



SOCIETY OF BEHAVIORAL MEDICINE

Call participants

Amy Janke, PhD – Chair
Leslie Hausmann, PhD
Barb Resnick, PhD
Kristin L. Schneider, PhD
Julie E. Volkman, PhD
Sandra Winter, PhD

Staff

Angela Burant
Kimberly Granada

Regrets

Rebecca Bartlett Ellis, PhD (Guest, DHC liaison)
Jeffrey P. Haibach, PhD, MPH
Colleen McBride, PhD
Jennifer A. Sumner, PhD

Minutes Approval and Change in SPLC Executive Support

Approved the October Meeting Minutes

<https://docs.google.com/document/d/1vzcLe30NMdPMzRJ9ZDIXnekkAi5Vd-jJuDYQiEhAeKk/edit>

Angela Burant has moved on to a new role within EDI as a Meetings Manager with SBM and another organization. The SPLC is very thankful for all of Angela's hard work on their behalf! Kimberly Granada is the new Administrative Coordinator that will be helping with SPLC now. kgranada@sbm.org

November Board Meeting

Dr. Janke discussed how the November Board meeting went in DC. Dr. Janke put forward a request to the board to get input on the SPLC strategic plan and partnerships. The board had a long discussion on fundraising at the meeting and partnerships are a big part of where our fundraising money goes towards. Dr. Janke organized the SPLC discussions that have happened the past few months into long term and short term initiatives. Dr. Janke discussed evaluating partnerships every 3 years or sooner if the partnership is new. The Board largely supports our approach to evaluate current and future partnerships. Maybe in the future we could change our name to Strategic Partnerships, but that would have to be voted on by members because it would be a change in the bylaws. Industry partnerships aren't living anywhere right now. There was a working group at one point that was focused on these. Some monetary partnerships were part of presidential initiatives and SBM continues to give money to them without evaluating if the partnership is still strategic. Industry partnerships tend to be more about a specific program or project. Industry partnerships don't necessarily cause a conflict of interest but could become a disclosure issue.



SOCIETY OF
BEHAVIORAL
MEDICINE

SPLC Guidance Document

Guidance document: https://docs.google.com/document/d/16TgkTyhUwX7GcxHiU2VNRGyfmgwXu7dS_BxoOSkotE/edit

The council felt the first SPLC guidance document draft was put together well and there are few changes to be made. The council will pilot the guidance document once it is finalized and then they can edit accordingly if they feel another approach would work better. The council discussed having a few levels or tiers to partnerships. Top level would be evaluated more often as they would be organizations that we give money to. The bottom level would be evaluated less often as those would be organizations with no monetary involvement and the organization just cross shares information. If the SPLC declines to recommend adoption of a liaison for direct oversight, the proposed partnership may be referred to or taken up by another council, committee, or SIG for ad hoc collaboration.

Existing liaisons must also undergo an evaluation process every 3 years following liaison initiation to confirm that

1. The liaison remains aligned with SBM's long-term vision and/or organizational initiatives
2. The liaison is producing products of value to SBM, its membership, and the field of behavioral medicine
3. Any resource costs associated with the liaison are considered appropriate to the demonstrated outcomes.

More formal agreements should be a higher tier. Anywhere there is an MOU or the board should be involved on that could be the SPLC level. For example, HERO could be at the lower level because we just collaborate on webinars and cross share meetings in the digest and on social media. A second level could be going that members from both organizations go to each other's meetings. SPLC would advise which level would be appropriate for the liaison partnership. SIG or Council could manage if it is a lower level such as just sharing information on social media.

Guidance on what the different levels would look like can be drawn from other organizations (Lindsay shared examples). Maybe just a one year contract for new higher tiers. Different levels could have different evaluation schedule. More often for higher levels and lower levels infrequent or not at all for partnerships where we just share meeting information.

Position papers with an organization would be a reason to move the organization to a higher level. Dr. Janke will create a document on evaluating levels of support for SBM and share with the SPLC at next call. Ideally there would be three levels with the top being organizations with



monetary involvement, middle level could be position papers, and lowest level could be just cross sharing information. SPLC should include some language to check in with previous liaison to make sure SPLC is accurately reflecting the partnership from what has previously been done. Leadership of the council changing often and within organizations can change as well. Lower level we don't need outcome data if it is just information sharing, unless we feel no communication is happening then we can monitor for a little bit. SIGs and Councils are less relevant to the levels with them being internal. Dr. Janke will be chatting with the SIG Council Chairs at the Annual Meeting.

The Board and Council seem comfortable with the document so the next step is to organize the levels for current partnerships. Dr. Janke will create a draft of the different levels and what each level means. The goal for the next call will be to finalize the approach and to implement the plan.

Other Updates

Dr. Schneider attend The Obesity Society (TOS) meeting this past month and she said it was a great meeting. During TOS, Dr. Baskin, Dr. Mama, Dr. Schneider, and SBM Obesity co-chairs were in support of continuing the partnership with TOS. In the next few months, Dr. Schneider and Dr. Baskin will get together to discuss what they should present at TOS next November 2020. TOS is much more clinical focused than a high level scientist type of meeting. There has been a shared interest in policy products in terms of papers or getting each other to sign off on policy briefs. Dr. Schneider is going to work with Dr. Buscemi (Health Policy Council Chair) on ways to collaborate.

Dr. Resnick gave an update on the SBM/GSA meeting that had 15 joint members. Dr. Resnick would like to get a list from SBM of who is a member of GSA and SBM. Ms. Granada will look into getting a list.

No December call so January will be the next call. Dr. Janke will send a document a few weeks before the call with levels and evaluating the liaisons. Also a list of what liaisons need to be evaluated.

The council is deciding if the set call time should move <https://doodle.com/poll/i5fmydsx93ghnmc2> Based on the doodle poll the best time so far is the 4th Monday of the month at 12 pm EST/ 11 am CST. Dr. Janke will send an email around to determine the optimal time for the most council members.