In Attendance
Brian Gonzalez, PhD – Chair
Neha Gothe, PhD – Aging
Beth Orsega-Smith, PhD – Aging
Dani Arigo, PhD – BIT
Lisette Jacobson, PhD – CFH
Amanda Shallcross, ND, MPH – CAIM
Claire Spears, PhD – CAIM
Liz Beverly, PhD – Diabetes
Maria Ramirez Loyola – Diabetes
Heather Jim, PhD – EBBM
Robert Newton, PhD – Health Equity
Cerissa Blaney, PhD – IPC
Ryan Kalpinski, PhD – MVH
Jerry Suls, PhD – Multi-Morbidities
Claudio Nigg, PhD - MHBC
Becca Krukowski, PhD – OED
David Cavallo, PhD, MPH, RDN – OBBI
Sara St. George, PhD - OBBI
Siobhan Phillips, PhD, MPH – PA
Ana-Maria Vranceanu, PhD - Pain
Molly Waring, PhD – PHS
Tracy Trevorrow, PhD – Sleep
Jill Bormann, PhD, RN, FAAN – Spirituality
Jocelyn Remmert – Student
Susan Czajkowski, PhD – TTBCI
Paul Branscum, PhD, RD – TTBCI
Sheela Raja, PhD - VT
Pam Geller, PhD – Women’s Health
Andrew Schmidt (staff)

Minutes
The September 2018 SIG Council call minutes were approved as written.

SIG Financials
Dr. Gonzalez encouraged the council to review their SIG’s current financial statement, noting that funds from the general SIG dues pool from 2018 would be disbursed after the end of the year, so each SIG should see a small increase in their dues income that isn’t yet represented on their financial statements.

Expanding on a discussion from the September SIG Council call regarding Annual Meeting speaker reimbursement, Dr. Gonzalez asked the council whether any SIGs had questions about budgeting practices or guidelines for SIG expenses.

Dr. Bormann noted that airfare for a speaker could easily exceed the $600 cap for travel reimbursement and suggested that either this limit could be raised or the honoraria and travel/lodging reimbursement caps could be combined, allowing SIGs to use the same total amount of funding but with more freedom to apply it to speaker fees or reimbursement. Dr. Nigg questioned whether a limit on speaker fees or reimbursement should be in place at all, as SIG budgets necessarily restrict how much a SIG has available to spend, and individual speakers (for instance, those from industry) may be beneficial to the program but require a larger fee.

Dr. Gonzalez suggested that the council continue this discussion on the next SIG Council call, and he and SBM staff will share suggested changes to the SIG Manual before the call.

In addition, Dr. Gonzalez asked the council whether they found the current procedure for accessing SIG financials useful or if chairs would prefer to access the statements themselves, potentially via the SIG chair website.

One potential issue is that hosting the financial statements on the SIG chair website as it is currently constructed would allow SIG chairs to view the statements for every SIG, not just their own. Several chairs expressed concerns about the financials being accessible without the ability to either host the statements behind separate logins on the SIG chair website, or to password protect individual files or tabs on a shared spreadsheet.
SBM staff will continue to send individual financial statements to the chairs on a quarterly basis, and the council can discuss alternatives on a future call if it is determined that there are issues with frequency and/or accessibility.

**SIG Member Engagement Discussion**

Continuing the discussion from the previous month’s call, Dr. Gonzalez asked council members to share any tips or best practices that their SIGs use to activate members and keep them engaged throughout the year.

Dr. Bormann reported that in previous years, the Spirituality and Health SIG produced a member newsletter, although the member who served as editor stepped down and the newsletter hasn’t resumed. Though a full-featured newsletter might be too much of a time commitment for some SIGs, regular updates from SIG leaders to the membership via emails to the SIG listserv could fulfill much the same role of keeping members engaged.

Dr. Vranceanu reported that the Pain SIG regularly circulates a member newsletter, which the chairs develop in collaboration with a student member and which the SIG discusses on its monthly teleconference.

Dr. Arigo noted that the BIT SIG engages its members and others primarily through social media rather than email newsletters, and that they find their monthly conference call to be well-attended and productive as well.

Dr. Nigg suggested that SIG communications focus on a tangible product that members can contribute to (SIG-sponsored symposia, co-written publications, etc.). Dr. Newton agreed that the Health Equity SIG’s monthly planning call revolves around programming and other business for the Annual Meeting, and that keeping members informed about these initiatives and inviting them to participate in planning keeps them engaged throughout the year.

Dr. Czajkowski shared several potential engagement strategies that the TTBCI SIG discussed during their previous business meeting, including showcasing Annual Meeting sessions by members during their breakfast roundtable, planning a multi-SIG social event during the evening, hosting regular webinars planned by SIG members (particularly early-career members), and developing a SIG-specific directory that could facilitate networking and collaboration between members.

**Other Business**

Dr. Gonzalez informed the council that the public-facing articles submitted earlier in the year are scheduled to begin publishing in early-2019, to coincide with New Year’s resolutions and various disease-specific awareness events in the following months.

Dr. Suls noted that the 2019 Annual Meeting overlaps with the American Psychosomatic Society (APS) meeting, and expressed his concern that scheduling the meeting against a conference with similar programming and audiences could depress attendance and force members to choose between the two events. Dr. Suls also expressed his concern that SBM hasn’t issued a statement on the proposed changes to NIH’s clinical trials definition.

Dr. Gonzalez will forward these comments to SBM.

**Next meeting: Wednesday, December 5 at 9 a.m. HT/12 p.m. PT/1 p.m. MT/2 p.m. CT/3 p.m. ET.**