



## SOCIETY OF BEHAVIORAL MEDICINE

### **Call participants**

Amy Janke, PhD – Chair  
Rebecca Bartlett Ellis, PhD (Guest, DHC liaison)  
Michael Diefenbach, PhD  
Leslie Hausmann, PhD  
Colleen McBride, PhD  
Barb Resnick, PhD  
Julie E. Volkman, PhD

### **Staff**

Angela Burant  
Lindsay Bullock

### **Regrets**

Jeffrey P. Haibach, PhD, MPH  
Jennifer A. Sumner, PhD  
Kristin L. Schneider, PhD  
Sandra Winter, PhD

### **Minutes Approval and Meeting Time**

Approved the September meeting minutes.

[https://docs.google.com/document/d/1\\_LHy1NZQ\\_AOD6J37DmbKRmq0ZPmdBfoVItaUjLzgUs/edit](https://docs.google.com/document/d/1_LHy1NZQ_AOD6J37DmbKRmq0ZPmdBfoVItaUjLzgUs/edit)

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

### **Strategic Planning Discussion**

Action item for the council members to select appropriate SIGs and discuss ways to interface on the liaison spreadsheet. Identify ones you have a strong affiliation with or would like to work with in the future. If we have more than one council member listed under a SIG or council that would be okay. Dr. Resnick suggested the PA SIG could do something at ACSM and that she could maybe connect with the SIG council chairs. Dr. Janke has joined the PA SIG calls before to discuss SPLC and how SPLC could help to do joint work. Action item to consider how to proceed with external liaisons given SPLC's current strategic planning process. Action item is how should SPLC assess new external liaison while SPLC is working to create a more defined strategic plan.

SBM has been managing some liaisons outside of SPLC's official list of partners. They have just been managed at the Executive level such as presidents wanted to form a liaison with an external organization. SPLC can decide how to make decisions on accepting the liaison and when SPLC feels it is time to sunset a liaison.

As an action item, the council should review the current external partnerships below that are not part of SPLC right now. The council can decide if they want to take on the liaisons below.



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- National Council on Skin Cancer Prevention (\$600 dues, virtual meetings) –
  - Thoughts: seems comparatively low cost, but I wasn't aware of this partnership. Without more official representation/integration with our council/membership I wonder what benefit it has to the society (apart from facilitating relationships with others of similar values/focus, which one can certainly argue is a benefit but perhaps not the strongest reason to keep the membership moving forward).
  - Next steps: Would the Cancer SIG council have interest in aligning with this and coordinating with the SPLC on activities? For now, we don't have council representation in cancer (I'm working on fixing this), so there's not a natural leader to take over coordination. Once we have a council member in this area, coordination at the level of the SPLC becomes easier.
  - From council call: Cancer SIG could potentially help be a liaison with the skin cancer group.
- Consortium of Social Science Associations (\$1,500 dues, no meetings) – no official representative, was initiated 5+ years ago as part of SBM's policy work
  - Thoughts: I know we have relied on COSSA trainings at times, but I wonder if we have been underutilizing this as a resource. I certainly haven't thought about them since my training webinar, but they may have some good resources.
  - Next steps: I will discuss with Joanna and Akilah on our next Health Policy Council call.
- SUNucate Coalition (no dues, no meetings) – Sherry Pagoto gets their update emails and flags any legislation we do NOT want to endorse
  - Thoughts: seems like a low requirement bar for us so likely worth continuing, for now.
  - Next steps: relationship we may want to move to the Cancer SIG and/or SPLC council representative for management (once we have an SPLC rep focused in cancer).
- Coalition for the Advancement and Application of Psychological Science (\$300 dues plus approx. \$1,800 for representative travel to two meetings, meeting locations vary). – two official representatives: Jennifer Howell and Andrew Busch
  - Thoughts: From my initial web search, it's not even clear to me whether this group is active.
  - Next steps: Should we continue, if there is already representation perhaps we ask them to formally update the SPLC about AAPS activities on a yearly or bi-yearly basis. The SPLC can then include this in their council minutes and reports. This way, we continue the existing representation but also create a feedback/tracking process to monitor and evaluate.
- OBSSR's Behavioral and Social Science Research Coordinating Committee (no dues, virtual meetings) – no official representative, Lindsay and Michael monitor
  - Thoughts: Low requirement bar, visibility with OBSSR is likely important
  - Next steps: This, and perhaps a few other liaisons, might be best managed at the executive council level. We may want to consider a feedback mechanism for how SPLC stays in the loop with information/decisions related to these kinds of liaisons.



