



# SOCIETY OF BEHAVIORAL MEDICINE

## Scientific and Professional Liaison Council Minutes

Tuesday, May 28, 2019

3-4 p.m. ET

### **Call participants**

Amy Janke, PhD – Chair  
Bernadine Pinto, PhD (Guest)  
Barb Resnick, PhD  
Julie E. Volkman, PhD  
Jennifer A. Sumner, PhD  
Kristin L. Schneider, PhD  
Rebecca Bartlett Ellis, PhD (Guest, DHC liaison)  
Sandra Winter, PhD

### **Staff**

Lindsay Bullock  
Angela Burant

### **Regrets**

Melissa Bopp, PhD  
Colleen McBride, PhD (Guest)  
Jeffrey P. Haibach, PhD, MPH

### **Approval of the Minutes**

The April 22 meeting minutes approved by consensus. As a reminder, the call agendas and minutes are on the SPLC Google Drive folder for viewing and editing.

### **Membership updates**

Drs. Waters, Jacobsen, Cheatle, and Loskutova have stepped down from the council. The council is very thankful for all they have done over the years. The council now has more member space to add in some new liaisons. Dr. Bartlett Ellis will be joining the council as the guest Digital Health Council liaison. Dr. McBride will be getting approved soon to join as our Genomics liaison. Dr. Janke is looking to add in a VA liaison and liaisons in other key areas.

### **MOU vs affiliate membership follow up discussion**

TOS asked SBM to fill out an MOU to solidify our relationship. Dr. Janke and the SBM president's plus Membership Council Chair Dr. Mama recently discussed the differences between MOUs and affiliate memberships, and when each is most appropriate. They all agreed that there is not a reason right now to pursue an MOU with all of our partners. There might be a time when we will do this specifically with large organizations. An affiliate membership can be used but sometimes might be too big of an ask. It will be case by case and MOU will be used as a tool when needed or appropriate to build partnerships.

The current draft MOU with TOS says to exchange an exhibit booth spot, but this isn't the best option for SBM because SBM doesn't have its own booths at conferences due to the high

expense and low reward. SBM and TOS could instead possibly do some webinar sharing if TOS does webinars, or could offer the option for Annual Meeting symposium sharing, if symposia submissions are accepted after peer review. Both groups could work together to promote the programming. The draft MOU also has a 3-year term, but 1-year would be preferred due to uncertainty around TOS meeting sponsors.

Dr. Schneider will make these edits to the draft and send it to Dr. Janke and Ms. Bullock.

### **Liaison updates**

Obesity Week is a co-sponsored event with American Society for Metabolic and Bariatric Surgery (ASMBS) and TOS, but ASMBS is pulling out of Obesity Week. We still don't know why ASMBS pulled out of Obesity Week. Dr. Schneider attended ASMBS conference a few years ago and a lot of the topics overlapped with TOS. TOS is still very committed to putting on Obesity Week. We will see in the future why they pulled out and if SBM will continue partnerships with both organizations. An SBM symposium has been accepted for Obesity Week this year.

Dr. Sumner said there is some activity with AHA around the hypertension response. Dr. Sumner is working with a group led by Dr. Whited to create a joint statement with AHA to promote lifestyle behavioral medicine around hypertension. There are two options: SBM could write a statement and seek AHA endorsement (easier but dissemination more limited and endorsement not guaranteed), or a formal AHA statement could be proposed via its Behavior Change Group (SBM members less likely to be highly involved as authors and timeline/process is very strict, but impact could be greater). Dr. Sumner will talk to Cami of the Behavior Change Group to determine the best path forward.

Talk to Cami since she is the contact for the Behavior Change group of AHA. Dr. Matt Whited (CVD SIG) would be a good contact if we ever want him to join in.

### **Liaison organization and tracking**

<https://docs.google.com/spreadsheets/d/11T6edxrA1Z278yrDGRTtkey196fKSqgTQHV7RkqQ6m0/edit?usp=sharing>

We could use the information from the spreadsheet above to create a document that the public could see to show what SPLC does and what SPLC has done. SPLC could do more PR on the council by working with partner groups to put information about SPLC in their newsletters. Other brainstormed ideas were: have SPLC members join a few SIG council meetings to let them know about SPLC; have the SBM President (Dr. Diefenbach) do a quick review of the councils and a quick summary of what they are each about during the Annual Meeting; create an SBM organizational chart or poster for the Annual Meeting to show attendees which councils do what within SBM; and SPLC Council ribbons or some other way to make SPLC more visible at the annual meeting. SPLC doesn't do a business meeting or a coffee hour, but SPLC members could meet up to talk about liaisons and partnerships. Council members could meet at a table in the exhibit hall during the new member meet and greet or regular exhibit hours.

### **Annual Meeting planning**

Council members should start thinking about sessions and symposia. We might want to plan for a lifestyle around hypertension session. Also brainstorm ideas of how we can highlight SPLC at the Annual Meeting. The June SPLC call is canceled, so hopefully by the July meeting we could come together with some Annual Meeting ideas.

### **Opportunities to grow our membership/partnerships with interests in pain?**

American Pain Society has gone out of business (pending the formality of a member vote) in part because they were supported by Big Pharma and are now involved in opioid-related lawsuits. Academy of Integrated Pain Management has gone out of business because they were supported by Big Pharma as well and had financial issues. SPLC and SBM could try to get a bigger presence of members in pain management to SBM by targeting people that were members of these pain organizations. Dr. Janke will reach out to people on the Membership Council to see if we can work together to get more people interested in pain into SBM. Division 38 has a pain sector there, and we could maybe reach out to them to partner on this effort.