount would allow awards to come with prize or travel payments.

SBM's mentor award is the only one that does not currently have a monetary prize, however it is not intrinsically less valuable or esteemed than other SBM awards. Dr. Fisher suggested providing \$1,000 as the award prize.

MOTION: Moved by Dr. Sallis and seconded by Dr. Diefenbach to provide \$1,000 from the SBM budget annually for a mentor award prize. The motion carried.

Dr. Van Dorsten recommended the creation of a distinguished clinician award to recognize clinicians and encourage their membership in SBM. Such an award would honor someone actively engaged in clinical practice, rather than someone doing research or research-to-practice translation.

MOTION: Moved by Dr. Sallis and seconded by Dr. Coups to create a \$1,000 award for meritorious clinical or community practice, with guidelines stipulating the practice must be evidence-based and the award can be given to an individual or organization. The motion carried.

Adjourn

The meeting adjourned at 11:21 a.m. ET. The next meeting is in person on Wednesday, March 29 in San Diego, CA.