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- Behavioral Medicine Research Council (has asked for \$10,000 annually for next three years for rep travel to meetings (locations vary), website hosting, and grant writing workshop hosting; funding is pending Executive Committee decision) – two official representatives: Michael Diefenbach and Tracey Revenson
  - Thoughts: Another example of a high level liaison we likely want to manage at EC level, seems to have a higher price tag but also a history of originating with SBM recently (?).
  - Next steps: See OBSSR next steps...perhaps need for feedback mechanism to SPLC (and others? Policy council?)
- Coalition of Behavioral Science Organizations (no dues, but we would pay rep's travel to their meetings if requested, has not come up yet) – one official representative: Dawn Wilson
  - Thoughts: Another low requirement bar, but also not clear what the group is doing/has done
  - Next steps: We need internal guidelines for sunseting our liaisons, this is something we're already discussing on SPLC so we may be able to use those criteria to evaluate this partnership.
- Roundtable on Obesity Solutions (\$2,500 dues, meetings always in DC, rep is local so no travel charges) – one official representative: Melissa Napolitano
  - Thoughts: Another partnership I knew little about, but that may be of interest/value to our membership if we coordinate and communicate it more clearly and to science/the field if we continue to partner. Otherwise, not clear what value will be for us.
  - Next steps: We have robust SPLC in this area, I would suggest we ask Kristin Schneider to reach out to Melissa and discuss/coordinate directly so all can stay in the loop about activities in the same space.
- ISBM (SBM pays \$4 per member to ISBM annually, also spends \$3K annually on a student award) – no official representative but Lila Rutten is currently on an ISBM taskforce on our behalf
  - Thoughts: Likely a relationship we want/need to continue, but that needs more explicit management and ongoing communication with our members to help them understand our connection and the value/opportunities of ISBM. The management of ISBM has always been a little unclear to me, sometimes the SPLC is involved and sometimes not.
  - Next steps: Identify a specific process for maintaining the relationship—perhaps if we have a specific member serving in a leadership role with ISBM, that person should also help facilitate the relationship and coordinate with SPLC on some regular schedule (?).
- Personal Connected Health Alliance (no dues, we have an MOU about hosting meeting sessions and promoting content) – no official representative, Lindsay is main contact
  - Thoughts: Need to meet terms of MOU and a growing partnership that impacts DHC and SPLC
  - Next steps: We have a DHC representative on the SPLC just to manage these kind of partnerships! (this is new the last few months) So, I'd suggest we shift management of this to them.



Growing time, effort, and financial impact behind these liaisons that haven't had an official liaison. Do we need to figure out a process first to bring them onto SPLC or is the financial side more important? Process would lead to prioritization. Process would be good for future considerations and sunsetting other liaisons.

Some questions to consider with liaisons are as follows. What is the purpose of the liaison? Is there a cost besides time? Do we currently have someone within SPLC that has expertise in the topic or do we need to bring another member onto the council?

What is the budget for bringing on these liaisons? In the past, the executive committee reviewed them and looked at that year's budget and if it was feasible and worthwhile activity to support then the organization received the support. Then it was based on an annual visit unless it was a low amount. ISBM we have always felt we should be a part of so we always pay dues to this organization.

Thinking strategically to advance the goals of SBM. Dr. Diefenbach discussed how we want to reduce the number of organizations we are working with currently so the guidance document will be a good way to know what we should keep and what we should sunset. SPLC can decide which ones are worthwhile to continue working with on future projects.

Some of these affiliations were pushed by people in leadership positions maybe presidential initiatives. It should be reviewed more on a broader basis so there is more feedback from the council. Strategic directions are long standing and presidential directions can change from year to year. Some presidential initiatives might not be in line with what is best for SBM long term so sometimes we might not want to form a liaison with an organization if it wouldn't benefit and follow SBM's long term strategic plan.

Dr. Diefenbach said the board would like some guidance in the next few months. During Dr. Baskin's presidential year the Board will come up with a new strategic plan in fall of 2020. We won't have a new strategic plan until after that meeting. There is a line item for funding liaisons and a lot more requests have come in over the past years. To be involved with a lot of these organizations they like to have member dues. With so many organizations now asking for monetary support, we need to better assess why we are giving money to that organization.

Liaisons can be PR for SBM to get others to know about SBM and increase our membership. The cross benefit of these partnerships is to raise awareness of the field and science we are doing. The partnerships are a way for members to be an ambassador of behavioral medicine.



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Dr. Janke will write up the discussion from the minutes to better direct how to write the guidance document.

SPLC should have 3 main points in the guidance document. 1. How to assess if a partnership should continue or should be sunset. 2. How should SPLC initiate new partnerships? 3. How should SPLC evaluate if a partnership is working?

Maybe we need to do some backtracking to see if any existing partnerships are still worth our time. Liaison partners spreadsheet-articulate the goal and outcomes we anticipate with that liaison. Re-evaluation plan every 3 years or something.

Dr. Diefenbach, Dr. Janke, and Mrs. Bullock to discuss any liaisons that SPLC should look at first such as the ones that require giving money to join. The 2020 the budget was set to continue all the memberships, but in the next few months it would be good to know early next year to know how to plan the 2021 budget. Start with some organizations that have the most financial commitment. May want to look at some in groups of similar topics such as cancer.